

EPI-READY TRAIN THE TRAINER

Participant
Guide

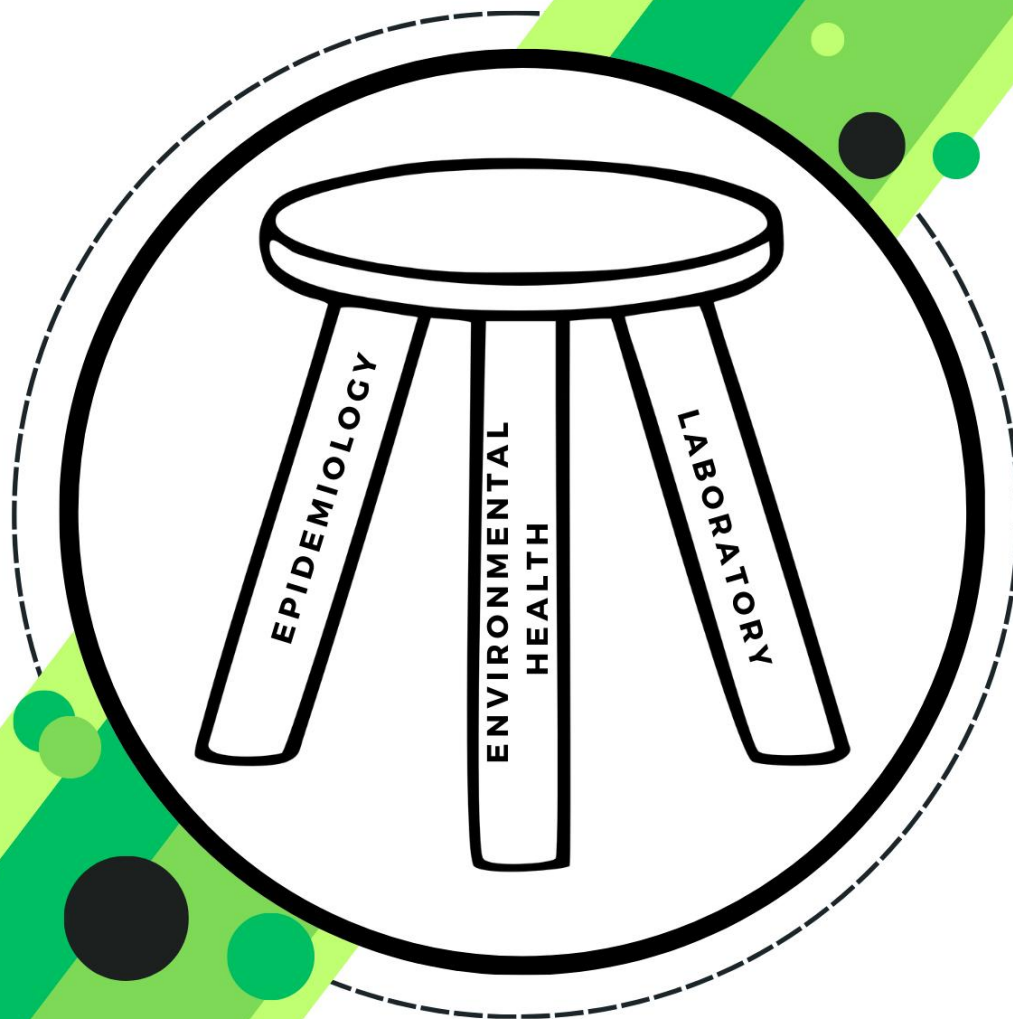


Table of Contents

Today's Focus.....	3
“To Do” List.....	4
TRAINER PREP CHECKLIST	6
Room Layout Styles.....	10
Housekeeping Issues:	14
Rules of Brainstorming	14
Ground Rules.....	15
Factors Affecting Learning.....	15
Psychology of Learning.....	18
Motivational Strategies	18
Personal Learning Styles	21
Speaking Jitters!.....	27
Building Trust and Psychological Safety	29
Using Visual Projections	31
Fearless Facilitation	33
Co-Training Tips and Responsibilities	35
Coping With Difficult Participants.....	43
Module 2 Materials.....	52
Customization	90
Appendix	92

What's In It – For Me? (WII-FM)

Today's Focus

Morning

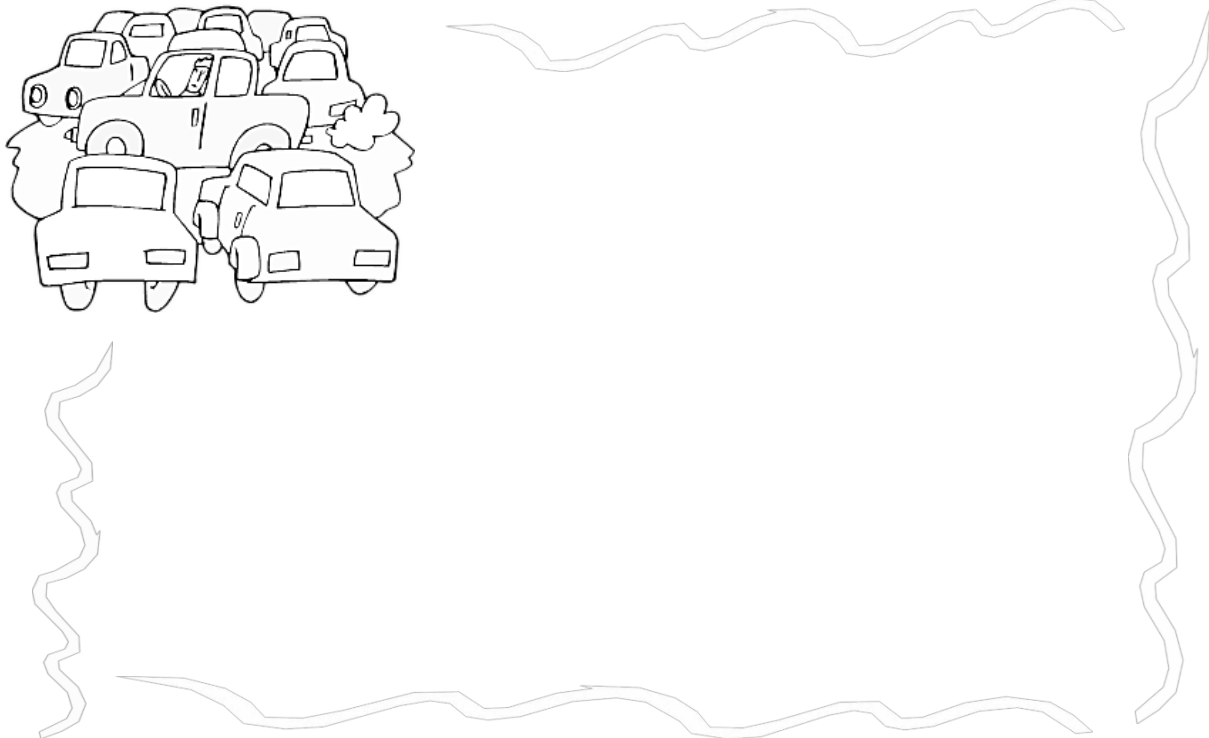
- Logistics and Technology
- Factors Affecting Learning
- Public Speaking Skills
- Effective Strategies for Teaching Adult Learner
- Facilitation and Co-Training

LUNCH

Afternoon

- Coping with Challenging Participants
- Facilitating an Instructional Activity
- Customization
- Wrap-Up

Parking Lot Items:



“To Do” List

Brainstorm a list of activities that must occur prior to the delivery of the Epi-Ready training.

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____



Chaotic Carl

(Source: *Bad Presentation Masterclass* by Keele Student Learning, <https://youtu.be/KUZf8LoqITE?si=3ccZMOHKqhwLRiVL>)

After viewing, list any errors you observed during the training delivery.

Errors

Remedies

TRAINER PREP CHECKLIST

* Indicates an optional item or task

2-3 Months Prior

- Designate a Point of Contact (POC) in the training's jurisdiction.
 - Work with POC to set a date for the training
 - Have POC schedule training from 8 AM – 4:30 PM (*this may vary depending on event location hours*)
 - Have POC reserve training room the afternoon before the training for a tech check and setting up materials
- Place order for training materials (participant guides, handouts, books)

1 Month Prior

- Meet with the co-trainers and select section responsibilities
- Begin preparing for instructional delivery
- Coordinate state-specific topics with jurisdiction's POC
- Carefully review
 - Modules, slide decks, and instructor notes
 - Introduction & Module 8 have hidden slides if using virtual format
 - Pre/post-testing, REDCap, and evaluations administration
- Clarify facility details
 - Guest parking
 - Room restructuring permissions
 - Proximity of eating establishments (*or if the host site is providing lunch*)
 - If refreshments are permitted
 - On-site equipment
 - Computer
 - Flash drive permission
 - Remote "clicker"
 - Projector
 - Microphone
 - Surge protectors
 - Extension cords
 - Flip chart easels
 - Temperature controls

2 Weeks Prior

- Ship materials (books, participant materials) to the POC and instruct them to bring to the training location for tech check

1 Week Prior

- Get an attendance roster
- Prepare Certificate of Completions
- Prepare participant materials

3 Days Prior

- Send training information email to participants
 - Remind participants to arrive early for refreshments (*If provided by host site.*)
 - Send any necessary links/resources for training
 - Remind participants of training facility details (where to park, where to get lunch, how to access Wi-Fi, etc.) provided by the jurisdiction's POC

1 Day Prior

- Setup room and equipment (training computer, surge protectors)
- Locate restrooms and vending machines
- Assemble training materials and supplies
 - Participant packets (Guide, Manual, Book, Activities, Scenarios, Observation Feedback sheet, documents)
 - Dry erase markers/eraser *
 - Flip chart markers *
 - Flip chart pads and easel *
 - Wall art *
 - Blue tape and Masking or grey tape *
 - Pens/pencils and different colored highlighters *
 - Extra printed copies of Participant Guides and Evaluations
 - Sensory fidgets *
 - Colored dots *
 - Colored name tents *
- Table settings
 - Name tents/tags
 - Participant packets
 - Different colored highlighters
 - Sticky Notes
 - Flip chart markers *
 - White board markers *
 - Pens/pencils
 - Sensory fidgets *
 - Blue tape
- IT Specialist – review and test
 - Equipment features
 - Lighting controls
 - Connections
 - Wi-Fi and password access
- “Tech Check”
 - All equipment
 - Lighting
 - Audio
 - Video
 - Projections

- Designate a “Wrangler” (*An individual who will handle any virtual technical issues that arise during the course of the training so the facilitator can continue with the training. A Wrangler may also manage watching Chat areas and bringing questions or concerns to the attention of the trainer.*)

Morning of

- Arrive 30-45 minutes before the course begins
- Startup all equipment
- Test connectivity
- Set out sign-in sheet
- Setup refreshments * (*Optional by jurisdiction and site permission*)
- Check room temperature and lighting

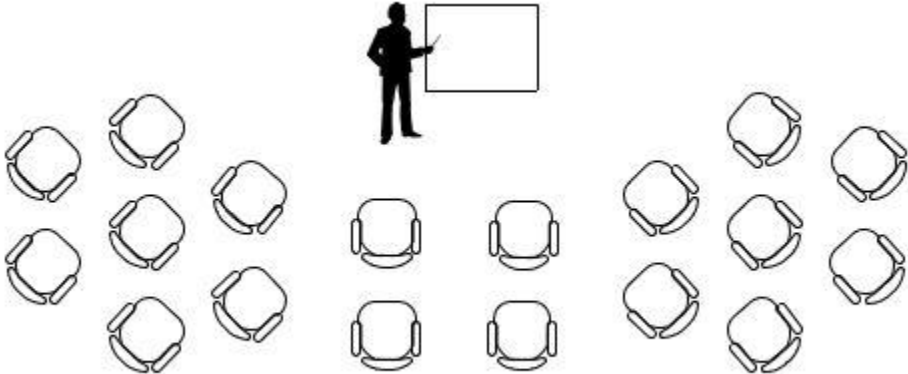
Room Set-Up Styles

Name	Advantage	Disadvantage
<p>Theater Rows of seats set up with presenter in front)</p>	The presenter has a high degree of control and is clearly visible. Can accommodate a large number of participants	Doesn't encourage group participation. The presenter has difficulty making eye contact. Difficult for breaking participants into small groups.
<p>Classroom (Rows of seats set up with large tables between rows)</p>	Participants have large tables to work on.	Participants in front rows need to turn around to see those in back rows.
<p>Boardroom (Long single table with seats all around)</p>	Good for full group discussion.	Small groups might have difficulty working because of the noise level of nearby groups. Interaction restricted to participants adjacent or across. Inflexible
<p>U-Shape (Tables set up in U-shape with seats around the tables)</p>	Participants can easily see each other. Convenient for handing out material.	Might not be enough seating for those attending. Interaction tends to be at corners only.
<p>Small Group Discussion (Groups of seats throughout room) *Recommended by COE.</p>	Very effective for small group participation. Trainer can easily join groups.	Trainer could have trouble maintaining control.
<p>Large Group Discussion (Large single table with seats all around)</p>	Like boardroom, good for full group discussion.	Difficulty for small groups, trainer not easily visible.
<p>Demonstration (Seats set up in L-shape)</p>	Trainer has room to move around and is clearly visible to participants.	Difficult for breaking participants into small groups.

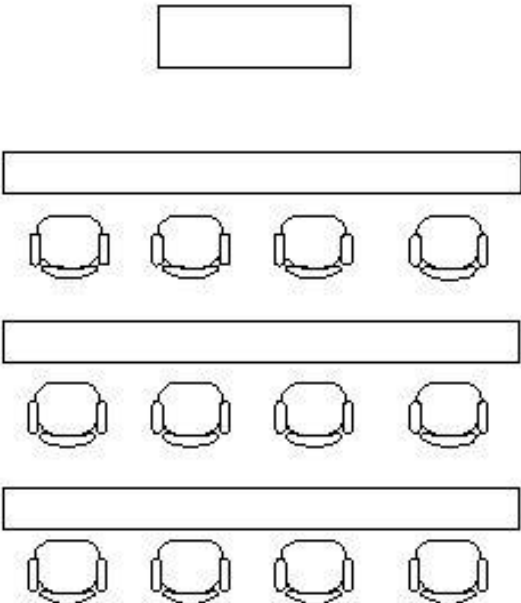
Room Layout Styles

Please label each diagram with the name of the room set-up using your workbook matrix.

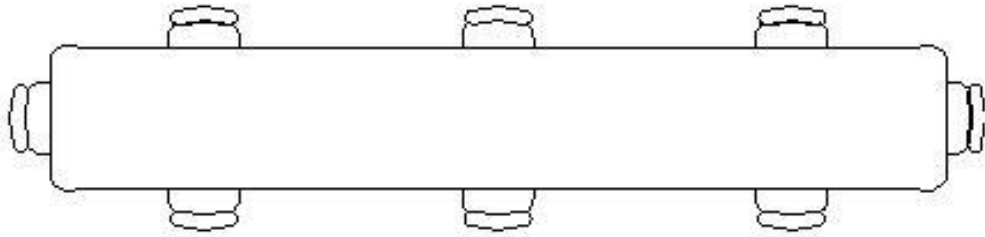
Theatre Layout Style:



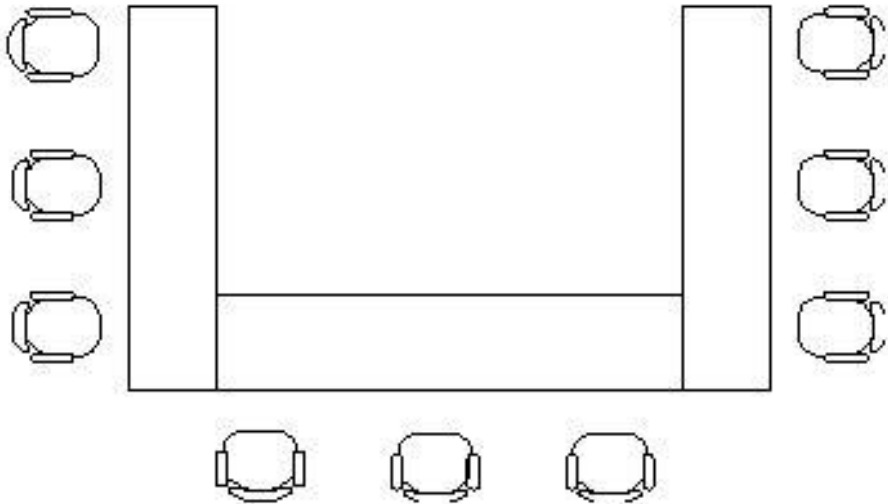
Classroom Layout Style:



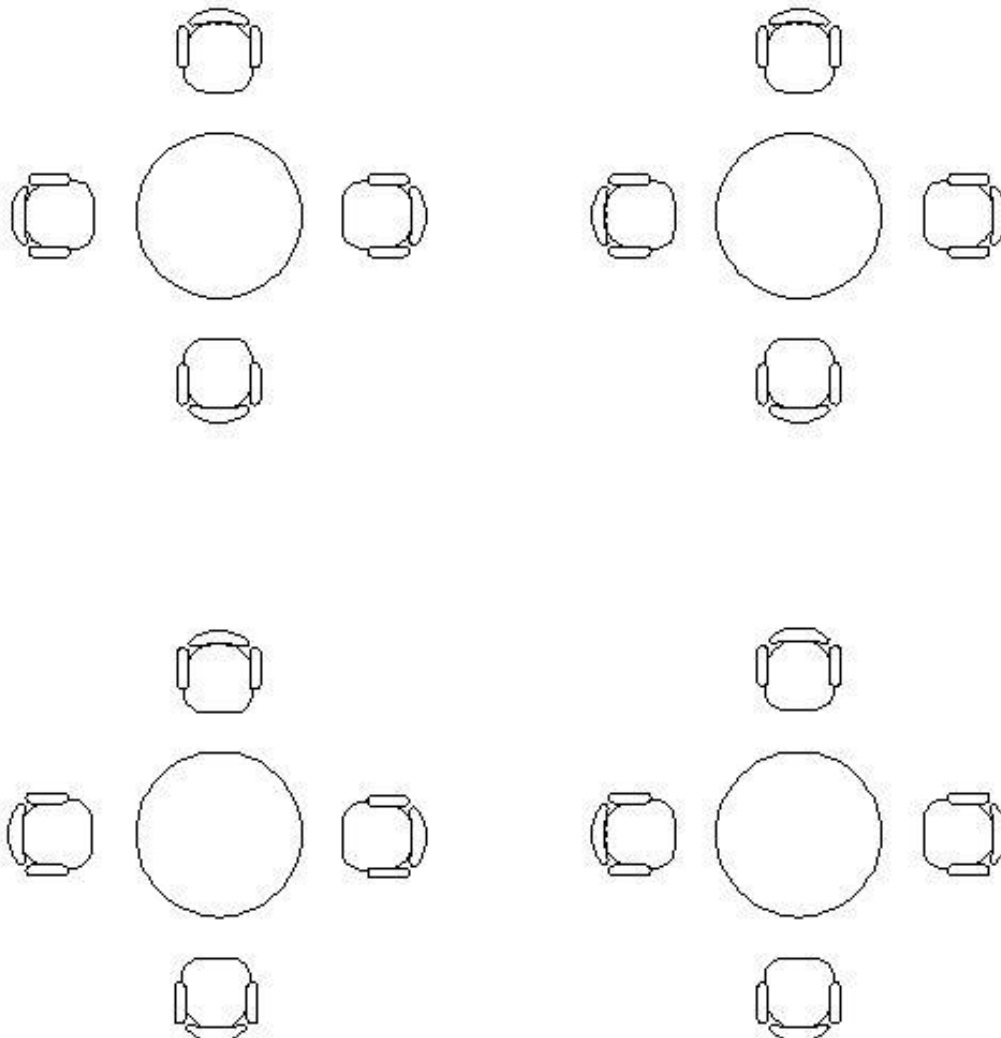
Boardroom Layout Style:



U-Shape Layout Style:

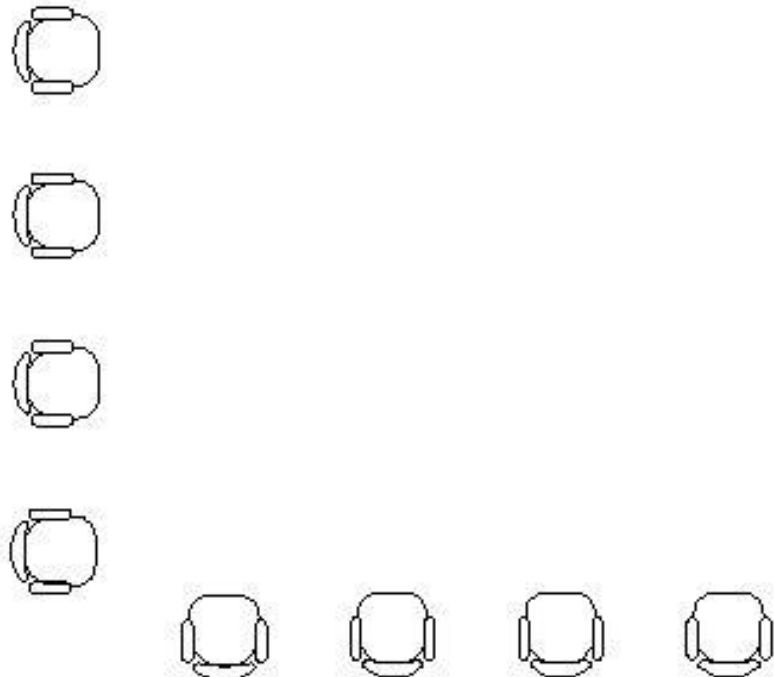


Small Group Layout Style:



(Small Group Discussion Layout is recommended by COE)*

Demonstration Layout Style:



Housekeeping Issues:

Please fill in the blanks to complete a list of housekeeping issues.

- ✓ Agenda
- ✓ B _____
- ✓ R _____
- ✓ Vending Machines
- ✓ P _____ L _____
- ✓ S _____
- ✓ Smoking
- ✓ Course materials (printed and/or digital) including Participant packets
- ✓ M _____
- ✓ Other: _____



Rules of Brainstorming

- Every idea has _____
- Each person is encouraged to _____
- No _____ or _____ allowed
- _____ of metaphors, comparison, likeness to other events, situation or things
- _____ ideas is fine
- _____ someone else's idea is fine
- The more ideas suggested, the better the _____
- Wait for silence to end. The greatest _____ follows



Ground Rules

Applying brainstorming techniques, please fill in the blanks to create effective ground rules for this workshop.

- ✓ Begin and end on time
- ✓ Manage cell phones
- ✓ One person talking at a time
- ✓ _____
- ✓ _____
- ✓ _____

Factors Affecting Learning



Principles of Adult Learning

(Malcolm Knowles)

Adults:

- Need to know why they should learn something
- Have a deep need to be self-directing.
- Have a greater volume and different quality of experience than youth.
- Become ready to learn when they experience a life situation.
- Enter with a task-centered mindset to learning.
- Are motivated to learn by both external (driven by rewards or punishments) and internal (satisfaction) motivators.



1. **Adults have a need to know why they should learn something.**

The “need to know” must be clear and must have value for the adult learner’s own life. “WII-FM” is an acronym introduced by Bob Pike to represent the statement, “What’s In It For Me?” Adults prefer to know up front the benefits of learning and the costs of not learning something before they are willing to invest time and energy. Adults will work harder at mastering something if they can see how they will personally benefit from the new skill or knowledge.

2. **Adults have a deep need to be self-directing.**

An adult is defined as one who has achieved a self-concept of being in charge of their life, of being responsible for making their own decisions, and living with the consequences. As an adult, a person wants to be seen and treated by others as being capable of taking responsibility.

3. **Adults have a greater volume and different quality of experience than youth.**

The longer a person lives, the more experience is accumulated. This affects learning in several ways:

- An adults will bring to training a background and experience that can serve as a rich resource
- An adult has a broader base of experience to which new ideas and skills can be attached, giving them richer meaning

- In a group of adults, there will be a wider range of differences in background, interests, abilities, and learning styles than would be found in a traditional classroom.
- An adult's previous experience can contribute to the development of habits of thought, biases, and presuppositions that may negatively impact his/her openness to new ideas

4. *Adults become ready to learn when they experience a life situation - a need to know or be able to do something in order to perform more effectively and satisfyingly.*

An adult will react negatively to "being told" that they have to learn something. Compulsory training is likely to be responded to with resentment, defensiveness, and resistance. Adults need to voluntarily commit themselves to learning.

5. *Adults enter into a learning experience with a task-centered (or problem-centered) mindset towards learning.*

Unlike traditional school programs where content is organized by subjects, adults expect content to be organized around life tasks. Content relevant to the task that might have otherwise been taught as part of several different subject-matter courses must be integrated into one curriculum.

6. *Adults are motivated to learn by both external and internal motivators.*

Adults are motivated to learn. Adults can be motivated to learn by external and internal factors.

Psychology of Learning

Psychology of Learning

- Benefits
- Perks
- Winning
- Bonuses
- Approval from others

- Purpose
- Growth
- Interest
- Passion
- Enjoyment
- Satisfaction

Integrated Food Safety
Centers of Excellence

12

Motivational Strategies

Internal Motivational Strategies

- _____
- Share learning expectations and goals
- Provide information about available resources
- _____
- Use relevant visual aids
- Invite expert insights
- Invite participants to reflect on the learning

External Motivational Strategies

- _____
- Improve job performance
- Invite peer contribution
- Make learning fun
- _____
- Clarify how learning can occur through mistakes
- Encourage using the training to suit their needs



Principles of Adult Learning

(Exercise)

Using your assigned principle discuss how training might be adjusted. Use the space provided to write your action plan.

1. Adults have a need to know why they should learn something (WII-FM).

Action: _____

2. Adults have a deep need to be self-directing.

Action: _____

3. Adults have a greater volume and different quality of experience than youth.

Action: _____

4. Adults become ready to learn when they experience a situation and a need to know or be able to do in order to perform more effectively and satisfyingly.

Action: _____

5. Adults enter into a learning experience with a task centered (or problem-centered) orientation to learning.

Action: _____

6. Adults are motivated to learn by both extrinsic and intrinsic motivators.

Action: _____

Personal Learning Styles

Learning involves a blend of styles of how we take in and process information. Just because we may have a dominant preferred style of learning does not mean that we are not capable of stepping outside of our personal preferences. Becoming more aware of our personal learning style preference will help alert us to when there may be a need to adjust our facilitation style when delivering the Epi-Ready Team Training.



Visual Learning Style

You learn best when information is presented visually in a **picture, or design format**. In a classroom setting, you benefit from the use of visual aids such as **video, maps, infographics, and charts**. You tend to like to work in a quiet room and **may not like to work in study groups**. When trying to remember something, you can often **visualize a picture** of it in your mind. You may have an artistic side that enjoys activities having to do with art and design.

Learning Strategies for the Visual Learner

Make **flash cards of key information** that needs to be memorized. **Draw symbols and pictures** on the cards to trigger recall. **Highlight in contrasting colors key words and pictures to code information**. Same as the previous style, limit the amount of information on note cards, so your mind can take a mental “picture” (mental model) of the information. **Mark up the margins of reading material(s) with key words, symbols, and diagrams that help you remember the text.**



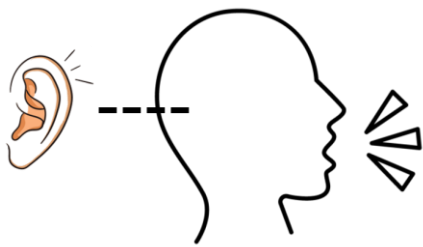
Read/Write Learning Style

You learn best when information is presented **visually** or in **writing**. You benefit from the **use of an outline to follow** along with lecturing. You also benefit from information obtained from textbooks and class notes.

You tend to **enjoy studying by yourself in a quiet room**. You often see information “in your **mind’s eye**” when you are trying to remember something.

Learning Strategies for the Read/Write Learner

To aid recall, **write out sentences and phrases** that summarize key information obtained from your readings or lecture. Make **flash cards** of key words and concepts that need to be memorized. **Use colored highlighters to emphasize key points** in text. Limit the amount of information per card so your mind can take a mental “picture” of the information (mental model). In other words, the human brain thinks in terms of visuals and pictures. For instance, if you read the word B-O-A-T, your mind is apt to envision the image of a boat instead of the letters B-O-A-T. It also helps when learning information presented in diagrams or illustrations, to write out explanations for the information.



Auditory Learning Style

You learn best when information is presented auditory in an **oral** language format. In a classroom setting, you benefit from **listening to lectures** and participating in **group discussions**. You also benefit from obtaining information from **audio recordings**. When trying to remember

something, you can often “hear” the way someone told you the information or **repeat what you heard out loud**.

Strategies for the Auditory Learner

Join a study group or work with a “**study buddy**” on an on-going basis to review key information to assist you in learning material. When studying by yourself, **talk out loud** to aid recall. Get yourself in a room where you won’t be bothering anyone and **read your notes and textbook out loud**. **Record lectures** to aid in recall. Pause to avoid recording irrelevant information. **Jot down concepts that seem confusing**, and you can even **highlight notes**. Or **create your own recordings** by reading notes and textbook information and then play it in your car whenever you can.

Tactile/Kinesthetic Learning Style

You learn best when **physically engaged in a “hands on” activity**. In other words, when you can be physically active in the learning environment where you can **manipulate materials to learn new information**. You benefit from instructors who encourage **demonstrations**, “hands on” learning experiences, and field work outside of class. You may even handle “fidgets” to help you in your thinking or listening processes.



Strategies for the Tactile/Kinesthetic Learning Style

To help you stay focused on lectures, sit near the front of the room, and **take notes** throughout the course. Don't worry about correct spelling or writing in complete sentences. **Jot down key words** and **draw pictures or make charts** to help you remember the information you are hearing. Think of ways to make your learning tangible, i.e., something you can put your hands on. For example, **make a model that illustrates a key concept**. Spend extra time in a real-life setting to learn important procedures. Spend time in the field to gain first-hand experience of the subject matter.



Personal Learning Styles

(Exercise)

What do you think your personal learning style is?

Step 1- Audio Items

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Step 2- Visual Items:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Step 3- Kinesthetic Items:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Based on this exercise, what is your dominant learning style?

Speaking Jitters! Everybody Gets 'Em!

The mere thought of standing before a group and speaking may trigger emotions that send you reeling into sensations of a dry mouth, nausea, a pounding heartbeat, shaking, sweating, and all sorts of similar stress related symptoms — almost as though you're having a near death experience. Well, the good news is you're not! You're just reacting naturally to an unnatural situation of getting up in front of an audience to speak. Success comes from overcoming these fears of anticipated failure, embarrassment, or the unknown, while effectively completing your task.



My Speaking Jitters

List your top 3 fears delivering a presentation or training.

Top 3 Fears

1. _____
2. _____
3. _____



Speaking Jitters Strategies

- Memorize the first 3 minutes
- Create cheat sheets
- _____
- Arrive early
- Greet participants
- _____
- Drink room temperature water
- Project your voice
- Gesture
- Move around

Additional Speaking Jitters Strategies

- Be prepared – know what you’re going to talk about
- Go for a soothing walk before beginning to break the anxiety and de-stress – *BUT COME BACK!*
- Be yourself – don’t try to become someone you’re not
- Practice positive visualization – picture the audience applauding your success
- Carry a handkerchief or tissue

Building Trust and Psychological Safety

Voice

Pacing

Language

Movement

Building Trust and Psychological Safety

Voice

There are three major problems linked with the use of voice: 1) monotone, 2) talking too fast, and 3) volume.

Monotone

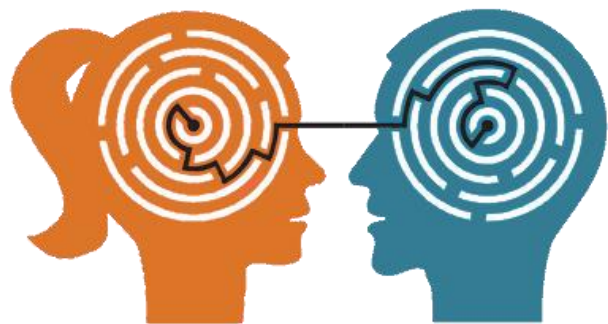
- Learn to listen to yourself
- Relax
- Release tension

Talking too fast – “fast forward”

- Slow down
- Pause
- Allow periods of silence

Volume – “What’s that you say?”

- Practice
- Check-in with the audience



Dedicating yourself to be more aware of these three problematic areas and resolving to the practical remedies above will help better your speaking skills.

Language

So, you're sure of the message you want to deliver and you're aware of the importance of the voice. However, without the ability to speak the language of your audience, you could miss the target completely. There are ways to ensure you effectively deliver the ideas and concepts of your presentation or training. Try some of the following tips:

- Avoid using unfamiliar words
- Beware of using acronyms that may hold more than one meaning to your audience
- Define technical terms or key concepts the audience may not know
- Avoid jargon and difficult words
- Avoid using humor that may offend or make fun of any participant
- Guard against "you know", "like", and "so"
- If name tags and tents are available, use first names
- Align non-verbal cues with verbal statements - non-verbal movement carries more weight

Pacing

Ever recall having to sit through hours of lecture on an important topic and come close to dozing off? Or perhaps you were excited at hearing a vital piece of information but managed only to catch the last few words spoken as you felt the sudden breeze of the words speeding past you. In either case, you can certainly imagine how the flow, or pace, of a speaker can positively or negatively impact overall delivery. Whether the topic is dull or interesting, the speaker holds control of capturing and maintaining the participant's attention. If a subject matter is dull, consequently, you would want to add enthusiasm to your delivery to lighten the impact of your presentation. When a subject matter is deemed to be critically important, slow the pace of your delivery to ensure everyone is provided with an opportunity to benefit. Try the following tips in your next presentation or training and see how well it improves:

- Present a little at a time
- Break up delivery with change in format or by incorporating related activities
- Present single ideas at a time
- Use logical sequence when delivering a set of ideas or concepts
- The length of a presentation must be in tune with the attention span of the participants
 - A person's listening and retention ability is limited to 20 minutes

Body Movement

Many professional speakers practice their posture and movement as a method of reinforcing their ability to relax when presenting a delivery before an audience. This is accomplished through application of the following:

- Never turn your back on participants to read from a screen or flip chart

- Avoid using lecterns as they create an artificial barrier between you and the participants
- Avoid rocking from side to side or from front to back
- Avoid sipping coffee while presenting
- Do not rattle keys or coins in your pockets
- Avoid playing with jewelry or your hair
- Don't stare at the floor, ceiling, walls, the back of the room, or your notes
- Stand up straight but not stiff
- Stay within 4 – 8 feet of the front row
- Don't stay frozen in one spot but avoid pacing
- Keep your shoulders oriented toward the audience
- Keep your eye contact on the audience
- Don't speak unless you have eye contact with your audience
- Avoid keeping hands in your pockets, handcuffed behind your back, in a fig leaf position, crossing arms, or wringing your hands nervously

To many ideas at once are confusing.

