

# TRAINING GUIDE TO



# FOUNDATIONS FOR COMMUNITY HEALTH WORKERS

SECOND EDITION

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EDITORS

This guide is written for teachers and trainers using the *Foundations for Community Health Workers, Second Edition* textbook. The guide is available free of charge at [www.wiley.com/go/berthold2etg](http://www.wiley.com/go/berthold2etg).

Cover photo features Transitions Clinic Network CHWs (left to right): (back row) Felix Medina, Jerry Smart, Marc Narcisse, Karim Butler, Tracy Reed-Foster; (front row) Donna Hylton, Juantia Alvarado, Martha Shearer, Arlinda Love. Photo by Ernest Kirkwood.

The creation of this Training Guide was supported by grant numbers 1CMS331071-01-00 and 1C1CMS331300-01-00 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. Disclaimer: The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official view of the U.S. Department of Health and Human Services or any of its agencies.

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# Acknowledgments

The *TRAINING GUIDE TO FOUNDATIONS FOR COMMUNITY HEALTH WORKERS, SECOND EDITION* (Training Guide) is based on the Community Health Worker Certificate Program established at City College of San Francisco (CCSF) in 1992.

Faculty from the CCSF Health Education Department collaborated with students and community-based organizations to develop the CHW Certificate curriculum. These faculty members include Alma Avila, Carol Badran, Tim Berthold, Carol Chao-Herring, Dayo Diggs, Amie Fishman, Susanna Hennessy-Lavery, Tandy Iles, Melissa Jones, Vicki Legion, Obiel Leyva, Joani Marinoff, Ida McCray, Marcellina Ogbu, Abby Rincon, Janey Skinner, Darouny Somsanith, Jill Tregor, Darlene Weide, and Donna Willmott.

We wish to acknowledge and thank the people and resources that inspired and influenced this curriculum. Each of us learned how to teach and train by observing and adapting the work of other teachers and trainers over many years. We were influenced by our own early academic preparation; our professional work in public health, health care, and other fields; and by our own experiences as trainers. We owe a special debt to learners who participated in trainings that we facilitated and who offered feedback that enabled us to further refine, and hopefully to improve, our curriculum.

The educational videos included in the Training Guide were developed with the participation of current students, working CHWs, faculty, and local public health experts. Tim Berthold and Jill Tregor served as co-directors of the video project. Matt Luotto and Amy Hill were videographers. Students, CHWs, faculty, and other colleagues who participated in video role plays and interviews are Juanita Alvarado, Alma Avila, John Boler, Carol Cheng, Andrew Ciscel, Rene Cruz, Arieann Harrison, Sandra Johnson, Michael Levato, Adrienne Lo, Lexon Lo, Jermila McCoy, Francis Montgomery, Tracy Reed Foster, Ron Sanders, Janey Skinner, Darouny Somsanith, Charlie Starr, Michelle Vail, and Alma Vasquez.

Len Finocchio coordinated the production of photographs for the book. He trained and supported local CHWs to take photos of their work, the clients and communities they serve, and of the CCSF classes. These CHW photographers are Juanita Alvarado, Ernest Kirkwood, Tracy Reed Foster, and Ron Sanders. Additional photographs were taken by Carol Cheng, Matt Luotto, Emily Thompson, and Craig Wenzl.

The team at Happenstance, a design collaborative lead by Maureen Forys, developed the design and illustrations for the Training Guide. Rebecca Rider provided copy editing and proofreading for the guide.

We also acknowledge the leadership and support provided by several CCSF colleagues: Carol Cheng, administrative coordinator of the Health Education Department; Beth Freedman, chair of Health Education; Kristin Hershbell-Charles, dean of Grants and Resource Development; and Terry Hall, dean of the School of Health, Physical Education, and Social Services.

The development of the Training Guide and all educational videos was made possible through a grant from the Centers for Medicare & Medicaid Services. This grant is a partnership with the national Transitions Clinic Network (TCN), an expanding group of clinics across the US and in Puerto Rico that provide primary health care to patients coming home from prison. The grant is administered by the Foundation for California Community Colleges. CCSF partnered with the TCN to develop and provide online courses to certify their CHWs. The curricula for these online courses, including educational videos, became the basis for many of the resources included in the Training Guide.

