

# Instructor Manual

The instructor manual is intended to assist the instructor before, during, and after the actual presentation. These tips will help prepare the instructor to conduct the training.

The CD ROM contains an instructor copy of the slides with speaker notes that can be used while conducting the training. At the end of the slides and notes, there are a few sample records that may be used during the practice exercises. Note: You may wish to copy the entire instructor manual to create your own notebook copy or you may prefer to copy only the instructor slides and speaker notes.

After the training is presented, the CD ROM has several resources that can be printed as a master and distributed to staff. The resources include the Easy IZ Guide which is best copied in color for ease of use as a reference tool along with sample parent letters, and lists of other parent education materials and immunization resources.

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## Preparation Tips for Instructors

### Prepare

**Read through the entire instructor manual.** Select the tips and activities that will best fit the group you are planning to teach. Their background, experience, previous education, and knowledge of the screening and referral immunization program will help you decide your teaching methods.

**Ensure that the planned training reflects your WIC state/local policy and the needs of your staff.** In addition to considering the level of your group, tailor the material to the needs of your State and/or local WIC agency as much as possible. Consider developing pre- and post-training assessments of staff competencies.

**Contact your state/local health department immunization program manager or coordinator for help.** Ask immunization program staff to participate in the training. They are especially knowledgeable about vaccine-preventable diseases, how to screen an immunization record, and how to work with immunization providers. Ask immunization program staff to (1) assist with the training; (2) provide you with local immunization records that can be used as training samples; and (3) provide a list of local immunization coordinators to share with your local WIC agencies.

**Plan opportunities to involve your audience.** As you know, adults learn best when they are active rather than passive participants in the learning process. Consider using audience involvement to capture interest and maintain attention. Several opportunities for interactive experiences are included as part of the training. There may be other activities that you wish to include to enhance the learning experience for your participants.

**Use the instructor copy of the slides with speaker's notes while conducting the training.** Speaker's notes are provided with each slide. The slides with speaker notes can be printed in color or black and white, hole-punched, and placed in a binder. Taking

the time to do this will aid your presentation and decrease the risk of dropping or misplacing individual sheets of paper. You can use the speaker's notes verbatim or paraphrase them to suit your style and the training needs of your participants.

**Plan to take one or two breaks during the PowerPoint presentation.** Upon returning from break, ask for questions before going on with new content.

**Practice the presentation several times so that you feel comfortable.** Your goal is to be familiar enough with the content to feel confident and also to be able to observe your participant's reactions and respond as needed during delivery. Practice will also allow you to anticipate the length of the training as each person's pace varies.

### **Prepare printed training materials, and resources**

- Immunization records - You may copy the records at the end of the slide presentation for each person or simply show them on the screen for all. In addition, it is recommended that copies of local immunization records be obtained and used for the practice exercise.
- "Easy IZ Guide" DTaP Screening Tool – This tool will be used in screening WIC infants and children. As a tool, it is most helpful when it can be copied in color (see Resources).
- The Recommended Childhood Immunization Schedule website. Because this schedule is updated annually, it is best to obtain it from the website of [www.cdc.gov/nip](http://www.cdc.gov/nip) or <http://www.cdc.gov/nip/recs/child-schedule-twopages.pdf>

Optional: Selected slides from the PowerPoint presentation can be printed out in advance and used as handouts. (There are over 100 slides in the training presentation. It is not necessary to provide a copy of the entire PowerPoint presentation to participants).

Optional materials include (see **Resources** for links and locations):

- "Dear Parent" referral letters
- Reminder postcards
- Staff reminder chart stickers
- Educational materials (Vaccine Information Statements, brochures, etc)

### **Training Supplies**

This training will work best if you arrange the room so that there are tables and chairs. The supplies you will need are listed below.

- PowerPoint projector (LCD projector), laptop, and connecting cables. An extension cord may also be needed.
- Screen
- Name tags or name tents
- Colored markers
- Flipchart
- Writing pads and pens
- Copies of the handouts and patient resources
- Training evaluations

## Conduct

### **Training Introduction**

Prepare a brief opening statement welcoming the participants to the training. Choose a quick, fun and easy way for the participants to introduce themselves to the larger group. For example, ask who they are and what hobby or free time activity they enjoy doing.