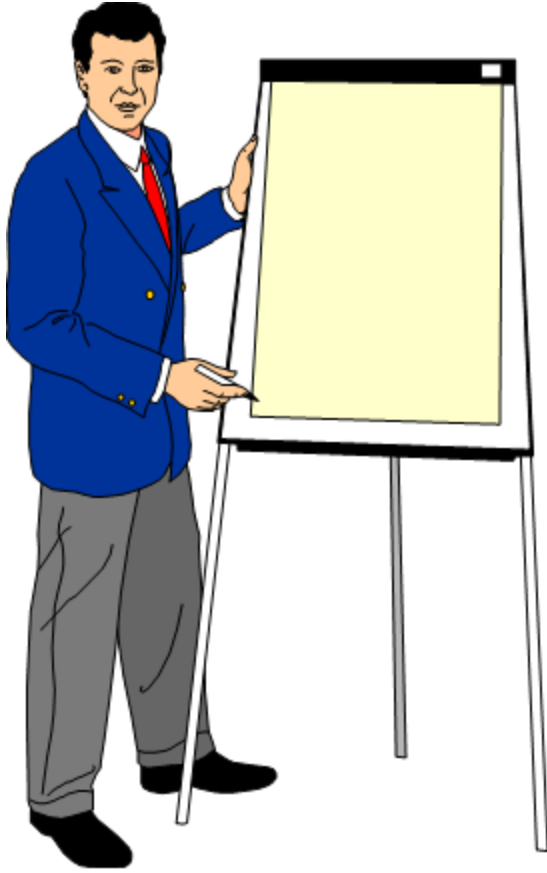
If you present one idea, people will retain it up to 10% after 30 days.

If you present the same idea six times, the retention at the end of 30 days soars to 90%.

Using Visual Projections

The Epi-Ready Team Training contains a slide deck that provides visuals for use during training delivery. The following tips will help you to develop your comfort level in using visual projections during training.

- Practice!
- Stand off to one side of a visual while facing the audience. This way, you are not blocking the content from being seen AND the projection is not appearing on you.
- Turn off projections when not in use.



Polishing Your Professional Presence

My Planned Coping Strategies

List 3 strategies that integrate elements of Voice, Language, Pacing, and Body Movement that will help enhance your professional presence and overcome your top 3 fears, while facilitating training:

Fearless Facilitators

- Thoroughly prepare for roles & responsibilities
- Practice, practice, practice
- Follow the “script”
- Avoid distracting mannerisms

- Ask thought-provoking questions
- Attend to:
 - Adult learning principles
 - Learning styles
 - Disruptive behavior
- Exhibit professional presence

Fearless Facilitation

The role of the facilitator is to ensure that key points are understood and emphasized. This is done by:

- Managing the Environment
 - Preparation
 - Setting up
 - Greeting participants
- Managing the Process
 - Facilitating a session
 - Following a session
- Optimizing Participation
 - Getting the best out of people
 - Staying on track
 - Managing disruptions

Fearless facilitators:

- Prepare thoroughly for their roles & responsibilities
- Practice, practice, practice
- Know their lines
- Follow the “script”
- Hit their “marks”
- Know when to be in the foreground & background
- Sometimes rely on “cue cards”
- Avoid distracting mannerisms

Facilitators find ways to inspire participants by:

- Asking thought-provoking questions
- Attending to principles of adult learning
- Accommodating various learning styles
- Making smooth transitions
- Exhibiting professional presence
- Managing disruptive behaviors

Co-Training Tips and Responsibilities

Before

Divide content responsibilities and identify preparation time well in advance. This will take more time if it's the first time for either to train on this course or if it's the first time you are training together. You're dividing not only content but preparing to work together during the course.

It is important that content be divided fairly equally, so that one co-trainer isn't presented to the training group as less legitimate. While the co-trainer who is more familiar with the course material may be the 'lead', this shouldn't include leaving the new co-trainer in an 'assistant' role. Letting your co-trainer know what your "foibles" are generally elicits a "foible" list from them as well.

A simple way to accomplish this is to have the training course outline divided into 'Trainer A' / 'Trainer B' roles. This way you can spend more time on strategies for working together successfully. An example might be: "If I have something to say when you have the floor, how do you want me to indicate it? (Just speak up, raise my hand, or otherwise give you a sign?)" If you have something to say when I have the lead, this is what I want you to do (just speak up at an opportune time.)

Don't forget to discuss all of the other preparation items, like room set-up, preparing handouts, flip charts, overheads, obtaining supplies, reserving the room or TV / VCR, etc.

During



Now you have a chance to implement all of the plans you made with your co-trainer well ahead of the class. It can be important to remain flexible, as co-trainers can become ill, be replaced for other reasons, or find they are not as prepared to present material as they had expected. These issues should be addressed as early as possible to avoid last-minute problems.

This is when all of your discussions about how to manage bridges, transitions, the difficult spots you've found in the course, helpful strategies for making it work for an audience, how each of you prefer to have the other participate, and how to support and help each other will really pay off. Having worked out how each can participate or be supportive can prevent misunderstandings during the training.

While presenting, make frequent eye contact with each other, just as you do with each participant. Balance "I" statements in front of the group with opportunities to refer to your co-leader and yourself together: "When Harriet and I were discussing this earlier..."

Co-leading can have many advantages. While one has the floor, the other can monitor the emotions or energy of the group or assist individual members of the group (late arrivals, etc.) Or, if you get stuck when speaking or think you've forgotten something, a graceful way out is to turn

to your co-leader and ask, “Is there anything you’d like to add to this?” That’s a simple co-leader’s code for “help me”.

After

Once the class is over, you have a chance to review not only the evaluations and feedback from the participants, but from each other as well. Having at least a brief discussion about what you think each of you did well and what you think each of you could improve on will help you both process the day, as well as build a relationship for co-training and working together in the future.

True team teaching necessitates all members of the instructional team be continually involved in the learning process (it is true that one may take a break while the other leads, especially in longer courses). Sometimes, one may take a more active role, while the other primarily observes and assists when indicated or requested (records, etc.); sometimes both may be actively involved in presenting material and facilitating learning.

More Ideas...

Co-Training Action Plan

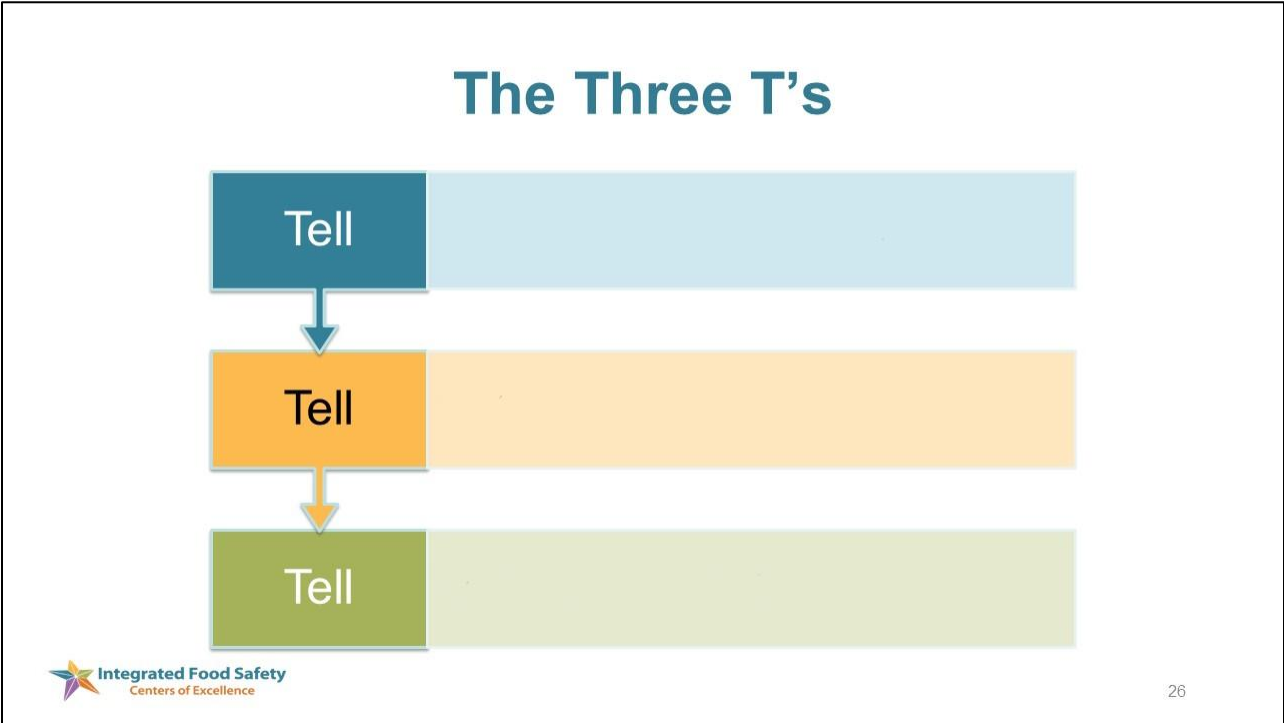
Exercise

Based on the reading on Co-Training Responsibilities complete the following matrix.

SITUATION	MY SUGGESTIONS	OUR PLAN
Your co-trainer reads the newspaper in the back of the room and distracts you and the participants.		
Your co-trainer begins interjecting his/her personal opinion... about everything!		
Your co-trainer is running overtime for an activity.		
You feel a participant is dominating the discussion when your co-trainer is leading the group.		
Your co-trainer is consistently late at the beginning of training, returning from breaks, and at lunch.		
Your co-trainer is not prepared to present a segment of material he/she had agreed to present.		

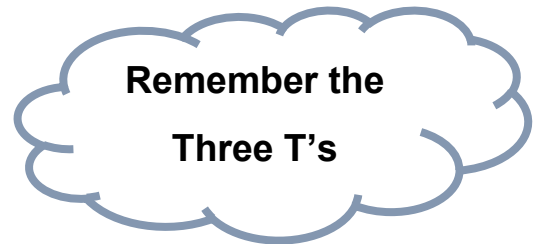
SITUATION	MY SUGGESTIONS	OUR PLAN
<p>Your co-trainer leaves out part of an activity, a part that will significantly affect the outcome and learning the activity is used for.</p>		
<p>Your co-trainer often leaves the training to make phone calls and conduct other business.</p>		
<p>Your co-trainer has no enthusiasm and is affecting the energy of the group.</p>		

The Three T's



Twenty Topics To Choose From

1. How to open a screw top bottle safely.
2. How to operate a lighter.
3. How to light a match safely.
4. How to tie a tie or scarf.
5. How to throw a baseball (paper ball).
6. How to do a math calculation.
7. How to sew on a button.
8. How to use chopsticks effectively.
9. How to clean a pair of eyeglasses properly.
10. How to take a pulse properly.
11. How to fold fancy dinner napkins.
12. How to bait a hook.
13. How to do a proper lift.
14. How to draw a caricature.
15. How to diagram a sentence.
16. How to do a military salute.
17. How to introduce people to each other at a formal affair.
18. How to use a tie tack.
19. How to set the alarm on a digital watch.
20. How to fold and fly a paper airplane.



Be creative. If none of these topics appeal to you, think up one of your own.

Observer's Checklist

Check the items you observed being modeled.

The trainer:

- Introduced the topic.
- Presented the objective.
- W I I - FM (What's In It For Me?)
- Presented the material.
- Showed the correct performance.
- Let them try it.
- Gave them corrective or confirming feedback.
- Assessed their performance.
- Provided review and summaries.

Additional Observations:

Afternoon's Focus

- Coping with Challenging Participants
- Facilitating an Instructional Activity
- Customization and Materials Review
 - Pre/Post-tests
 - Evaluations

Coping With Difficult Participants

To understand that the participants' behavior reflects a need they are having — it has little to do with you, so no need to be defensive. Try to respond in a way that helps them meet the need. This will reduce their anxiety and reduce their need to continue the difficult behavior.



THE QUESTIONER

The questioner asks questions more often than most. The questioner may need to ally personally with the leader to maximize his or her learning. This is particularly true if the participant's learning style is interactive. The questioner who interrupts and stops the flow of the group repeatedly needs to gain attention at the expense of the group.

Encourage the questioner to figure out some of the answers him or herself.

Scenario:

Patricia is an active participant in the group... in fact, she's so active that other members have begun to sit back and let her speak. While she hasn't been negative at all, her constant questions are making it hard to stay on topic and on time. Patricia has shared that she feels most of the other participants have more customer contact than she does in her administrative position.

What are some strategies you can use to keep this from continuing to affect the group and the flow of the course?

1. _____
2. _____
3. _____
4. _____
5. _____

The key:

- Encourage the Questioner to figure out some of the answers on their own.

THE DISTRACTOR

The Distractor makes comments or does things unrelated to the topic. Distractors get bored easily and need humor, a quick pace, and a variety of learning methods to stay engaged. They may help the group lighten its mood when the mood gets too serious for too long, such as after processing a reading or role-play. Use Distractors as barometers for group boredom and change the pace or method you are using when they begin to get frisky.

The persistent Distractor needs too much attention from the group. Assertively retain control of the situation. Avoid a personal power struggle and help them to consider whether they are within or outside of the group's bounds as you bring Distractors back on task.



Scenario:

You knew before this mandated class ever began that Darryl the Distractor did not want to attend. He does have a lot of experience and you know he is a quick learner and prefers to learn things on his own rather than in a group setting. Now that he's here, it's clear that it will be a challenge to not be upset by his caustic remarks to the group.

What strategies can you use to keep Darryl engaged and prevent him from gaining support from more members of the group who are also mandated to attend?

1. _____
2. _____
3. _____
4. _____
5. _____

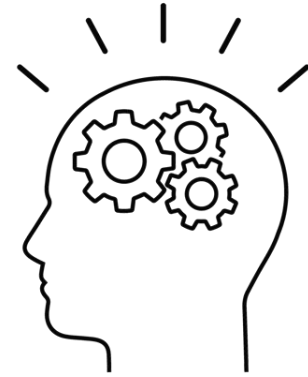
The key:

- Use Distractors as barometers for boredom or a need to change pace.
- Assertively retain control.
- Avoid a power struggle.
- Help Distractors back on task and to consider the group.

THE INTELLECTUALIZER

The Intellectualizer has many facts and ideas to share and takes genuine pleasure in sharing those. He or she can add a lot to adult learning. Often the Intellectualizer needs to feel admired. The compulsive Intellectualizer uses ideas to justify all behavior, feels a need to avoid emotions and may distract the group from emotional challenges. The Intellectualizer truly needs trust and safety.

Help the Intellectualizer keep ideas short and simple.



Scenario:

Isaac the Intellectualizer is very bright and has a lot to contribute to the group. From previous experience, you know he likes to share what he knows, whether the information is related to the topic at hand or not. You are also concerned that today's topics may raise some strong emotions for many group members, including Isaac.

What strategies can you employ that will allow the group to share and discuss their feelings about the topic and keep Isaac involved, without going off on tangents that will prevent this important discussion?

1. _____
2. _____
3. _____
4. _____
5. _____

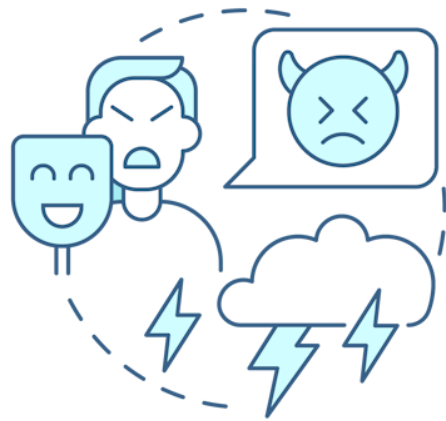
The key:

- Help keep ideas short and simple

THE PASSIVE AGGRESSOR

Passive aggressive people are angry but displace their anger in people who they see as less threatening than those with whom they are really most angry. They displace their anger in subtle, indirect ways which others in the room may not notice. In this way they try to get the group to support the negative feelings they are experiencing. The Passive Aggressor needs control to feel safe.

If you are the target of the Passive Aggressor, avoid being defensive. Turn the attention from yourself and toward the group.



Scenario:

Paul the Passive Aggressor hasn't been in any of your courses before, but you notice early on that he seems to be angry and that he is directing his feelings toward you. He's been making some sarcastic jokes that seem designed to undermine your position with the other group members. You think he may feel he has won if you get angry back in front of the group.

How can you respond without appearing defensive or engaging in the same behavior?