This partnership with the TCN made the development of the Training Guide possible. We are particularly grateful to the CHWs who took these online classes and provided feedback about our curriculum: Precious Bedell, Karim Butler, Joe Calderon, Monique Carter, Donna Hylton, Arlinda Love, Felix Medina, Richard Medina, Mark Narcisse, Matt Pedregon, Tracy Reed Foster, Martha Shearer, and Jerry Smart.

We are grateful for the editorial guidance provided by Seth Schwartz from Jossey-Bass. Most importantly, this book acknowledges and is dedicated to community health workers past, present, and future, and the people who train them.

Thank you,

Tim Berthold and Pamela DeCarlo, Editors

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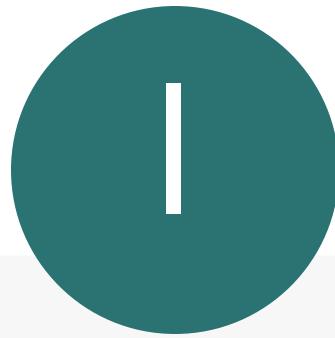
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# OVERVIEW



# Introduction



Tim Berthold and Pamela DeCarlo

This chapter provides an overview of the Training Guide and describes the Community Health Worker (CHW) Certificate Program at City College of San Francisco (CCSF), which began in 1992. The CCSF CHW Certificate Program is the first college credit-bearing CHW certificate in the US. The program is designed to prepare individuals for work in the public health, health care, and social service fields. We provide a description of the curriculum, learning outcomes, and assessment methods.

This is meant to be used when teaching or training using *Foundations for Community Health Workers, Second Edition*.



# How to Use This Training Guide

City College of San Francisco (CCSF) and Jossey-Bass published *Foundations for Community Health Workers* in 2009, and it has been used in CHW training programs across the country. Since its publication, we have met people who used the textbook, many of whom asked us, “How do you use the textbook in the classroom (or in trainings)? Do you have lesson plans for trainers?” As we began preparing for the second edition of *Foundations*, we decided to write an accompanying training guide for the textbook and to develop videos to enhance the textbook and Training Guide. The guide includes some of our favorite training activities and assessments, as well as CCSF guiding principles and techniques for training, developed over 20 years in partnership with students, CHW graduates, local employers, and public health leaders.

The guiding principles and training techniques reflect insights we’ve gathered training and learning from CHWs at CCSF. The training activities and assessments reflect a range of teaching methods. They also vary considerably in terms of duration and complexity. We hope that these activities will complement your own teaching approaches and resources.

This guide is available free of charge at the Wiley/Jossey-Bass website: [www.wiley.com/go/berthold2etg](http://www.wiley.com/go/berthold2etg).

## Goals

The goals of the guide are to

- Provide resources for those using the second edition of the *Foundations* textbook to teach or train CHWs.
- Share the strength-based pedagogy used at CCSF, which builds upon the experience, knowledge, and skills of our students.
- Support professionals who may not have extensive experience with teaching or training.
- Support experienced trainers who may not have trained on all subjects or content areas before.
- Inspire trainers to incorporate new teaching practices.

## Who Might Use This Guide

This Training Guide is written for anyone who uses the second edition of the *Foundations* textbook to train CHWs in diverse settings such as

- Community colleges or other educational institutions
- Departments of public health
- Hospitals or clinics

- Social service agencies
- Training consultants/organizations
- Nonprofit organizations
- CHW and *Promotora* organizations

Unlike the textbook, this guide is not meant to be used by learners directly. However, it does include handouts and other materials for teachers or trainers to give to learners in the context of an activity or an assessment.

## Adapting the Guide

The Training Guide provides a selection of training activities and assessments that correspond to each chapter of the second edition of the *Foundations* textbook. Please note, however, that the guide does not provide all training activities that we would use to address each topic area or for the CCSF CHW program overall.