### **Acknowledge participants apprehension about the training.**

Adult learners appreciate knowing what will happen during the training, what will be expected of them, having realistic practice activities during the training, and opportunities to comment. Participants will be the most receptive to the new policy and their role in immunization screening if they actively participate in the training and are able to help make decisions about implementing the policy at their site.

### **Review the training objectives. Using the exercise below is a helpful way to review the training objectives and attitudes toward the training session as well as the new immunization screening process.**

You may wish to conduct the following opening exercise with participants after introductions and reviewing the agenda, but before starting the PowerPoint presentation. The exercise will review the purpose of the training and screening/referral process and allow participants to explore their expectations, hopes, and fears. The opening exercise takes about 15 minutes.

### **Opening Exercise**

The instructor writes the list of training objectives on a flip chart prior to the training. Leave space for adding more objectives offered by the participants.

Today's training will help you to:

[Training objectives]

- Recognize the importance of immunizations in vaccine-preventable disease.
- Recognize the recommended childhood immunization schedule.
- Relate the importance of immunizations in keeping WIC children healthy and in meeting WIC program goals.
- Recall the new USDA Immunization Screening and Referral policy and identify policy requirements.
- Screen immunization records using the "Easy IZ Guide."
- Discuss the infant/child's immunization status with the parent.
- Determine effective ways to refer patients to immunization services

Instructor: "Please divide into small groups. For the next 5 minutes, discuss:

- What you expect or what you want to learn from this training.
- What your hopes are for the training and immunization screening, and
- What your fears are about the training and about immunization screening.

Instructor: "Record your answers, and at the end of five minutes, let's have each small group report to the whole group." (Each group should have one person to record its answers and one person to report to the larger group.)

- When each group reports to the larger group, write key words from responses on a flip chart.
- Validate the responses given by each and every participant, but do not make judgmental comments regarding their responses. Restating, clarifying, and thanking them for their comments are positive, non-judgmental techniques.
- Tape the completed flip chart page in a prominent place on the wall.
- Show the group the list of objectives that you prepared prior to the training. (You may wish to use a flip chart, white board, or laptop with projector to show the objectives.) Ask the participants to look at both lists and ask if they would like to add to the objectives. Add anything they believe should be added. Ask the group to keep the objectives in mind as the training progresses.

## Practice

### **Conducting Hands-On Practice Sessions**

In **Module #10**, participants will practice screening immunization records and counting DTaP doses. Module 10 includes two examples of immunization records. Ask state and/or local immunization program staff to provide you with examples of local records. It is important that WIC staff practice with as many types of immunization records as they are likely to encounter. You may wish to ask immunization program staff to lead the modules related to screening immunization records and counting DTaP doses.

There are several immunization records included at the end of this section that can be copied or viewed and used for practice. These can be copied for individual or group practice.

As participants are practicing record screening, walk around the room to see how they are doing and to answer questions. You may want to have participants role play the screening and referral process. One trainee can play the role of WIC staff, and the other can play a WIC parent.

In **Module #11**, participants are presented with different situations that may arise in the WIC setting and possible responses to them. You may wish to divide the audience into small groups and assign several “situations” to each group for review and discussion. One way to present this module is to write each situation on a flip chart:

- What to do when parent forgets to bring immunization (IZ) record
- What to do when parent cannot find IZ record
- What to do if parent skips WIC appointment because can't find IZ record
- What to do when parent brings multiple IZ records
- What to do when IZ record lists incomplete dates
- What to do when IZ record entries are hard to read
- What to do when the parent doesn't want WIC to screen the IZ record
- What to do when the IZ record is from another country

Have each group discuss one or more of the situations. You may wish to have participants role play situations and respond. As the instructor, validate their responses and tactfully resolve incorrect responses by asking other participants to add to provide

alternate responses or offering a solution. As a review, return to the PowerPoint presentation and examine the suggested responses. Discuss responses *your* agency prefers.

### **Training summary**

Summarize the topics that have been covered and briefly restate the importance of the new screening and referral process. Congratulate and thank the participants for attending the training. Also, you may wish to ask about their interest in a follow-up session.