1. _____
2. _____
3. _____
4. _____
5. _____

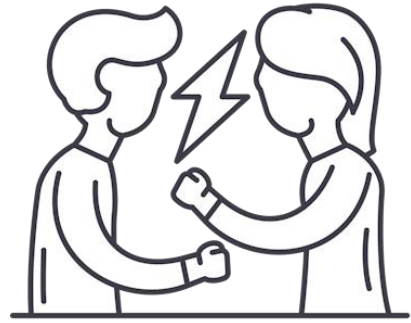
The key:

- Avoid being defensive if you are the target.
- Turn the attention from yourself and toward the group.

THE FIGHTER

The Fighter disagrees with many things, and challenges the leader often, sometimes with questions which are more like statements such as, "Don't you really think we could be doing this a better way?" The Fighter needs control and may try to destroy the group.

Avoid a power struggle and try to meet his or her control needs by supporting the positive contributions.



Scenario:

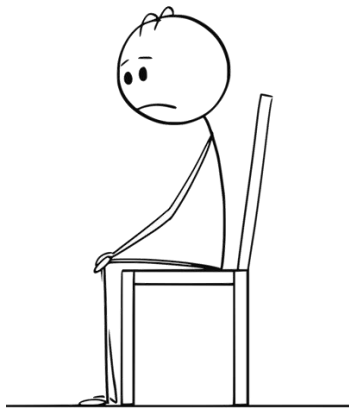
Felicia the Fighter is a senior management member who is sitting in on the training session. You have worked with her only on small teams before and know she has many good ideas. She has often brought new information or techniques in and been able to share these with team members. Your only concern is that she sometimes has difficulty hearing or considering ideas from other members.

What are some strategies you can use today to make sure the group hears Felicia's ideas, and that Felicia is able to hear from others?

1. _____
2. _____
3. _____
4. _____
5. _____

The key:

- Avoid a power struggle.
- Try to meet his or her control needs.
- Support positive contributions



THE WITHDRAWER

The Withdrawer sits quietly and often looks uncomfortable. The Withdrawer may need confidence to participate in a group. Or they may need to learn how to express dissatisfaction.

You can help meet the confidence need of the Withdrawer by gently encouraging participation. Small group activities would be a good place to begin your encouragement. You may need to encourage him or her in private, offering your support in a more personal way.

You can help meet their need to express dissatisfaction through support and encouragement.

Scenario:

Wendell the Withdrawer has been on several training sessions with you before and has usually been very quiet. You have noticed that he doesn't usually participate in larger group discussions and that he has been very shy about sharing ideas or speaking out, even when he didn't appear to be in agreement with others.

What are some strategies you can use to gain his participation and encourage him to talk about his views or ideas?

1. _____
2. _____
3. _____
4. _____
5. _____

The key:

- Gently encourage participation.
- Small group activities help.
- May need to provide private encouragement.
- Offer support in a more personal way.
- Encourage and support their need to express dissatisfaction, ideas, or enthusiasm

It's Your Turn!

- Form into teams of 3
 - Each member is to select a part to cover
 - Practice transitioning across team member's presentation
- Teach-Back Options
 - Select up to 3 slides
 - Customize with state-specific information
- Module 6 may be taught in its entirety*

Estimated time for customization and note preparation: 1 hour

*Estimated time for presentation: **

Observation Forms will be used to evaluate delivery



31

Teach-Back Exercise

Form into teams of three (3).

Select up to 3 slides from the *Teach-Back Exercise – Module 2*.

Each member of the team is to select a part to cover and to practice transitions during team presentation.

- Estimated time for customization and note preparation: 1 hour
- Estimated time for presentation: Appx. 20 minutes maximum
- Estimated time for feedback: 5 min. per team

NOTE:

When you are delivering the Epi-Ready Team Training, you may wish to customize it to your jurisdiction. The following modules and slides lend themselves to be customized to your jurisdiction as you deem necessary:

- Module 2, Slides 7 - 12
- Module 5, Slides 10 - 19

Observation Forms

Additional forms are located in the Appendix section for your use as you observe fellow trainers deliver their assigned Teach Back session.

Observation Reaction Form

(* Adapted from the IDEA Center of evaluating learner reactions to instruction and courses.)

The Instructor:

Statement	1	2	3	4	5
Displayed a personal interest in participant's learning					
Found ways to help participants answer their own questions					
Demonstrated the importance and significance of the subject matter					
Utilized groups and group discussions to facilitate learning					
Explained how each topic was relevant to the delivery of training					
Stimulated participant engagement					
Leveraged the use of handouts to improve understanding					
Explained course materials clearly and concisely					
Related course materials to real life situations					
Utilized knowledge checks that covered important points of the course					
Introduced stimulating ideas about the subject					
Involved participants in case studies or real-life situations					
Challenged participants to think					
Invited participants to share ideas/experiences that differed from other viewpoints					
Provided timely and frequent feedback to help improve understanding					
Invited participants to assist each other in understanding ideas or concepts					
Utilized activities that provoked creative thinking					

Post-Training Delivery - Summary Evaluation

1. What are the three things the facilitator did well in their delivery?


2. What three things would you suggest as “opportunities for improvement”?

Module 2 Materials



First, we will discuss surveillance definitions, methods, and types.

Public Health Surveillance



The ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those responsible for prevention and control

4

The definition of public health surveillance is “the ongoing, systematic collection, analysis, and interpretation of health-related data essential to planning, implementation, and evaluation of

public health practice, closely integrated with the timely dissemination of these data to those responsible for prevention and control”

Methods of Surveillance

Active Surveillance

- Requires a high level of time and energy
- Provides a more complete set of data

Example: calling the hospital to inquire about patient symptoms

Passive Surveillance

- Not as timely
- Requires fewer resources

Example: National Notifiable Disease Surveillance System (NNDSS)

5

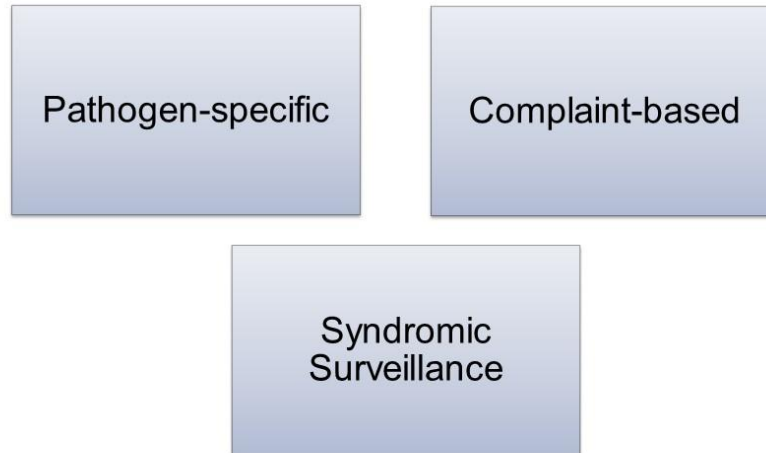
Instructor Note: *Describe active and passive systems only in the general terms as provided in the text that follows. Ask participants if they can name some of the surveillance systems they employ as either passive or active in their methodology.*

Methods of surveillance may be passive or active. Active surveillance generally requires a high level of time and energy as investigators seek out disease in the community. Active surveillance may be activities such as looking for a sentinel event that may have an impact on the community or may be activities centered on finding the incidence of disease in a community on an ongoing basis. Active methods of surveillance usually are timely and may provide a rather complete set of data at the case level of reporting. That is, active methods of surveillance provide information about the existence of disease at the case (person) level or the possibility of disease (sentinel events) very soon after it is recognized. Active methods of surveillance are not always an acceptable method of surveillance as they take valuable resources that may be expended on other valuable public health activities. Some examples of active surveillance are:

- calling a hospital to see if they have seen an increase of patients with bloody diarrhea, or
- obtaining results from a clinical or hospital laboratory each month to ensure they have reported all cases of Salmonella.

Many of our public health surveillance systems are passive in nature. As the name implies, investigators passively wait to acquire data. Methods of this nature may not provide data in a timely manner but are generally more acceptable as they does not require the same level of resource(s).

Types of Surveillance



6

To do something about diseases and outbreaks, we need to find out about them. To find out about them, we routinely monitor the population for illnesses for which food might be the vehicle. We collect and analyze information on those illnesses on a frequent basis, look for signals of outbreaks or clusters, and investigate further where appropriate. This is what we mean by foodborne disease surveillance.

There are many ways we can find out about cases of foodborne illness in the community (e.g., medical records, school illnesses and absentee records, absentee records from places of employment, sales of antidiarrheal medications, surveys of health-care providers, death certificates). There are 4 main types of disease surveillance:

- Pathogen-specific: Health-care providers and laboratorians report individual cases of disease when selected pathogens, such as *Salmonella enterica* or *Escherichia coli* O157:H7, are identified in specimens from patients. This surveillance method also includes specific clinical syndromes with or without laboratory confirmation, such as hemolytic uremic syndrome and botulism, which usually indicate a particular pathogen (CIFOR 2020)
- Complaint-based: Notification about foodborne complaint systems are intended to receive, triage, and respond to reports from the community about possible foodborne disease events to conduct prevention and control activities. (CIFOR 2020)
- Syndromic surveillance: monitoring the frequency of illnesses with a specific set of clinical features (i.e., presenting symptoms reported by emergency rooms)

Two primary foodborne disease surveillance systems are routinely available to most local and state health departments and are used on a regular basis to learn about foodborne illnesses (and outbreaks) in the community: Foodborne illness complaint systems and pathogen-specific surveillance.

Let's talk about each of these systems including:

- The overall approach,
- Information collected,
- Analysis of the information and possible responses to that information, and
- Strengths of each system and issues.

We will start with foodborne illness complaint systems.

Pre/Post Question #4



We will first discuss complaint-based surveillance systems

Complaint Systems

Primary means to detect outbreaks that are

- Localized
- Illnesses with short incubation periods

Result in a large number of complaints that require filtering

Capture a wide variety of foodborne illness data

Focus on the exposure rather than pathogen

May not link multijurisdictional complaints

May be difficult to initially exclude unrelated cases

8

Instructor Note: *Ask participants about the type of complaint systems their health department uses. Discuss successes and challenges. Also have Centers discuss the successes and challenges using their complaint system.*

Complaint systems provide one of the primary means of detecting outbreaks that may be localized. These systems are especially effective at identifying outbreaks with short incubations, as most people associate their illness with the last meal consumed. However, robust complaint systems that include meal history capture allow for the identification of outbreaks with longer incubations.

Complaint systems may result in large numbers of complaints and may increase the likelihood of outbreak identification. However, large volumes of data require filtration to ensure that time and resources are appropriately expended. Again, well-designed complaint systems can help alleviate these challenges.

Complaint systems do not focus on specific foodborne pathogens. Instead, they capture a wide variety of foodborne illness data that include any pathogen, food vehicle, or source provided by the complainant.

Unless well-designed and centralized in capture and dissemination, complaint systems may be unable to link multiple complaints sharing common exposures across geographic regions.

Causative agents are rarely known at the time of complaint. This may provide a challenge for multiple complaint associations and reduce the ability to link cases based on common illness symptoms.

Limitations aside, a well-designed and managed complaint system can indeed be an invaluable tool to help identify foodborne outbreaks.

Pre/Post Question #5

Purpose of a Complaint System

- Collect appropriate data from the complainant(s):
 - Contact information
 - Illness data
 - Reported location
 - Contacts
 - Meal history

- Help direct next appropriate steps:
 - Site visit
 - Environmental assessment
 - Outbreak team notification
 - Open an outbreak investigation

9

Instructor Note: Refer participants to the example Foodborne Illness Complaint Form handout so they can follow along.

Regardless of local or centralized complaint systems, the goals should be the same: collect appropriate data from the complainant in the most efficient manner possible.

The key is to capture the minimal data necessary to understand each isolated complaint's potential connection to a foodborne outbreak. Collecting excessive data is often unnecessary and may ultimately undermine the system's goals. Further, detailed data will most likely be collected during formal interviews that will likely occur during an outbreak investigation.

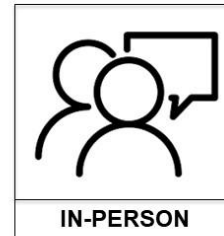
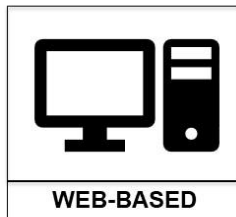
The minimal data needed may be categorized broadly into:

- Complaint contact information (person's demographics and contact information)
- Illness data (reported onsets, symptoms, durations, treatment/diagnosis)
- Reported location (location being reported by the complaint as source of illness)
- Contacts (other dining partners)
- Meal history (locations where past meals were consumed)

The illustration is a sample generic complaint intake form which separates the specific data into categories. This helps the data collector to focus on specific topics before advancing through the form. Notice the food history is not included here but is included on the second page of the original document.

These data will directly influence the appropriate next steps. Depending on the data collected, next steps may range from a simple site visit to an outbreak investigation.

Complaint System Design



- Staff training is required
- Design and implementation influences effectiveness of system
- Should be able to interface with other surveillance systems

10

Complaint-based surveillance systems may range widely in design. Most will include intake systems such as:

- Telephone
- Web-based
- In-person methods

Technology may range from paper collection instruments to complex computer-based platforms or public facing web-based systems. Consider:

- Trained staff is required
- Limitations of web-based systems
- Ability to design and manage a complaint database

Design and implementation will influence effectiveness. Consider:

- What specific data are needed?
- How will this data be managed and communicated?
- Can complaint data interface with pathogen surveillance data?

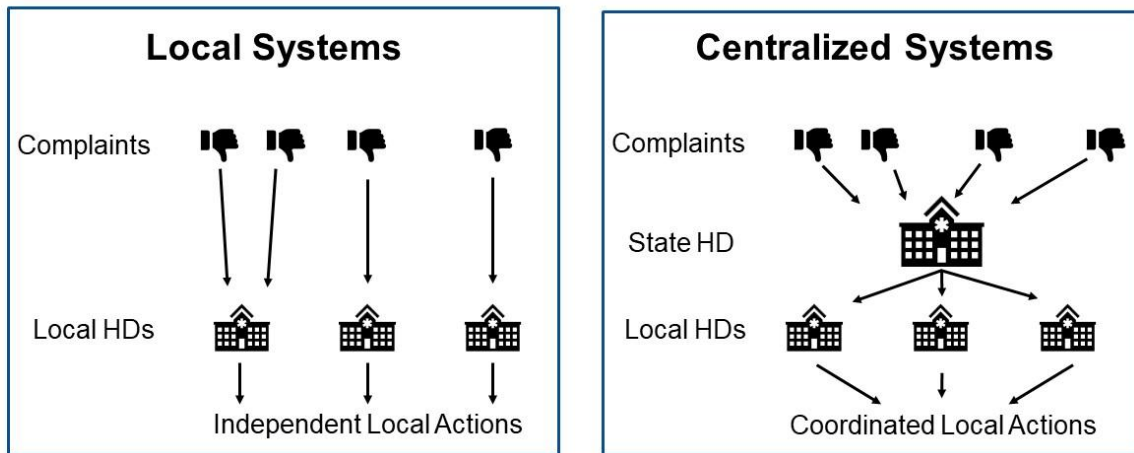
How complaint information is captured, evaluated, and disseminated may also vary greatly. Depending on the technology available, these systems may range from pen/paper to highly specialized computer databases – each with potential limitations. In-person systems help ensure data quality and allow for additional probing at the expense of requiring training personnel to complete these tasks. Automated, public-facing reporting systems that require minimal personnel to manage are prone to limited or invalid data. Agencies must determine

what systems are the best fit to ensure their complaint system is designed and managed effectively.

Regardless of the technology used, the complaint system's design and implementation will likely influence the overall ability to accurately capture, interpret, and respond to complaints. Agencies must understand what specific data the system should capture and the manner (how, when, and who) in which the data will be managed and communicated among the outbreak team.

An important characteristic of a complaint surveillance system is the ability to interface with other surveillance systems, such as your pathogen surveillance system. This may allow cross-referencing among the two platforms to ensure cases are appropriately linked. For example, outbreak characteristics, such as establishment or food types, identified by pathogen surveillance should be evaluated against similar complainant data to help identify new, related cases.

Complaint Surveillance Systems Pathways



11

Instructor Note: Ask participants for some potential actions or action to consider on the local level that would help communication among agencies.

The pathways by which complaint data move from the public complaint to an action or investigation may vary among local and state agencies. These pathways can be framed into two categories – local and central complaint systems. Local systems typically collect and manage all complaints within their region while central systems may collect complaint data from multiple regions, then manage and disseminate the data the appropriate region for appropriate actions.

Local complaint systems may be custom designed to fit a particular agency's needs, software and hardware capacities, and information capture/dissemination protocols. However, if jurisdictions are not communicating well, local complaint systems will not easily link related complaints across multiple geographic regions.

Conversely, centralized complaint systems allow for more uniform data collection across multiple regions and provide additional oversight to help manage multi-jurisdictional complaints and manage communications among various authorities involved. In addition, having a centralized person or persons responsible for complaint oversight will facilitate the timely data evaluation and reporting.

Managing Complaint Data

How is complaint data going to be managed?

- Complaint system type
- Web-based vs. paper complaint system

Who is responsible for data evaluation and dissemination?