We understand that there are as many different ways of training as there are learners, and that as users of this guide, you may have a wide variety of experience working with CHWs. Therefore, we encourage you to use the guide in a way that best fits with your training goals. You may teach every chapter as described or teach only a few chapters. You may use the training activities and assessment resources as published, or revise and adapt them to suit the needs of your training program and learners. You may use only one or two of the provided activities for each chapter or add more activities to what is in the guide. Or you may take sections from the chapters to enhance your own training materials.

We have provided the handouts needed for each activity, including case studies, role plays, and discussion questions. Feel free to use these as written or modify them to more closely reflect your community.

This guide will be based on the second edition of *Foundations*, which has 23 chapters. At CCSF, we teach this over the course of two semesters. We know that many persons using this guide will not be able to, or be interested in, implementing a two-semester course. Other possibilities include

- Using one chapter as a stand-alone, full-day training
- Using several chapters for a multi-session training
- Using a subset of the guide for a one semester program

If you are using this guide for a certificate program, you may wish to check your local jurisdiction for the requirements for a CHW certificate. This guide is comprehensive, but it may not cover every requirement for every state or county.

## Before You Start

Although all trainers have their own way of preparing, the following is a list of some suggestions we have for preparing to use this guide for training CHWs.

This guide is meant to accompany the textbook, not replace it. We have included activities only for select topics covered in the corresponding textbook chapter. You'll see that often the guide refers back to specific material in *Foundations*. The textbook provides a deeper explanation of key concepts related to activities in the guide.

- Read through the “Teaching and Training Methods” section of the guide for tips on everything from classroom management, to cultural humility, to conducting role plays.
- Choose which Training Activity chapters are of interest, depending on your training goals and local training or certification standards.
- Read the corresponding chapter in *Foundations*.
- Decide which activities from each chapter of the guide to use or not, depending on time and learning objectives.
- Read through the handouts for each activity. Decide if you want to replace case studies or role plays with your own, adapt what is in the guide to fit your local context, or use them as is.
- Decide on assessments to be used, if any.
- Preview any videos to be used in class.
- Make sure links work to any websites for class.
- Note trainer preparation bullets for each activity.
- Assign learners presession work, such as assigned readings and questions to prepare them to reflect on key concepts and skills.

## Structure

The Training Guide is divided into this Overview and five sections of training activities, which correspond to the structure of the second edition of the *Foundations* textbook.

- The **Overview** features the current section on how to use this guide, an introduction to the CCSF CHW program, and the “Teaching and Training Methods” section.
- **Part 1: Community Health Work: The Big Picture**, provides information about the broad context that informs the work of CHWs, including an introduction to the role and history of CHWs, the discipline of public health, health inequalities, the US health care system, and the public policy process.
- **Part 2: Core Competencies for Providing Direct Services**, addresses the core competencies or skills that most CHWs rely upon day to day, including cultural humility, ethics, how to conduct initial interviews with new clients and provide ongoing client-centered counseling or coaching and care managements services, and how to conduct home visits.

- **Part 3: Enhancing Professional Skills**, addresses key skills for career success including stress management, conflict resolution, code switching, providing and receiving constructive feedback, and how to develop a resume and interview for a job.
- **Part 4: Applying Core Competencies to Key Health Issues**, applies key skills to specific health topics including working with formerly incarcerated communities, supporting clients with the management of chronic conditions, and healthy eating and active living. It also provides frameworks for supporting clients and communities in their recovery from trauma.
- **Part 5: Working with Groups and Communities**, addresses competencies that CHWs use when working at the group and community levels, including how to conduct health outreach and community diagnosis and how to facilitate educational trainings, support groups, and community organizing and advocacy efforts.

Each part contains several chapters. Each chapter opens with a Chapter at a Glance section that lists each activity and assessment and gives the time needed, the learning objectives, and a brief description of the activity.

Activities are explained with step-by-step instructions. These always begin with an introduction; are followed by an activity for learners, usually done in small groups, with a report back and discussion with the entire group; and end with reinforcement of key concepts.

We have included all of the handouts and materials you will need for each activity of the chapter. We also have included sample assessments to use for assigning grades or evaluating learners. Again, please check with your local jurisdiction to see if there are specific assessments required for certifying CHWs in your community.