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## **WIC Immunization Screening and Referral Instructor Training Guide**

Module 1:	Communicable Diseases and Vaccines: Why Immunize Babies and Children?	Slides 3-16
Module 2:	Recommended Childhood Immunization Schedule for Infants and Young Children	Slides 17-30
Module 3:	Facts about Vaccines and Answers to Common Vaccine Questions	Slides 31-40
Module 4:	WIC's Role: Helping Kids Stay Healthy	Slides 41-46
Module 5:	New WIC Immunization Screening and Referral Policy	Slides 47-51
Module 6:	Using Documented Immunization Records for Screening and Referral in WIC	Slides 52-59
Module 7:	Counting DTaP Vaccinations	Slides 60-66
Module 8:	Talking to Parents about Their Child's Immunization Status	Slides 67-70
Module 9:	Making Effective Referrals	Slides 71-81
Module 10:	Hands-On Practice: Screening Immunization Records and Comparing to the Recommended DTaP schedule	Slides 82-89
Module 11:	Hands-on Practice: "What to Do When...: Situations and Possible Responses"	Slides 90-103

*Note: The first four modules of the Guide are optional, yet they provide valuable background and put into context the issue of immunization promotion in WIC.*

## **Acknowledgements**

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CDC National Immunization Program, Immunization Services Division  
National WIC Association  
American Academy of Pediatrics  
Association of State and Territorial Health Officials  
Association of Immunization Managers  
Every Child by Two

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**INDIVIDUAL IMMUNIZATION RECORD**  
BRING THIS RECORD FOR IMMUNIZATIONS

MCR ID# \_\_\_\_\_

**Chervosky, Ruben T.**      **8 22 02**  
NAME (Last) (First) (Middle) Birthdate

VACCINE:	TYPE	Mo./Day/Year OF DOSE	HEALTH PROVIDER	DATE NEXT DOSE (D/M)
Diphtheria-Tetanus-Pertussis DTaP/DTIP/DT/	<b>Aventis</b>	<b>10-30-02</b>	<b>R. Hirose, Salem, OR</b>	<b>12-30-02</b>
	<b>GSK</b>	<b>12-31-02</b>	<b>R. Hirose, Salem, OR</b>	<b>3-3-03</b>
Td (Specify Type)		1		
		2		
		3		
		4		
Haemophilus influenzae type b HIB		1		
		2		
		3		
		4		
POLIO IPV/OPV (Specify Type)		1		
		2		
		3		
		4		
MMR		1		
		2		
Varicella		1		
		2		
Hepatitis B HBV		1		
		2		
		3		
Pneumococcal Conjugate		1		
		2		
		3		
		4		
OTHER VACCINES				
NOTES				

**INDIVIDUAL IMMUNIZATION RECORD**  
BRING THIS RECORD FOR IMMUNIZATIONS

MCR ID# \_\_\_\_\_

**Benoz Benjamin**

**9 3 01**

VACCINE:	TYPE	No. Dose/Year OF DOSE	HEALTH PROVIDER	DATE NEXT DOSE DUE
Diphtheria	<b>GSK</b>	<b>11-15-01</b>	<b>S. Bartz, Newark NJ</b>	<b>1-15-02</b>
Tetanus-Pertussis	<b>GSK</b>	<b>1-28-02</b>	<b>J. Bartz, Newark NJ</b>	<b>2-28-02</b>
DTaP/DTaP/DT:Td	<b>GSK</b>	<b>3-11-02</b>	<b>S. Bartz, Newark</b>	<b>9-11-02</b>
(Specify Type)		4		
		5		
Haemophilus influenzae type b (HIB)		1		
		2		
		3		
		4		
POLIO (IPV/OPV) (Specify Type)		1		
		2		
		3		
		4		
MMR		1		
		2		
Varicella		1		
		2		
Hepatitis B (HBV)		1		
		2		
		3		
Pneumococcal Conjugate		1		
		2		
		3		
		4		
OTHER VACCINES				
NOTES				



**INDIVIDUAL IMMUNIZATION RECORD**  
BRING THIS RECORD FOR IMMUNIZATIONS

MCH ID# \_\_\_\_\_

**Hines Beatrice C.**

**10 3 02**

VACCINE:	TYPE	Mo./Day/Year OF DOSE	HEALTH PROVIDER	DATE NEXT DOSE DUE
Diphtheria-Tetanus-Pertussis (DTaP/DTPI/D)	<b>GSK</b>	<b>12-5-02</b>	<b>Ti Lopez, Denton MD</b>	<b>2-5-03</b>
Td (Specify Type)				
<i>Haemophilus influenzae</i> type b (HIB)				
IPOLIO (Specify Type)				
MMR				
Varicella				
Hepatitis B (HBV)				
Pneumococcal Conjugate				
OTHER VACCINES				
NOTES				