- Office administration, environmental, epidemiologist

What types of data will be evaluated?

- Common onsets, locations, regions, establishments

How often will data be evaluated and reported?

- Weekly, monthly, and quarterly reports

12

Agencies should determine how best to manage complaint data. This involves consideration to the type of system used (paper, computerized, etc.), who will be assigned to evaluate and disseminate data (centralized, local administrator, local environmentalist, etc.), what types of data will be evaluated and reported (trends, clusters, high-magnitude complaints), and at what frequency (daily, weekly, monthly, etc.).

Non-traditional Systems

- Non-traditional systems where you may find foodborne illness complaints:
 - Social media
 - Discussion boards
 - Online reviews
 - Sites crowdsourcing data re: suspected sources of foodborne illness
- These data often posted into the ether
 - Typically, not monitored
 - If monitored, not evaluated or standardized

13

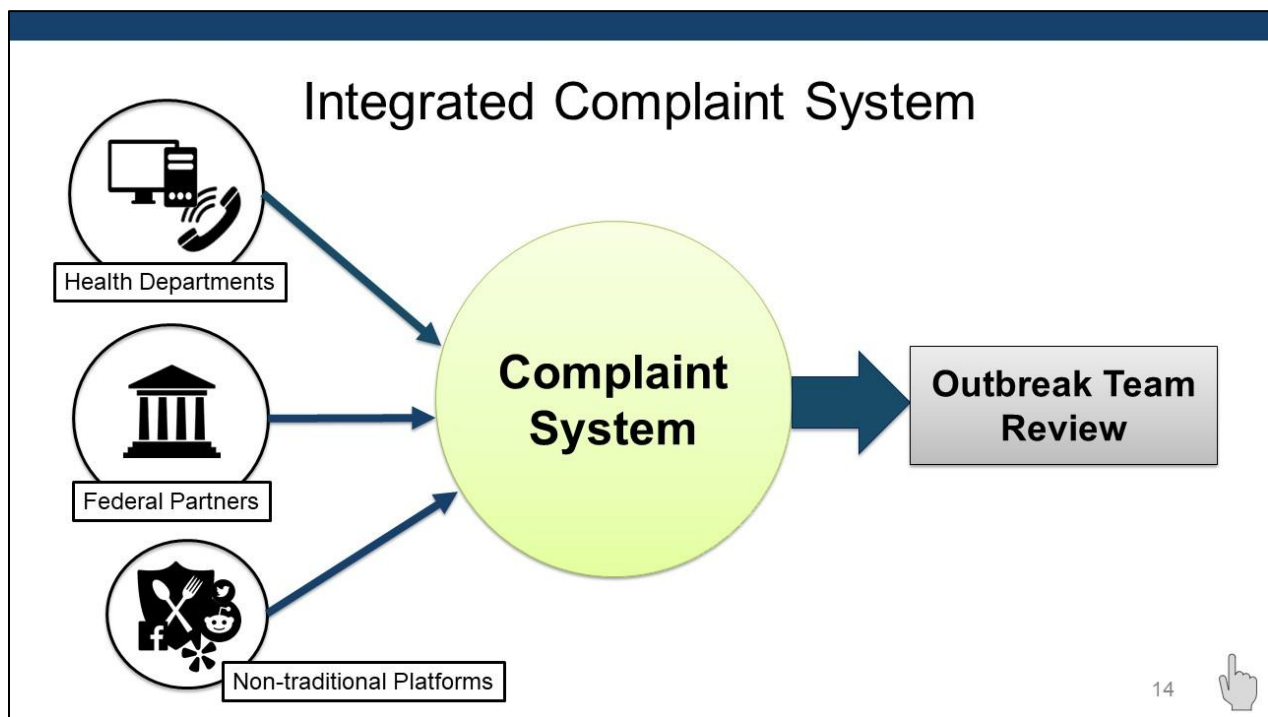


Instructor Note: *This is an animated slide. Advance for each bullet point.*

The use of social media, discussion boards, etc., has created a platform to complain about foodborne illness. Non-traditional systems where you may find foodborne illness complaints are;

- social media like Instagram,
- discussion boards, such as reddit
- online reviews, like Yelp,
- and some sites that specifically crowdsource data about suspected sources of foodborne illness, like I Was Poisoned.com

These data are often posted into the ether. They are often not monitored, or, if monitored, not evaluated or standardized (i.e.; prompt the complainant to provide symptoms, duration of illness or food history).



Instructor Note: *animated slide.*

This diagram shows the multiple ways a local or state health department can receive complaints about foodborne illness. Some health departments have developed public facing foodborne illness complaint systems where others receive complaint by phone. Health departments may also receive complaints received by Federal partners such as USDA and FDA regarding facilities they regulate. These systems use standardized data collection tools

Advance Slide

Health departments can also choose to monitor non-traditional complaints. Data from these platforms are often not collected in a standardized way.

Advance Slide

Non-traditional complaint data cannot replace existing complaint systems. However, when signals are identified through non-traditional channels, the goal is to closely review and incorporate these data if appropriate into an agency's standard complaint system. For example, if a local health department sees multiple complaints for the same restaurant on IWasPoisoned.com, they should review their local or statewide system to see if the same complaints have been received directly by the health department by online or phone complaints. Finally, someone on the outbreak team should review the complaint system regularly to identify potential outbreaks.

Investigation Initiated by Non-Traditional Complaint Data: State Health Department Response

- FDA initiated investigation after uptick in complaints to IWasPoisoned.com
- Minnesota Department of Health monitored hotline for Lucky Charm complaints and requested data from IWasPoisoned.com
- Interviewed IWasPoisoned.com complainants who listed their location as Minnesota
- Stool kits offered to determine etiology



During the next few slides, we will discuss an investigation due to hundreds of complaints received by a common non-traditional system named IWasPoisoned.com regarding Lucky Charms cereal.

In April 2022, FDA initiated an investigation after the uptick in complaints to IWasPoisoned.com related to Lucky Charms. They reviewed IWasPoisoned.com complaint data, performed manufacturing plant inspections, and collected product and environmental samples for testing.

In response to seeing multiple complaints about Lucky Charms in Minnesota and around the country, the Minnesota Department of Health monitored their foodborne and waterborne illness hotline for Lucky Charms complaints.

Health department staff also requested contact info from IWasPoisoned.com for complainants who listed their location as Minnesota. Using the contact information they received, the Minnesota Department of Health staff interviewed complainants using their standard hotline interview form to gather


detailed symptom information, data about other exposures such as restaurants and childcare, as well as Lucky Charms product details, such as purchase location and UPC code.

Finally, stool kits were offered to select complainants to determine illness etiology.

Lucky Charms Results (MDH Complaint System)

- 3 complainants reported illness via MDH foodborne illness hotline
 - 2 submitted stool kits to Minnesota’s State Public Health Laboratory
 - 1 illness presentation incompatible with known etiologies if Lucky Charms were the source

	Laboratory Results	Incubation Period from Lucky Charms Exposure	Attends Childcare?
Complainant 1	+Norovirus	83 hours	Yes – childcare outbreak
Complainant 2	+Adenovirus	11 hours	Yes

16 

Instructor Note: *Animated slide.*

Three complainants reported their illness directly to MDH via the foodborne illness hotline, and two of those complainants submitted stool kits to Minnesota’s State Public Health Laboratory.

Of the two who submitted stool kits, one tested positive for norovirus. Upon further investigation, this child was part of a childcare outbreak, and likely obtained their illness there.

The second complainant tested positive for adenovirus and also reported attending childcare.

Advance Slide

However, the incubation periods, from Lucky Charms consumption to illness onset, were not consistent with either virus.

Lucky Charms Results (IWasPoisoned.com Complaints)

- Interviews for 32 ill persons from 21 IWasPoisoned.com complaints
 - 10 denied both vomiting and diarrhea
 - 9 attributable to secondary transmission in household
 - 9 missing sufficient data to determine incubation period
 - 2 reported illness presentations incompatible with known etiologies if Lucky Charms were the source
 - 1 reported illness onset prior to Lucky Charms exposure
 - 4 stool kits sent out; none returned



There was no evidence Lucky Charms caused illness

17 

Instructor Note: *Animated slide.*

In addition, MDH staff conducted interviews for 32 ill persons from 21 IWasPoisoned.com complaints, since some complainants reported multiple ill household members.

Among those 32 interviewed,

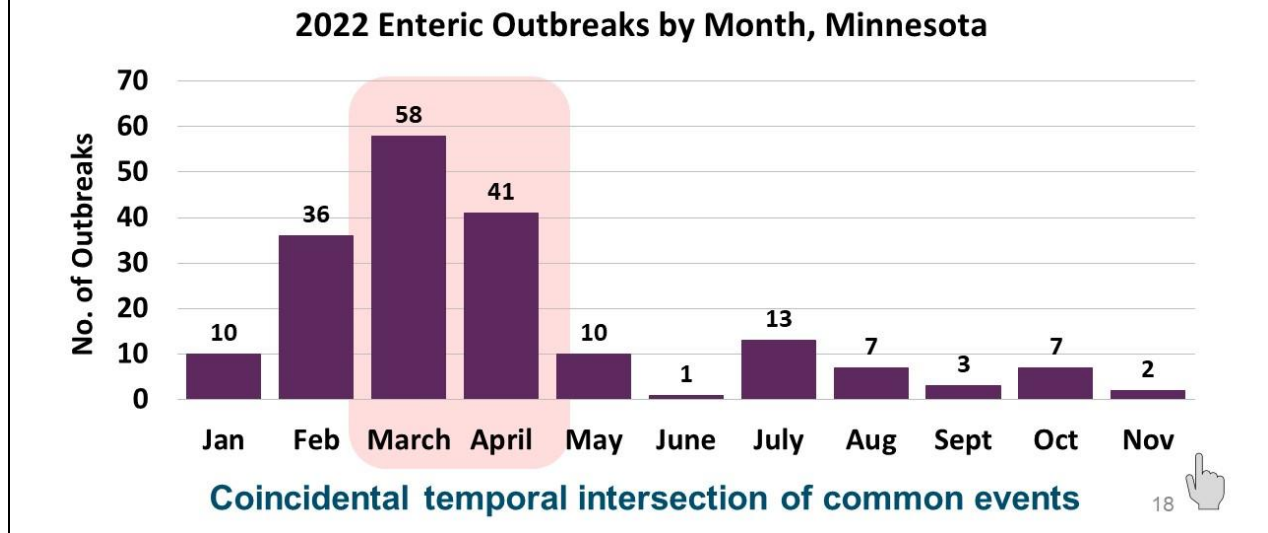
- 10 denied both vomiting and diarrhea,
- 9 illnesses were attributable to secondary transmission in the household,
- 9 were missing sufficient data to determine incubation period
- 2 reported an illness presentation (based on incubation, symptom, and duration) that was incompatible with known etiologies if Lucky Charms were the source of illness.
- 1 reported illness prior to Lucky Charms exposure and

MDH staff sent 4 stool kits to complainants, but none were returned.

Advance Slide

So, out of all ill persons interviewed who claimed their illness was attributed to Lucky Charms, there was no evidence to support these claims.

Investigation Initiated by Non-Traditional Complaint Data: Conclusions



Instructor Note: *Animated slide.*

Finally, here is a graph of the 2022 Enteric Outbreaks by month in Minnesota...**CLICK** Note the peak in the late winter and early spring, which is mostly attributed to norovirus outbreaks.

Through this investigation, we found that a lot of people eat Lucky Charms, there was a lot of gastrointestinal illness in Minnesota in April, but no evidence that even a subset of these illnesses were associated with Lucky Charms.

Advance Slide

In other words, this was a coincidental temporal intersection of common events.

Sample Complaint Response Plan

Party	Relation	Description	Actions
1 Person	n/a	1 Household	Site visit
>1 Person	Family, friends	1 Household	Site visit or environmental assessment*, advise team epidemiologist
>1 Person	Family, friends, work	>1 Household but multiple common exposures	Advise outbreak team prior to environmental assessment
>1 Person	Any	No other common exposures known	Advise outbreak team, notify lab for potential sampling, environmental assessment
1+ Person, CIDT linked	Any	Case(s) linked to other regional or national clusters	Advise outbreak team, notify regional, state, or federal partners

*Environmental assessment based on strength of complainant data

19

Instructor Note: *Instruct participants to use the link in their participant guide to open an example of a foodborne illness complaint form.*

Foodborne illness complaints range in nature and magnitude. Each complaint should be evaluated, triaged, and sorted into well-defined response buckets.

This illustration is an example of grouping different complaints based on magnitude and assigning specific actions for each.

This can be particularly helpful in ensuring consistency among the wide variety of staff responsible for addressing complaints.

Please note household contacts are people living in the same household during the exposure period.

Prioritize follow up of commercial establishments if complainant or inspector observes a problematic food safety procedure or an implicated food that can be traced back to the source.

GROUP ACTIVITY A



20



Instructor Note: *Animated slide. Advance for Title. Before beginning the exercise, walk students through the complaint log so that they understand what each of the columns mean.*

Module 2 Activity A (Excel Spreadsheet)

Divide into groups by table. Study the foodborne illness log spanning a 2-week period and determine:

- 1. Are there individual complaints of concern?*
- 2. Are there common exposures across complaints signaling an outbreak?*
- 3. Are there complaints that require action?*
- 4. Which complaints would you prioritize?*

Be prepared to share your thoughts with the class.

Time: 10 minutes

Questions are on the next slide.

Class Questions

1. Are there individual complaints of concern?
2. Are there common exposures across complaints signaling an outbreak?
3. Are there complaints that require action?
4. Which complaints would you prioritize?

Be prepared to share your thoughts with the class.

21

Discussion points:

- A systematic approach is ideal in reviewing an illness complaint log. Students should briefly consider the number of reports and whether it is “normal”. They should then examine individual reports in a systematic manner looking for complaints of immediate concern and across reports to see if there are commonalities that might link reports together.
- Not knowing the size of the community, it is difficult to determine if this is more than expected. Investigators could compare this number (15 in two weeks) with complaints from previous weeks or the same 2-week period last year to see if the number is more than expected.

Complaints of immediate concern:

#295, This complaint (blurred, paralysis) – Possible botulism. This report represents a public health emergency and should elicit an outbreak-like response.

#299, This complaint involves several individuals. It will be important to understand their relationship, other possible exposures (if any) and whether all shared similar illnesses. If possible, this complaint should be shared with the outbreak team prior to field work.

#296, This complainant reported that he was diagnosed by his doctor with *Campylobacter* infection. The team should be consulted to help confirm diagnosis. The firm of most interest would be the Fire Chicken House given the 2.5-day incubation for that restaurant.

#301, Symptoms and onset suggest a chemical poisoning. This complaint should be investigated immediately.

Across complaints

#290 and #293, These complaints are linked through the meal histories and suggest a possible outbreak

#291 and #300, These complaints may signal an ongoing food safety risk associated with a practice, food, or individual.



Let's shift gears and look at the other major approach to foodborne illness surveillance: pathogen-specific surveillance. We'll talk about the steps, reports, analysis, and challenges.

Pathogen-specific Surveillance

Individual cases diagnosed with a notifiable disease are reported by laboratories, medical staff, or both to public health agencies.

Cases linked to each other by common pathogen

Pathogen determined by culture testing or culture-independent diagnostic testing (CIDT)

23

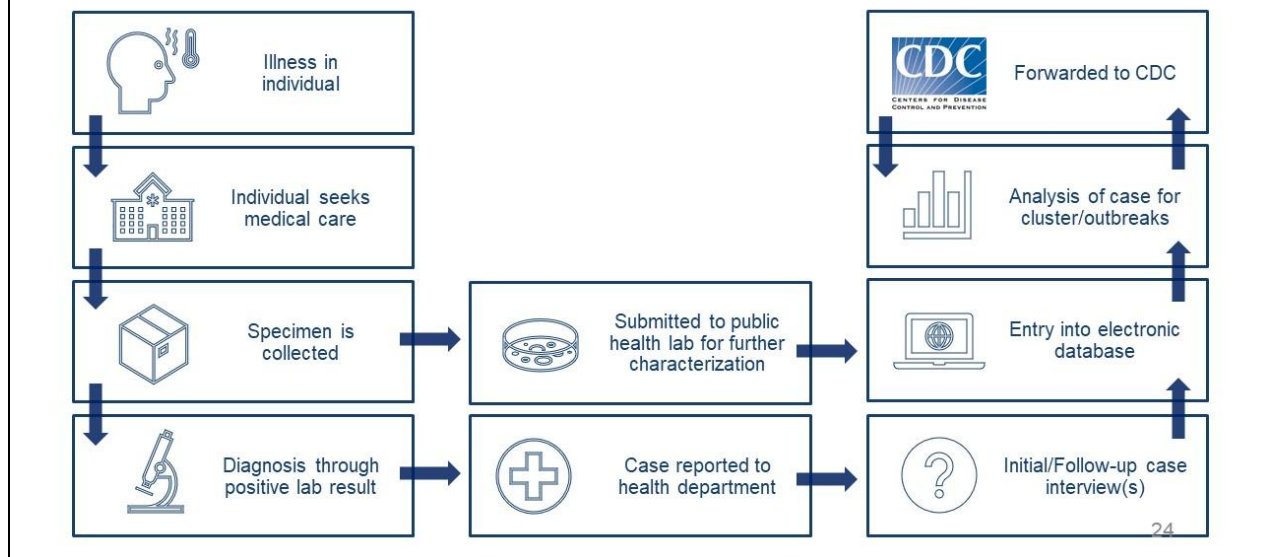
In pathogen-specific surveillance (often referred to as notifiable or reportable diseases or laboratory-based reporting), individual cases of disease are reported by laboratories, medical staff (e.g., physicians, infection-control practitioners, medical records clerks), or both. In addition, for certain pathogens, isolates or other clinical materials are forwarded from laboratories serving primary health-care facilities to public health laboratories for confirmation and further characterization. Pathogen-specific surveillance is typically passive.