ACTIVITY	LEARNING OUTCOMES
<b>ACTIVITY 1.1: ROLES, COMPETENCIES, AND CHARACTERISTICS OF CHWs (45–60 MINUTES)</b>  This activity prepares learners to identify roles, competencies, and characteristics of CHWs across a wide variety of fields. This activity incorporates simple drawings, small group discussion, and synthesis in the large group.  Includes: Learner handout: CHW body template Learner handout: CHW self-assessment Learner handout: CHW roles and core competencies tables	<ul style="list-style-type: none"> <li>▶ Explain common roles CHWs play.</li> <li>▶ Articulate core competencies associated with community health work.</li> <li>▶ Identify essential qualities and characteristics of successful CHWs.</li> </ul>
<b>ACTIVITY 1.2: IDENTIFYING CHARACTERISTICS OF SUCCESSFUL CHWs (45–60 MINUTES)</b>  This activity enables learners to identify important personal qualities or characteristics of successful CHWs. By drawing on personal experiences of receiving assistance, learners are able to put themselves in their clients' and prospective clients' positions.	<ul style="list-style-type: none"> <li>▶ Describe personal qualities and characteristics common among successful CHWs.</li> <li>▶ Name personal strengths and assets they bring to their work as CHWs.</li> <li>▶ Identify areas for growth and improvement.</li> </ul>

## Special Features

**Teaching and Training Methods** We have written an overview of the strength-based pedagogy used at CCSF, which builds upon the experience, knowledge, and skills of our learners.

The Guiding Principles explain how we incorporate popular education, adult learning, learning cycles, learning assessments, and cultural humility into our training practices.

How Trainers Model Professional Skills addresses how, for trainers, the way in which we speak and listen to learners can often have as much impact on learning as our planned curriculum and training activities. We include ways trainers can model key CHW professional skills whether or not they are an explicit focus of the training agenda.

The Training Techniques address the active process of creating a focused and collaborative learning environment. We include insights we have learned on using games, role plays, case studies, and other activities in training. We also include suggestions to increase trainers' comfort with teaching complex and emotionally-charged subjects, such as how to build community and support, how to identify and monitor stressful events, and how to model positive interactions in the classroom or training environment.

**Videos** We have created over 80 videos to be used for in-class learning and for trainer support. The videos were developed with the participation of current students, working CHWs, faculty, and local public health experts. Most of the videos feature brief demonstrations of core CHW competencies for working directly with clients, such as how to conduct a client-centered interview or provide a client-centered referral. These video demonstrations range from 1 to 8 minutes in length and are designed to focus in on a particular concept or skill.

For example, on the topic of establishing client priorities, we present two videos. The first is a counter video, showing a CHW working with a client in a problematic way. This video can help learners think about what didn't work in the way that the CHW interacted with the client, and how they might do things differently. The second demo video shows the CHW working with the same client using a more effective and client-centered manner.

All of the videos created for the second edition of the textbook are available at the *Foundations* YouTube channel: [www.youtube.com/channel/UCKSB1-LQsSfsRp24Q9W2Jlw](http://www.youtube.com/channel/UCKSB1-LQsSfsRp24Q9W2Jlw).

In addition, we have several videos specifically for the Training Guide and trainer support, including interviews with CCSF faculty, CHWs, and employers on topics such as using performance-based exams. They also include training tips, such as how to conduct role plays and provide constructive feedback to learners. These videos can be found at the Training Guide YouTube channel: [www.youtube.com/playlist?list=PL\\_82m7qCDFeXWZr4phlUDra4pPhZJgreA](http://www.youtube.com/playlist?list=PL_82m7qCDFeXWZr4phlUDra4pPhZJgreA).

Here are a few tips for maximizing effectiveness when using videos in training sessions.

- Play the video full-screen by clicking on the brackets icon on the bottom far left of the play bar. This limits distractions and makes the video easier to see.
- Use captions by clicking on the CC icon on the play bar. This can benefit all learners including ESL and hearing impaired students.