NAME Jasper Tan SEX M DOB 6-12-02

VACCINE		DATE GIVEN			NAME OF PROVIDER AND/OR LOCAL H.D.	DATE NEXT DOSE DUE
		OPV	IPV	MO	DAY	YR.
Polio  (Check box)	1					
	2					
	3					
	4					
DTaP DT DTP Diphtheria, Tetanus, Pertussis (whooping cough)  (Check box)	1	DTaP	DT	DTP		
	2					
	3					
	4					
	5					
Hib Haemophilus influenzae type B	1					
	2					
	3					
	4					
DTP/Hib DTaP/Hib	1			10	4	02
	2			12	10	02
	3					
	4					
Hepatitis B	1					
	2					
	3					
MMR Measles, Mumps, Rubella	1					
	2					
Varicella Chickenpox						
Td BOOSTER EVERY 10 YEARS Tetanus, Diphtheria						

*Indiana*  
M. Washington, Shelby Co. HO 12-4-02  
M. Otis, Shelby Co. HO, Indiana 2-10-03

NAME Darian Mendez SEX F DOB 6-4-02

VACCINE		DATE GIVEN					NAME OF PROVIDER AND/OR LOCAL H.D.	DATE NEXT DOSE DUE
		OPV	IPV	MO	DAY	YR		
Polio  (Check box)	1							
	2							
	3							
	4							
DTaP DT DTP Diphtheria, Tetanus, Pertussis (whooping cough)  (Check box)	1	✓		8	19	02	M. Fisher, Buffalo, NY, PHD	10-19-02
	2	✓		11	11	02	J. Pate, Buffalo, NY, PHD	1-11-03
	3							
	4							
	5							
Hib Haemophilus influenzae type B	1							
	2							
	3							
	4							
DTP/Hib DTaP/Hib	1							
	2							
	3							
	4							
Hepatitis B	1							
	2							
	3							
MMR Measles, Mumps, Rubella	1							
	2							
Varicella Chickenpox								
Td BOOSTER EVERY 10 YEARS Tetanus, Diphtheria								

NAME Joel Russett SEX M D.O.B. 4-7-01

VACCINE		DATE GIVEN			NAME OF PROVIDER AND/OR LOCAL H.D.	DATE NEXT DOSE DUE		
Polio  (Check box)	OPV	IPV	MO.	DAY	YR.			
	1							
	2							
	3							
	4							
DTaP DT DTP Diphtheria, Tetanus, Pertussis (whooping cough)  (Check box)	DTaP	DT	DTP					
	1	✓		9	7	01	C.P. Wolfe, Memphis Clinic	11-7-01
	2	✓		11	9	01	C.P. Wolfe, Memphis Clinic	1-9-02
	3	✓		2	7	02	C.P. Wolfe, Memphis Clinic	8-7-02
	4							
Hib Haemophilus influenzae type B	1							
	2							
	3							
	4							
DTP/Hib DTaP/Hib	1							
	2							
	3							
	4							
Hepatitis B	1							
	2							
	3							
MMR Measles, Mumps, Rubella	1							
	2							
Varicella Chickenpox								
Td BOOSTER EVERY 10 YEARS Tetanus, Diphtheria								

NAME Jennifer Sanchez SEX F D.O.B 10-5-01

VACCINE		DATE GIVEN			NAME OF PROVIDER AND/OR LOCAL H.D.	DATE NEXT DOSE DUE		
Polio  (Check box)	OPV	IPV	MO	DAY	YR			
	1							
	2							
	3							
	4							
DTaP DT DTP Diphtheria, Tetanus, Pertussis (whooping cough)  (Check box)	DTaP	DT	DTP					
	1	✓		12	19	01	B. Moore, RN, Kaiser Honolulu	2-19-02
	2	✓		2	25	02	B. Moore, RN, Kaiser Honolulu	4-25-02
	3	✓		11	8	02	B. Moore, RN, Kaiser Honolulu	5-8-03
	4							
5								
Hib Haemophilus influenzae type B	1							
	2							
	3							
	4							
DTP/Hib DTaP/Hib	1							
	2							
	3							
	4							
Hepatitis B	1							
	2							
	3							
MMR Measles, Mumps, Rubella	1							
	2							
Varicella Chickenpox								
Td BOOSTER EVERY 10 YEARS Tetanus, Diphtheria								