For pathogen-specific surveillance, cases of interest are specific laboratory-confirmed diseases, such as illness due to *Salmonella* or well-defined syndromes, such as hemolytic uremic syndrome (HUS). The state or local health department establishes the specific criteria and process for reporting. These criteria describe the diseases to report, to whom, how, and in what time frame.

Cases reported through pathogen-specific surveillance are linked together (i.e., clusters are identified) based on a common pathogen.

Pathogen-specific surveillance relies on laboratory testing with culture or without culture called CIDT, we will discuss this in more detail in module 4.

Steps in Pathogen-specific Surveillance



Let's briefly describe the process of pathogen-specific surveillance. For an illness to be detected through pathogen-specific surveillance, the patient has to seek health care and a specimen must be collected to confirm the diagnosis.

Once the diagnosis is confirmed (or, in some instances, highly suspected), the health-care provider and/or the laboratory make the initial report to the health department providing basic information about the case and diagnosis. Diseases can be reported by telephone, mail, or fax; through a secure website; or automatically through reports generated from an electronic medical record or laboratory information system.

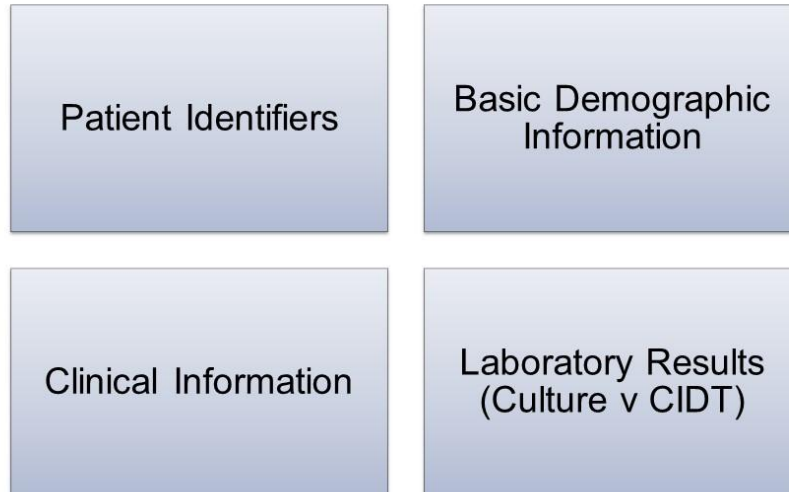
For certain diseases, the patient's isolate is submitted to the public health laboratory for confirmation and further characterization (e.g., subtyping).

A follow-up interview is undertaken with the case by health department staff to collect additional information (including details on exposures during the incubation period for the disease).

Since reports represent individual cases, the cases must be analyzed over time by pathogen to detect clusters, that is an increase in the number of reports of a particular pathogen over what is expected for that time and place.

De-identified information (case reports and selected laboratory test results) are forwarded to CDC.

Initial Diagnosis Report: Information of Interest



25

The health care provider or laboratory will send the initial report via phone call, fax, secure email, or by electronic laboratory reporting or ELR. **ELR** for public health is the transmission of digital laboratory reports, often from laboratories to state and local public health departments, healthcare systems, and CDC. ELR contributes to [data interoperability](#) between hospitals, healthcare systems, public health departments, and CDC. Promoting data interoperability is intended to improve clinical patient care and increase administrative efficiency.

Information collected includes:

- Patient identifiers
- Basic demographic information (e.g., age, sex, occupation, race/ethnicity)
- Clinical information (e.g., signs and symptoms of illness, date of onset, development of HUS, hospitalization and treatment, detailed laboratory results). It is important to note that this information may not always be sent by the provider or laboratory
- Laboratory results

This is a good time to briefly introduce two types of laboratory testing. We will go into more detail about these tests during the Laboratory Module (Module 4). Right now, it is important to know a culture will produce an isolate, or in other words, a culture isolates the live bacteria. A culture-independent diagnostic test is exactly as the test implies; it does not use a culture. These types of tests detect the DNA of the bacteria, virus, or parasite but do not isolate it from the specimen.

Source: [Electronic Laboratory Reporting \[ELR\] Centers for Disease Control and Prevention, 2021](#)

Initial/Follow Up Case Interview

- To identify potential exposures leading to illness
- Often occurs weeks after exposure – may result in poor recall
- Interview is tailored to specific pathogen
 - High-risk food exposures for agent
 - Other exposures related to agent (e.g. animals, water)
 - Exposure to food establishments, events, activities
 - Educates the case about their illness



26

The initial case interview will be conducted by the health department soon after the health care provider or lab reports the pathogen-specific illness to them. A follow up interview would be conducted by the health department if further lab characterization and data analysis identifies that the case is associated with a cluster or outbreak.

The follow-up interview with the case identified through pathogen-specific surveillance is similar to the interview for foodborne illness complaints but is often tailored to the specific causative agent and includes:

- High-risk food exposures for the pathogen
- Other exposures related to causative agent (e.g., contact with ill people, animals, water)
- Exposure to food establishments, events, and activities
- Education about their illness (i.e., how long the illness may last, importance of proper hand washing, when they should contact their doctor, etc.)

The follow-up interview often occurs weeks after the exposure that lead to illness. Therefore, it is important to undertake these interviews as soon as possible because patient recall will be better, and they will be more motivated to cooperate. In addition, having detailed exposure information might allow linkage of cases if common exposures are recognized across multiple cases.

However, not all health departments have sufficient resources to interview all cases reported through pathogen-specific surveillance. Therefore, cases might need prioritization with immediate follow up of more serious illnesses (e.g., Shiga toxin-producing *E. coli* and listeriosis cases) and follow up only after a cluster has been recognized for other illnesses.

Laboratory Characterization of Pathogen

- Submission of patient specimen or isolate to public health laboratory for confirmation and subtyping
- Increased detail about the pathogen improves:
 - Recognition of clusters
 - Linking cluster with exposure
- Most critical with common pathogens



27

An important component of pathogen-specific surveillance is the submission of patient isolates to the public health laboratory for confirmation and further characterization. Further characterization of the pathogen (such as serotyping, DNA fingerprint, etc.) provides more detail about the pathogen (sometimes referred to as “increased specificity”).

Increased specificity about the pathogens improves:

- recognition of clusters, and
- the likelihood of finding associations between a cluster and an exposure.

Further characterization of the patient’s isolate is most critical with common pathogens (i.e. *Salmonella* enteritidis)

We will go into further characterization and subtyping of pathogens in Module 4 on the laboratory investigation.

Analysis of Clusters Using Pathogen-Specific Surveillance

- Examine cases by pathogen over time using:
 - Different levels of specificity of pathogen (e.g., species)
 - Subgroups of population (certain time, place, or person characteristics)
- Look for increase in number of cases over expected or baseline, indicating a cluster

28

Analysis of reports from pathogen-specific surveillance focuses on the identification of clusters. Remember clusters are an increase in the number of reports over what is expected for a particular pathogen, place, and time. Clusters are suggestive of an outbreak but are not conclusive. Identification of an association between the cases is necessary to consider a cluster an outbreak.

Pathogen-specific reports are examined using different levels of specificity for the pathogen (i.e. particular species and particular subtypes of those species) and different subgroups of the population (e.g., sex, age group, geographic location).

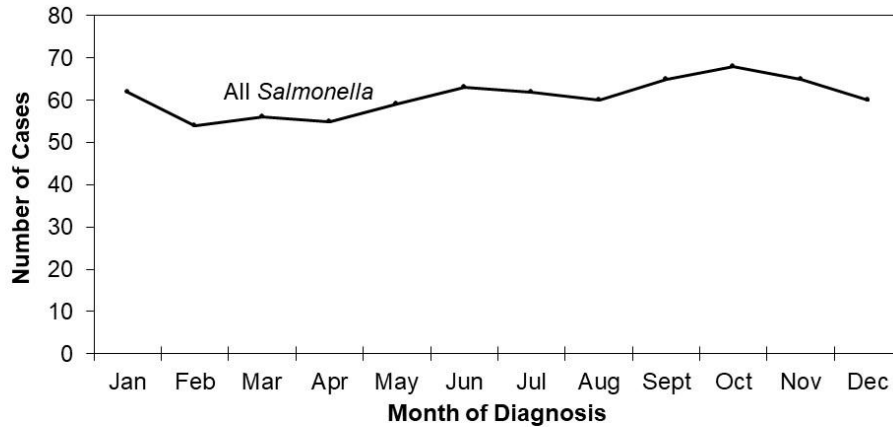
The number of cases necessary to form a cluster cannot be defined. The number will depend on the local novelty of the specific pathogen and will differ by jurisdiction. For example, a particular serotype of *Salmonella* may be rare in Oregon but common in South Carolina.

For common subtypes, cluster determination likely will be based on recognizable demographic patterns among cases (i.e., clusters by time, place, and/or person).

Let walk through an example of what this might look like.

Analysis by Causative Agent

Lab-confirmed salmonellosis cases by month of diagnosis, 2019

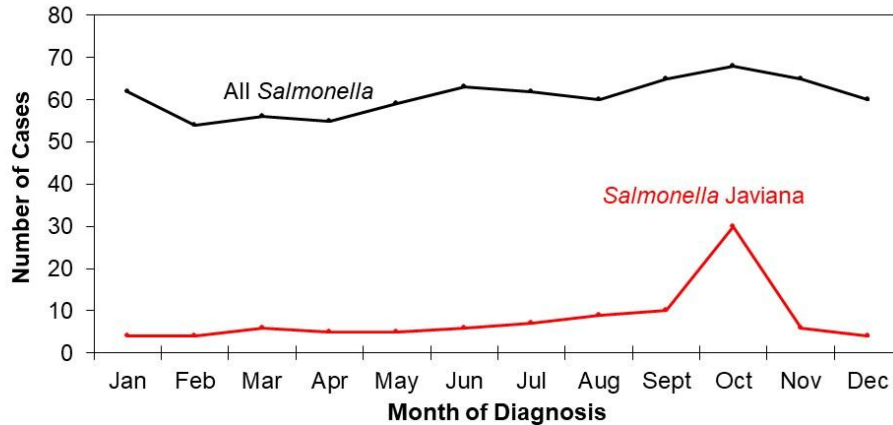


29

Here you can see cases of laboratory confirmed salmonellosis by month of diagnosis. This includes all serotypes. You see that the number of cases diagnosed each month ranges between about 55 to 70. Cases might be increasing slightly over time, but the variation might not seem too impressive.

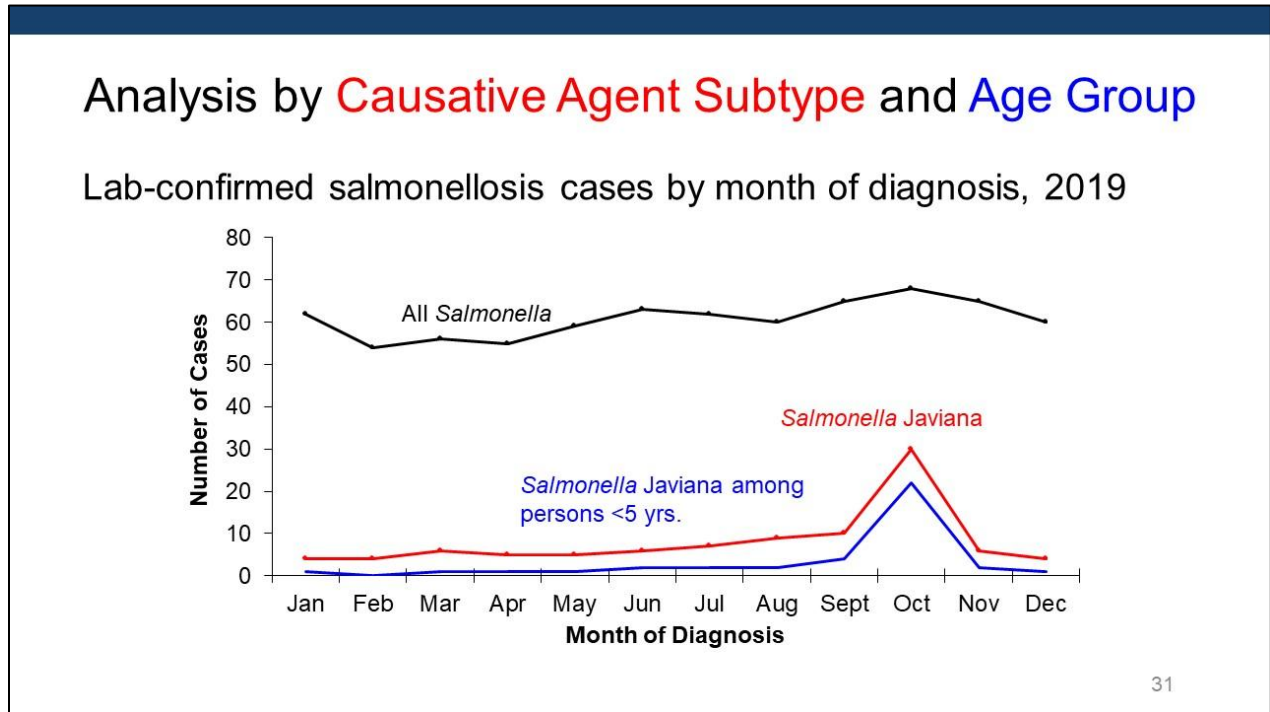
Analysis by Causative Agent Subtype

Lab-confirmed salmonellosis cases by month of diagnosis, 2019



30

If now, you look at a specific serotype, Salmonella Javiana, you see something more impressive. The number of cases is fairly level through most of the year with a dramatic increase in October. This increase clearly is above what is expected for this pathogen.




Another way to look at this is to examine cases by selected demographic groupings. Increases in selected groups would be another signal of a cluster.

Strengths of Pathogen-specific Surveillance

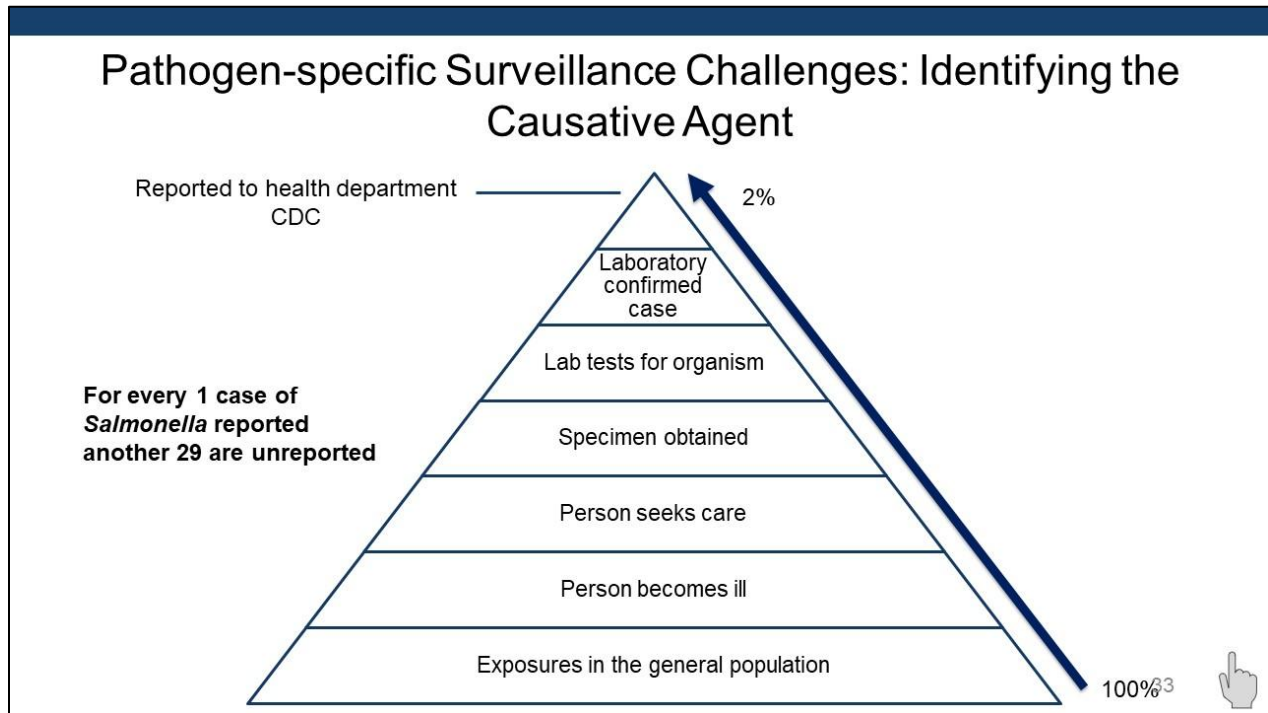
Used to detect outbreaks that are:

- Geographically widespread
- Prolonged low-level food contamination
- Diseases with a long incubation period



32

Because a causative agent is usually identified in pathogen-specific surveillance, cases from different geographic locations and time periods can be linked. As a result, this surveillance system is the primary means to detect widespread outbreaks (multistate or multi-country outbreaks), outbreaks due to prolonged low-level exposure (where cases are intermittently reported over an extended period of time), and outbreaks due to diseases with a long incubation period.