### Self Reflection about Conflict (continued)

#### ② “Conflict Between Two CHWs,” Role Play, Video

Set up and show the short video role play of a conflict between two CHWs, Cindy and Stephanie “Conflict Between Two CHWs: Role Play, Foundations.” 1:37. ([http://youtu.be/59EkP\\_b-yro](http://youtu.be/59EkP_b-yro)).



CONFLICT BETWEEN  
TWO CHWS: ROLE PLAY  
[http://youtu.be/  
59EkP\\_b-yro](http://youtu.be/59EkP_b-yro)

Ask learners to pay attention to their responses to each of the characters and the situation depicted in the video. Encourage them to take a few notes about their reactions as they watch and listen.

- Search for a specific video by clicking on the magnifying glass in the navigation bar under the title of the channel and entering the video title. You can also search by topic, such as *cultural humility*.
- See the complete guide to using videos at the Wiley/Jossey-Bass website: [www.wiley.com/go/berthold2etg](http://www.wiley.com/go/berthold2etg)

## Options and Tips

Activities can be taught in many different ways. Throughout the guide we have included options for alternate methods of training the same subject. We also include tips that reflect lessons we have learned while teaching this material at CCSF.

### ④ Large Group Debrief

Bring learners together into one large group and ask them to reflect on the pictures they created and viewed as you go through each of the three categories. First, ask learners to name some of the common roles that CHWs perform, according to their discussions. As they share, list the roles on the board or on flip-chart paper.

There may be some confusion or overlap here between roles and core competencies, so take time to discuss as a group. If it becomes clear through the discussion that an example shared as a role fits better in one of the other categories, write it in the correct place. Explain that not every CHW will perform all of these roles, and that the specific roles of a CHW depend on their work environment and the particulars of their job.

**TIP** If a learner provides an example that does not fit within the category being discussed (eg, a quality or characteristic instead of a role) ask the group to discuss and collectively determine where the example fits. Similarly, if an example is provided that does not fall within any of the categories, ask follow-up questions to better understand and identify the correct role, competency, or quality being described.

## Symbols Used in the Guide

In the guide, you will see the following icons:

-  **Video (CCSF).** Videos we have created for in-class learning and trainer support
-  **Video (outside).** Recommended videos from non-CCSF sources
-  **Speech.** Potential explanatory script you may use verbatim or adapt to your needs

## In Closing

We hope you enjoy this guide and find it helpful when using *Foundations* to train CHWs. If you have any feedback on the guide, please contact us through the Jossey-Bass website where you accessed this resource. We would love to hear stories of how you use this guide and how you adapt these materials to use in your training and teaching.

Thank you for the important work you do to advance the CHW field and to promote the health and well-being of vulnerable clients and communities.

# The City College of San Francisco CHW Training Program

This TRAINING GUIDE TO FOUNDATIONS FOR COMMUNITY HEALTH WORKERS, SECOND EDITION, was developed by faculty who teach in the CHW Certificate Program at City College of San Francisco (CCSF). The guide represents some of our favorite training activities and assessments, developed in partnership with students, CHW graduates, local employers, and public health leaders. Although the guide is based on the curriculum from our college-based CHW Certificate Program, we hope that it will serve as a meaningful resource for training CHWs in any setting.

The CHW Certificate Program at CCSF began in 1992 and was the first college credit-bearing CHW certificate in the US. The program is designed to prepare individuals for work in the public health, health care, and social service fields. Graduates work for a wide variety of organizations and provide a range of services on the job including health outreach, health education, client-centered counseling and case management, home visiting, facilitation of educational and support groups, community organizing, and advocacy.

The CCSF CHW Certificate Program takes two semesters to complete. Credits are applicable toward a CCSF Associate Degree and are transferable to San Francisco State University. We also offer two specialty certificates that require additional course work. The Post Prison Health Care Worker Certificate provides additional preparation for working with incarcerated and formerly incarcerated communities. The Youth Worker Certificate provides additional training for working with youth and young adults.

To read more about the CCSF CHW Certificate Programs, please visit our website at [www.ccsf.edu/chw](http://www.ccsf.edu/chw). The website includes frequently asked questions, links to the CCSF course schedule, and several short videos created by graduates of the CHW program.