Instructor Note: Animated slide. Advance for salmonella report. *Prompt participants to thinking about the number of cases of salmonella that are reported to their health department. Then ask participants to estimate how many cases of Salmonella go unreported per 1 reported case of Salmonella. Prompt them to fill in numbers on their slide in participant guide.*

Incomplete detection and reporting.

Advance Slide

For every 1 reported case of *Salmonella* 29 cases go unreported.

Pathogen-specific Surveillance Challenges: Time



34



Instructor Note: *Animated Slide. Press Space Bar to Play. This video is embedded if for some reason you run in to technical issues you can access the video via this link.*

<https://youtu.be/UCZCcl75sPY>

Time delays – Pathogen-specific surveillance requires a series of events to occur between the time a patient is infected and the time public health officials determine the patient is part of a cluster. Time from onset of illness to confirmation of the case as part of a cluster can be up to 2-3 weeks. The following video will demonstrate this timeline.

Pathogen-specific Surveillance Challenges: CIDT

Availability of isolate for further characterization

- Short-term solution = Preserve isolate
- Long-term solution = Develop culture-independent pathogen characterization methods



35



Instructor Note: *Animated slide. Advance to see short- and long-term solutions.*

Availability of isolate for further characterization – Rapid diagnostic methods based on polymerase chain reaction and similar procedures are becoming available for some foodborne illnesses. These tests allow quick identification of a pathogen, allowing rapid initiation of treatment and appropriate follow-up for the patient, but often do not result in a culture that can be forwarded to the public health laboratory for further characterization (i.e., culture-independent diagnosis). (Examples include EIA stool test for *Campylobacter* and ELISA for STEC.) Since further characterization supports the identification of clusters, as more and more rapid diagnostic tests are being used, identification of clusters will be threatened. In addition, tracking of antimicrobial resistance will be lost.

Solutions:

Short-term: Preserve isolates

- Work with medical industry to make new tests compatible with public health needs
- Require/foster reflex culture of specimens that are positive by culture-independent diagnostics
- Make reflex cultures reimbursable
- Modify state reporting rules
- Expand isolate recovery capacity for public health laboratories
- Establish sentinel culture-based surveillance

Longer-term: Develop culture-independent pathogen characterization methods

- Identify ID/subtype/virulence targets for direct molecular detection
- Incorporate into new diagnostic test platforms

	Complaint System	Pathogen-Specific System
Foodborne illnesses detected	All	Only selected diseases
Initiating event	Consumer Complaint	Positive lab result
Means to link cases	Common exposures	Same pathogen
Linkage of cases across jurisdictions	Not usually	Yes
Exclusion of unrelated cases	Difficult	Good
Speed	Fast	Relatively slow
Types of outbreaks most likely to detected	Localized outbreaks: short incubation illnesses	Widespread; low-level contamination events; longer incubation illnesses

Instructor Note: *Animated Slide. Each row is animated. Compare and contrast the system row by row.*

Before we go on to discuss national pathogen-specific surveillance systems, let's review/compare the two primary means of foodborne disease surveillance.

Types of foodborne illness detected: Complaint systems can detect **all types** of illness in contrast Pathogen specific surveillance systems detect only reportable illnesses (i.e., selected diseases)

Initiating event: The person initiating the event for a complaint system is the consumer and for a pathogen-specific system is the positive lab result that the healthcare provider is now required to report to the health department.

Linkage of cases across jurisdictions: In other words, how do these systems connect cases from other jurisdictions. This is something complaint systems are not typically able to do because we cannot definitively link symptoms of complainants without lab results. However, this is what pathogen-based surveillance does best. With these systems we can see the level of relatedness of disease and because of mandatory reporting healthcare providers across jurisdictions are reporting cases that are being submitted to one system.

Exclusion of unrelated cases: Like linking cases complaint systems do not yield a lab result that can be characterized to a DNA level that allows investigators to determine how related cases are. In pathogen-surveillance this is a routine activity, and they can exclude unrelated cases based on lab results and relatedness.

Speed: A complaint system is fast. This system is designed to allow people to report illness in real time. Which allows investigators to get a more accurate exposure history because they are able to interview a case closer to illness onset time. In contrast the pathogen surveillance system is much slower. By the time the cases lab results are reported to the health department and the health department makes the first attempt to contact the case 2-3 weeks have passed. Hence memory of exact exposures will have decreased.

Types of outbreaks most likely to detect: With the information we have review above a complaint system is most likely to detect a localized outbreak associated with a pathogen that has a short incubation/illness onset. Conversely, the pathogen-specific system is more likely to detect outbreaks that are widespread, low-level contamination, and longer incubation/illness onsets.

Prompt participants to fill in the blanks for each type of surveillance system.



Now we will discuss national pathogen-specific surveillance systems; NNDSS, PulseNet, CaliciNet, NARMS, CryptoNet.

National Pathogen-specific Surveillance



- Data from pathogen-specific surveillance forward to CDC
- ~3,000 health departments gather and use data to protect their communities
- NNDSS receives, processes, and provides data on national notifiable diseases to program across CDC



- Laboratory network that connects foodborne illness cases to detect outbreaks
- Uses DNA fingerprinting to detect thousands of outbreaks

38

NNDSS

CDC conducts case surveillance through the National Notifiable Diseases Surveillance System (NNDSS). In the case surveillance process, about 3,000 health departments gather and use data on disease cases to protect their local communities. Through NNDSS, CDC receives and uses these data to keep people healthy and defend America from health threats.

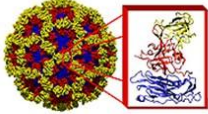
NNDSS receives, processes, and provides data on national notifiable diseases to programs across CDC. The programs use these data to do the following:

- recognize disease outbreaks;
- track the spread of disease at the state, regional, and national levels;
- identify geographic areas of concern and inform state decision makers;
- help state and local public health departments better control disease by identifying groups most at risk; and
- evaluate and fund disease control activities.

PulseNet


PulseNet is a national laboratory network that connects foodborne illness cases to detect outbreaks. PulseNet uses DNA fingerprinting of bacteria making people sick, to detect thousands of local and multistate outbreaks. Since its beginning, PulseNet has improved our food safety systems through identifying outbreaks early. This allows investigators to find the source, alert the public sooner, and identify gaps in our food safety systems that would not otherwise be recognized. PulseNet International performs a similar role for foodborne illnesses globally. We will discuss PulseNet more during the Laboratory Module.

National Pathogen-specific Surveillance



CaliciNet
Norovirus Laboratory
Surveillance network

- National laboratory network that subtypes/sequences norovirus specimens related to outbreaks
- Data uploaded to CDC allows linkage of outbreaks and identification of new variants



NARMS
National Antimicrobial Resistance Monitoring System

- Tracks antimicrobial resistance in enteric bacteria
- Interagency partnership among CDC, FDA, USDA
- Monitors antimicrobial resistance from three sources
 - Humans
 - Retail meats
 - Food animals

39

CaliciNet

CaliciNet is a national norovirus outbreak surveillance network of federal, state, and local public health laboratories in the United States. CDC launched CaliciNet in 2009 to collect information on norovirus strains associated with gastroenteritis outbreaks in the United States. Public health laboratories electronically submit laboratory data, including genetic sequences of norovirus strains, and epidemiology data from norovirus outbreaks to the CaliciNet database. The norovirus strains can be compared with other norovirus strains in the database, helping CDC link outbreaks to a common source, monitor norovirus strains that are circulating, and identify new emerging norovirus strains.

NARMS

The National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS) is a US public health surveillance system that tracks antimicrobial resistance in foodborne and other enteric bacteria.

NARMS is an interagency partnership among the US Centers for Disease Control and Prevention (CDC), the US Food and Drug Administration, the US Department of Agriculture, and state and local health departments. Human surveillance began in fourteen sites in 1996 and became nationwide in 2003.



NARMS monitors antimicrobial resistance among enteric bacteria from three sources:

- humans
- retail meats

- food animals

Pre/Post Question #3

National Pathogen-specific Surveillance

	
<ul style="list-style-type: none"> • Molecular-based tracking to better understand U.S. cryptosporidiosis transmission • Multidisciplinary, molecular-based surveillance system built on the common BioNumerics platform successfully used by PulseNet and CaliciNet 	<ul style="list-style-type: none"> • Tracks trends for infections commonly transmitted through food • Active surveillance

40

CryptoNet

CryptoNet planning is aimed at the efficient use of existing infrastructure to facilitate the systematic collection and molecular characterization of *Cryptosporidium* isolates to further understand cryptosporidiosis epidemiology.

- Molecular-based Tracking to Better Understand U.S. Cryptosporidiosis Transmission
- multidisciplinary, molecular-based surveillance system built on the common BioNumerics platform successfully used by PulseNet and CaliciNet.

FoodNet

The Foodborne Diseases Active Surveillance Network, or FoodNet, has been tracking trends for infections transmitted commonly through food since 1996.

FoodNet estimates the number of foodborne illnesses, monitors trends in incidence of specific foodborne illnesses over time, attributes illnesses to specific foods and settings, and disseminates this information.

Local Public Health Role in National Pathogen-specific Surveillance

- Local pathogen-specific case reports and laboratory results feed into national surveillance.
- Important for local health departments to:
 - Collect data in a format consistent with other investigators
 - Work with local hospitals and laboratories to ensure reporting and submission of specimens/isolates
 - Share case reports with the state and submit patient isolates as quickly as possible

41

Local pathogen-specific case reports feed into national pathogen-specific surveillance systems. National systems are only as good as the systems feeding into them.

Local health jurisdictions can improve national reporting by:

- Collecting data elements in requested format to be consistent with other investigators.
- Work with local hospitals and laboratories to ensure reporting and submission of specimens/isolates occurs in a timely fashion
- Sharing case reports with state in a timely fashion.
- Submitting patient isolates as appropriate as quickly as possible to the state public health laboratory.
- Use the national pathogen-specific surveillance systems to learn about outbreaks in other jurisdictions or states because they could eventually impact the local jurisdiction. (Disease knows no boundaries.)

Outbreak Surveillance

Do not rely on one system.

If you discover an outbreak using one system, check the others for commonalities:

- Complaint-based
- Pathogen-specific
- National databases

42

Instructor Note: Engage the class in a discussion about outbreak surveillance in their own jurisdiction.

Do not rely on one system. If you discover an outbreak using one system, check the others for commonalities.

What difference does one local case make?

- Two persons in Minnesota with *E. coli* O157:H7 with same DNA fingerprint; both ate tenderized steaks
- Single cases identified in Kansas and Michigan; both ate tenderized steaks
- Steaks originated from the same plant
- Recall of 739,000 lbs. of beef



[Lane et al., 2005](#)

43



Instructors note: Animated slide

Even one case report can make a difference in the subsequent investigation. Sometimes YOUR case can be the one that breaks the investigation!

Here is a rather dramatic example where just a handful of cases resulted in one of the largest meat recalls up to that time.

On June 11, 2003, the Minnesota Department of Health (MDH) identified two *E coli* O157:H7 infection cases with the same DNA fingerprint (or molecular subtype). Interviews with these cases revealed that both had consumed brand A vacuum packed frozen steaks sold by door-to-door vendors.

On June 17, a message describing the epidemiologic characteristics of the cases and encouraging other states to share information on any DNA matches was posted on the PulseNet web board. MDH epidemiologists contacted epidemiologists at the Michigan and Kansas state health departments because each state had a single case with an isolate that was indistinguishable from the Minnesota isolates. Both the Michigan and Kansas case patients had consumed steaks that were purchased from door-to-door vendors.

Based on USDA establishment numbers on the product labels, the steaks consumed in Minnesota, Michigan, and Kansas were determined to have originated from the same processing plant in Illinois, although the steak consumed by the Kansas case was a different brand.

On June 29, Food Safety and Inspection Service of the U.S. Department of Agriculture (USDA-FSIS) announced that the implicated processing plant was voluntarily recalling 739,000 lbs. of frozen beef products. Investigation results generated high levels of concern about the safety of needle/blade tenderized steaks.

This outbreak ultimately resulted in six confirmed O157 cases in Minnesota and single confirmed cases with the same DNA fingerprint in Michigan, Kansas, Iowa, and North Dakota. The recall included products that had been distributed nationwide to restaurants, institutions, and retailers under several different brand names. The single cases from Michigan and Kansas were critical in allowing officials to take action.

Laine ES, Scheftel JM, Boxrud DJ, Vought KJ, Danila RN, Elfering KM, Smith KE. Outbreak of *Escherichia coli* O157:H7 infections associated with nonintact blade-tenderized frozen steaks sold by door-to-door vendors. *J Food Prot.* 2005 Jun;68(6):1198-202.

Customization

Pre-/Post-Tests

COE utilizes a program called REDCap to administer the Pre-/Post-Tests for training. However, not all jurisdictions have REDCap. Please reach out to COE if your jurisdiction has REDCap and you would like some assistance.

COE also offers an Evaluation Toolkit that is available to share with trainers. While COE will not monitor your evaluations, COE is open to providing support as needed.

End of Course Evaluation

The Epi-Ready Training material contains an end-of-course evaluation that may be administered either in paper format or digitally. Please feel free to reach out to COE regarding the ability to customize end-of-course evaluations and guidance on how they may be administered more efficiently.

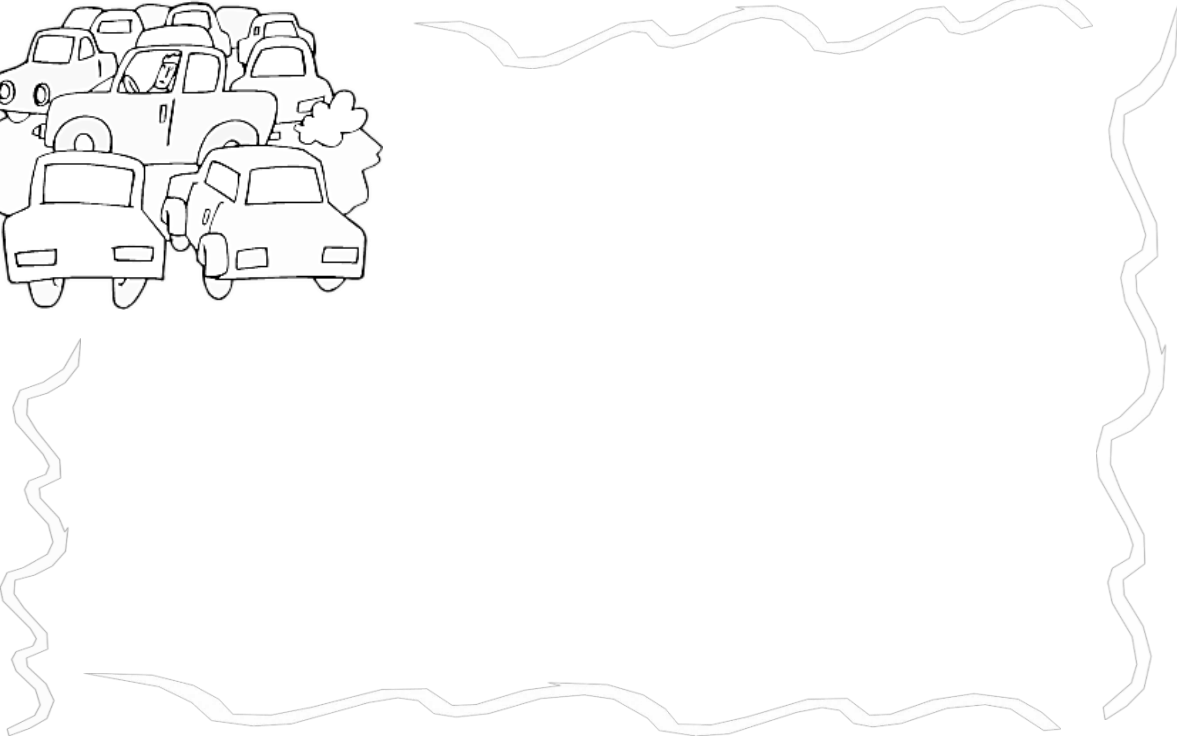
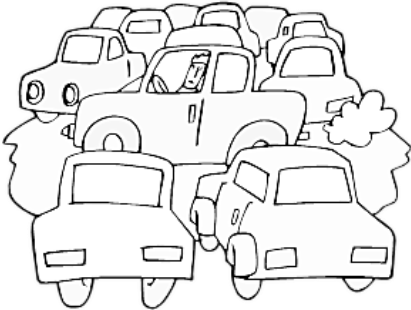
Customization of Training Materials

The training materials contain various slides and content that may be customized to meet your jurisdiction's needs. Feel free to reach out to COE to set up a consultation time for assistance with any customization needs.

Examples of State/Jurisdiction-specific sections:

- Module 2, Slides 7 - 12
- Module 5, Slides 10 - 19

Parking Lot Items:



Appendix

Additional Observation Forms

Observation Reaction Form

(* Adapted from the IDEA Center of evaluating learner reactions to instruction and courses.)

The Instructor:

Statement	1	2	3	4	5
Displayed a personal interest in participant's learning					
Found ways to help participants answer their own questions					
Demonstrated the importance and significance of the subject matter					
Utilized groups and group discussions to facilitate learning					
Explained how each topic was relevant to the delivery of training					
Stimulated participant engagement					
Leveraged the use of handouts to improve understanding					
Explained course materials clearly and concisely					
Related course materials to real life situations					
Utilized knowledge checks that covered important points of the course					
Introduced stimulating ideas about the subject					
Involved participants in case studies or real-life situations					
Challenged participants to think					
Invited participants to share ideas/experiences that differed from other viewpoints					
Provided timely and frequent feedback to help improve understanding					
Invited participants to assist each other in understanding ideas or concepts					
Utilized activities that provoked creative thinking					

Post-Training Delivery - Summary Evaluation

1. What are the three things the facilitator did well in their delivery?

2. What three things would you suggest as “opportunities for improvement”?

Observation Reaction Form

(* Adapted from the IDEA Center of evaluating learner reactions to instruction and courses.)

The Instructor:

Statement	1	2	3	4	5
Displayed a personal interest in participant's learning					
Found ways to help participants answer their own questions					
Demonstrated the importance and significance of the subject matter					
Utilized groups and group discussions to facilitate learning					
Explained how each topic was relevant to the delivery of training					
Stimulated participant engagement					
Leveraged the use of handouts to improve understanding					
Explained course materials clearly and concisely					
Related course materials to real life situations					
Utilized knowledge checks that covered important points of the course					
Introduced stimulating ideas about the subject					
Involved participants in case studies or real-life situations					
Challenged participants to think					
Invited participants to share ideas/experiences that differed from other viewpoints					
Provided timely and frequent feedback to help improve understanding					
Invited participants to assist each other in understanding ideas or concepts					
Utilized activities that provoked creative thinking					

Post-Training Delivery - Summary Evaluation

1. What are the three things the facilitator did well in their delivery?

2. What three things would you suggest as “opportunities for improvement”?

Observation Reaction Form

(* Adapted from the IDEA Center of evaluating learner reactions to instruction and courses.)

The Instructor:

Statement	1	2	3	4	5
Displayed a personal interest in participant's learning					
Found ways to help participants answer their own questions					
Demonstrated the importance and significance of the subject matter					
Utilized groups and group discussions to facilitate learning					
Explained how each topic was relevant to the delivery of training					
Stimulated participant engagement					
Leveraged the use of handouts to improve understanding					
Explained course materials clearly and concisely					
Related course materials to real life situations					
Utilized knowledge checks that covered important points of the course					
Introduced stimulating ideas about the subject					
Involved participants in case studies or real-life situations					
Challenged participants to think					
Invited participants to share ideas/experiences that differed from other viewpoints					
Provided timely and frequent feedback to help improve understanding					
Invited participants to assist each other in understanding ideas or concepts					
Utilized activities that provoked creative thinking					


Post-Training Delivery - Summary Evaluation

1. What are the three things the facilitator did well in their delivery?


2. What three things would you suggest as “opportunities for improvement”?

The following contains a complete copy of the slide deck used for this Train the Trainer Workshop.

EPI-READY TRAIN THE TRAINER



The diagram shows a stool with three legs. The left leg is labeled 'EPIDEMIOLOGY', the middle leg is labeled 'ENVIRONMENTAL HEALTH', and the right leg is labeled 'LABORATORY'. The stool is enclosed in a dashed circle. The background features green and black diagonal stripes and circles.



Integrated Food Safety
Centers of Excellence

What's In It – For Me? (WII-FM)



A photograph showing a woman in a green shirt in the foreground, seen from behind, with her right hand raised. In the background, there are other people in a classroom or meeting room, including a man in a dark shirt sitting at a table.



Integrated Food Safety
Centers of Excellence

2

Today's Focus

Morning

- Logistics and Technology
- Factors Affecting Learning
- Public Speaking Skills
- Effective Strategies for Teaching Adult Learners
- Facilitation & Co-Training

Afternoon

- Coping with Challenging Participants
- Facilitating an Instructional Activity
- Customization
- Wrap-up

LUNCH



The Parking Lot!

“To Do” List

 **Integrated Food Safety**
Centers of Excellence

Facilitator Guide

“To Do” List

Brainstorm a list of activities that must occur prior to the delivery of the Epi-Ready Training.

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____




Chaotic Carl

Errors

Remedies

Trainer Prep Checklist

 Facilitator Guide

TRAINER PREP CHECKLIST

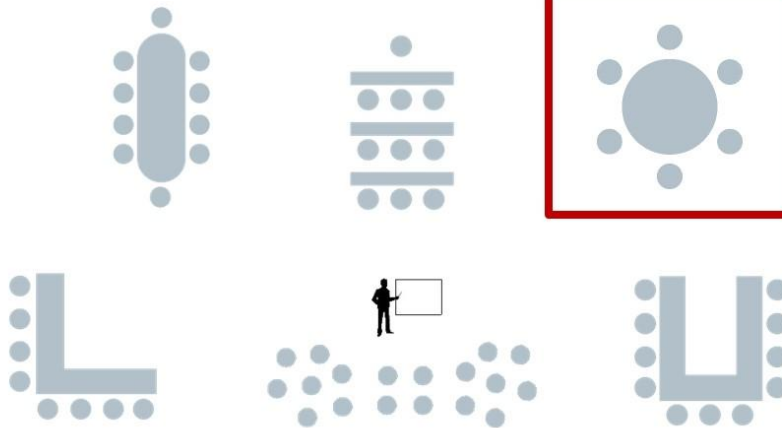
2-3 Months Prior

- Designate a Point of Contact (POC) in the training's jurisdiction.
 - o Work with POC to set a date for the training
 - o Have POC schedule training from 8 AM – 4:30 PM for the 2-day training]
 - o Have POC reserve training room the afternoon before the training for a tech check and setting up materials
- Place order for training materials (participant guides, handouts, books)
- Identify co-trainers
- Trainers should finalize travel arrangements
- Participants should finalize travel arrangements

1 Month Prior

- Meet with the co-trainers and select section responsibilities
- Begin preparing for instructional delivery
- Coordinate any training topic areas jurisdiction's with POC that should be focused on
- Carefully review
 - o Modules, slide decks, and instructor notes
 - Introduction & Module 8 have hidden slides if using virtual format
 - Pre/post-testing, REDCap, and evaluations administration
- Clarify facility details
 - o Guest parking

Room Layouts



Housekeeping & Environmental Issues



- Agenda
- Breaks
- Restrooms
- Vending Machines
- Parking Lot **
- Security
- Smoking
- Messages

Rules of Brainstorming

- Every idea has validity
- Each person is encouraged to contribute
- No judgments or put-downs allowed
- Think of metaphors, comparison, likeness to other events, situations, or things
- Repeating ideas is fine
- Piggybacking someone else's idea is fine
- The more ideas suggested, the better the outcome
- Wait for silence to end. The greatest creativity follows.



Ground Rules!

✓ **BEGIN AND END ON TIME**

✓ _____

✓ _____

✓ _____

✓ _____

Factors Affecting Learning

Adult
Learning
Principles

Learning
Styles

Facilitation
Techniques

Principles of Adult Learning

W I I - F M



13

Psychology of Learning

External Motivators

- Benefits
- Perks
- Winning
- Bonuses
- Approval from others

-
- Purpose
 - Growth
 - Interest
 - Passion
 - Enjoyment
 - Satisfaction

Internal Motivators



14

Internal Motivational Strategies

- Draw on past experiences
- Share learning expectations and goals
- Provide information about available resources
- Share real-life applications
- Use relevant visual aids
- Invite expert insights
- Invite participants to reflect on the learning

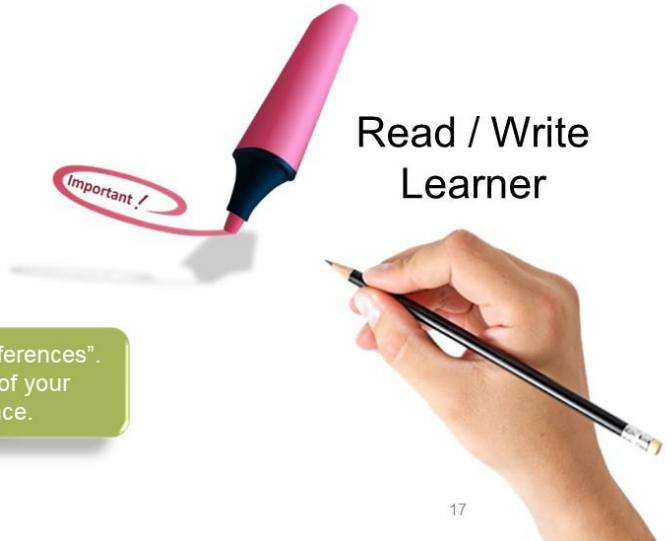
External Motivational Strategies

- Gain new skills
- Improve job performance
- Invite peer contribution
- Make learning fun
- Group information to make it easier to process
- Clarify how learning can occur through mistakes
- Encourage using the training to suit their needs

Personal Learning Styles



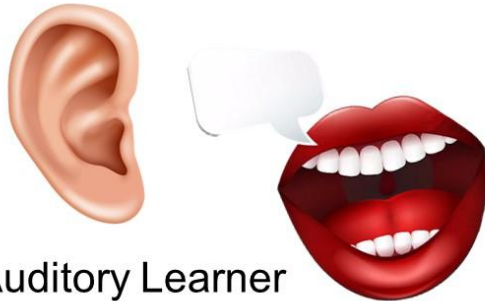
Visual Learner



Read / Write Learner

Learning styles are "preferences".
You can flex outside of your
personal preference.

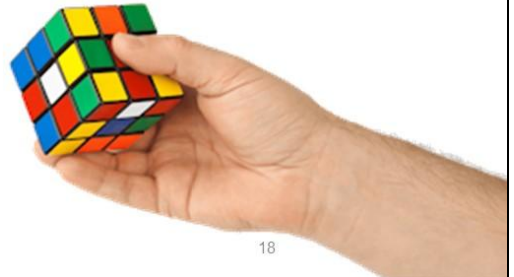
Personal Learning Styles (Cont'd.)



Auditory Learner

You can be a blend of
learning styles.

Kinesthetic Learner



What is Your Preferred Learning Style?



Speaking Jitters Strategies



- Memorize first 3 minutes
- Create cheat sheets
- **Practice!**
- Arrive early
- Greet participants
- **Breathe!**
- Room temp water
- Project your voice
- Gesture
- Move around

Building Trust and Psychological Safety

Voice

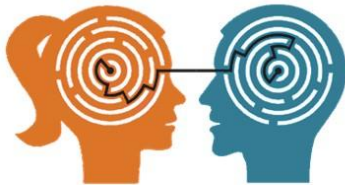
Pacing

Language

Movement

Building Trust and Psychological Safety (Cont'd.)

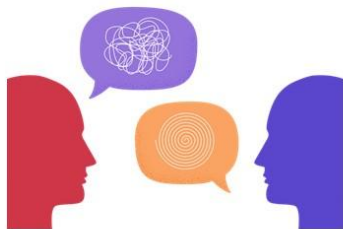
Voice



- Relax
- Slow down
- Pause
- Allow periods of silence
- PRACTICE!
- Check-in with audience

Building Trust and Psychological Safety (Cont'd.)

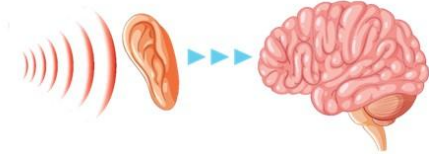
Language



- Avoid jargon
- Beware of acronyms
- Define technical terms
- Use humor
- Avoid “you know”, “uh”, “like”, “so”
- Use names

Building Trust and Psychological Safety (Cont'd.)

Pacing



- Present a little at a time
- Change delivery format with activities
- Present single ideas at a time
- Use logical sequence
- Watch attention spans

Building Trust and Psychological Safety (Cont'd.)

Movement



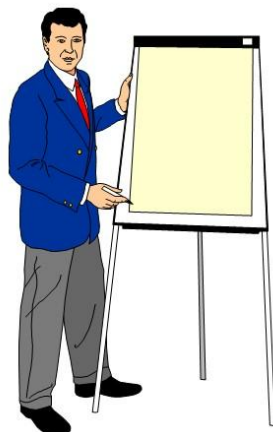
- Face the audience
- Avoid nervous habits – rocking, hands in pockets, fidgeting with objects
- Relax!
- Maintain eye contact
- Move about

Projections

- Practice!
- Stand off to one side while facing the audience
- Turn off projection when not in use



Polishing Your Presence



Voice

Language

Pacing

Movement

Fearless Facilitators

Prepare

- Thoroughly prepare for roles & responsibilities
- Practice, practice, practice
- Follow the “script”
- Avoid distracting mannerisms

Inspire

- Ask thought-provoking questions
- Attend to:
 - Adult learning principles
 - Learning styles
 - Disruptive behavior
- Exhibit professional presence

Co-Training Tips & Responsibilities

Before

- Divide and review content well in advance
- Discuss items to prepare
- More experienced can take the lead
- Share the responsibilities, setup, and lead
- Share areas of weakness/strengths
- Outline each others' roles
- Plan how to transition or interject when the other is presenting



Co-Training Tips & Responsibilities (Cont'd).

During

- Remain flexible
- Help each other through difficult spots
- Make frequent eye contact with each other
- Support each other
 - Is there anything you'd like to add?
- Balance “I” statements with “we”
- Monitor the audience while the other is presenting



Co-Training Tips & Responsibilities (Cont'd).

After

- Review evaluations and feedback
- Debrief
 - Invite feedback from each other
 - What went well?
 - Did you see opportunities for improvement?
 - How can we improve helping each other in the future?



Co-Training Action Plan


Facilitator Guide

Co-Training Action Plan

Exercise


Based on the reading on Co-Training Responsibilities complete the following matrix.

SITUATION	MY SUGGESTIONS	OUR PLAN
Your co-trainer reads the newspaper in the back of the room and distracts you and the participants.		
Your co-trainer begins interjecting his/her personal pppppp... about everything!		
Your co-trainer is running overtime for an activity.		

The Three T's



Observer's Checklist

 **Integrated Food Safety**
Centers of Excellence

Facilitator Guide

Observer's Checklist

Check the items you observed being modeled.

- Introduced the topic.
- Presented the objective.
- WII - FM (What's In It For Me?)
- Presented the material.
- Showed the correct performance.
- Let them try it.
- Gave them corrective or confirming feedback.
- Assessed their performance.
- Provided review and summaries.

End of AM Session

Lunch

Afternoon's Focus

- Coping with Challenging Participants
- Facilitating an Instructional Activity
- Customization and Materials Review
 - Pre-/Post-tests
 - Evaluations

Coping with Difficult Participants



The Questioner

- Asks questions more often than most
- May ally with the leader to maximize learning
- Interrupts and stops the flow of the group repeatedly
- Needs to gain attention at the expense of the group



Encourage the Questioner to figure out some of the answers on their own.

Coping with Difficult Participants (Cont'd.)



The Distractor

- Makes comments or does things unrelated to the topic
- Gets bored easily – needs humor, quick pace, and variety
- May help to lighten the mood
- Needs too much attention from the group

Use Distractors as barometers for boredom or a need to change pace.
Assertively retain control
Avoid a power struggle
Help Distractors back on task and to consider the group



Coping with Difficult Participants (Cont'd.)



The Intellectualizer

- Has many facts and ideas to share
- Takes genuine pleasure in sharing
- Can add a lot to adult learning
- Needs to feel admired
- Uses ideas to justify behavior
- Tends to avoid emotions or emotional challenges
- Needs trust and safety



Help keep ideas short and simple

Coping with Difficult Participants (Cont'd.)



The Passive Aggressor

- Displace their anger in those they see as less threatening over those with whom they are most angry
- Displace answer subtly that others may not notice
- Try to get group support for negative feelings
- Needs to control to feel safe



Avoid being defensive if you are the target
Turn the attention from yourself and toward the group

Coping with Difficult Participants (Cont'd.)



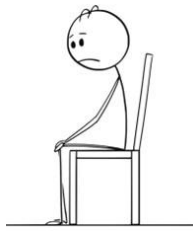
The Fighter

- Disagrees with many things
- Challenges the leader often
- Sometimes poses questions that are more like statements
- Needs to control
- May try to destroy the group



Avoid a power struggle
Try to meet his or her control needs
Support positive contributions

Coping with Difficult Participants (Cont'd.)



The Withdrawer

- Sits quietly and often looks uncomfortable
- May need confidence to participate
- May need to learn how to express dissatisfaction



Gently encourage participation
Small group activities help
May need to provide private encouragement
Offer support in a more personal way
Encourage and support their need to express dissatisfaction

It's Your Turn!

- Form into teams of 3
 - Each member is to select a part to cover
 - Practice transitioning across team member's presentation
- Teach-Back Options
 - Select up to 3 slides
- Module 6 may be taught in its entirety*

**Observation Forms
will be used to
evaluate delivery**

Estimated time for preparation: 1 hour

*Estimated time for presentation: **