## Curriculum Standards

The CCSF's competency-based curriculum was developed in partnership with local employers and is informed by local and national research on the core competencies that CHWs rely upon for success in the field. The curriculum corresponds to emerging definitions of CHWs from leading organizations including the American Public Health Association, the World Health Organization, and the US Department of Labor. The curriculum is regularly evaluated and revised to respond to emerging trends in the field.

## Learning Outcomes

The following student learning outcomes (SLOs) highlight core competencies taught in the CCSF CHW Certificate Program. Upon successful completion of the CHW Program, students will be able to

- Analyze health issues and inequalities from biomedical, public health, and cultural perspectives.
- Summarize the process of community organizing, advocacy, and policy development as appropriate to the scope of practice for CHWs.

- Discuss and demonstrate nonclinical health assessment, advising, service coordination planning, and client-centered counseling.
- Assess and apply professional skills including establishment of goals for internship placement, ethics, scope of practice, professional boundaries, cultural humility, and self-care practices.
- Evaluate health care delivery systems including eligibility and community resources in order to provide appropriate linkage services to clients.
- Demonstrate mastery of the core competency skills of nonclinical health assessment, advising, service coordination planning, and client-centered counseling in health settings during internship placement and during performance-based exams.
- Describe and demonstrate mastery of cultural humility principles and practice in working with diverse clients and communities.
- Design, prepare, and facilitate a group health education training or presentation demonstrating effective group-level teamwork and conflict resolution skills.
- Assess and demonstrate job readiness including the ability to work as part of a health care team, to practice self care, to develop a resume, and to construct a professional portfolio and a resource notebook.

Please note that there are additional student learning outcomes for the Post Prison Health Worker and Youth Worker Certificates. These SLOs are posted on the program website.

## **Our Approach to Teaching and Learning**

CCSF faculty use a wide variety of teaching methods and adult learning theories to actively engage students. Perhaps most importantly, we are inspired by the work of Paulo Freire and popular education theories and practices that honor and build upon the knowledge and experience of our students. Our approach to teaching is informed by cultural humility and an abiding commitment to social justice. To learn more about our approach, please see Guiding Principles and How Trainers Model Professional Skills, in the following sections.

## **Internships**

Field experience is an integral part of the CHW Certificate Program. Students are required to complete a 128-hour internship with a local employer. The internship complements classroom training and provides students with an opportunity to put key concepts and skills into practice by working directly with clients and communities. Students work with an Internship Preceptor and CCSF faculty to negotiate a detailed internship plan and learning outcomes. Students receive ongoing supervision and feedback, and CCSF faculty check in regularly with both students and Internship Preceptors to monitor placements.

## Learning Assessment

As teachers and trainers, we constantly listen and observe to assess learners' comprehension, noting signs of challenges, as well as indications of increased understanding and mastery. We strive to achieve a dynamic balance between providing learners with the space and time necessary for discovery and providing more directive guidance. We often stand by as learners experience moments of confusion or frustration before they begin to grasp new concepts. We also decide when to step in and offer additional guidance toward learning new concepts and skills.

These intuitive and often informal assessments are accompanied by more formal methods for evaluating student progress in meeting student learning outcomes. Formal assessment methods typically include the use of exams, written assignments, presentations, and performance-based assessments. In academic settings, these assessment methods are the basis for assigning grades and determining which students are eligible to earn a certificate or degree.

For the CCSF CHW Certificate Program, we assess learning in five key ways:

- Learner self assessment
- Peer assessment
- Assessment by teachers and trainers
- Internship assessment
- Assessment by community experts

We also conduct assessments of our teachers and trainers.

### LEARNER SELF ASSESSMENT

At CCSF, students are asked to assess their own learning throughout the program. Self-assessment is encouraged through a variety of written and verbal in- and out-of-class assignments. One example is the use of short written assignments in which learners reflect on the connection between concepts and skills taught in class and their own life experience and knowledge. These reflective papers typically address concepts such as behavior change, chronic health conditions, health inequalities, incarceration, psychological trauma, and their experience as patients in health care settings.

Learners are also asked to complete a stress self-assessment (See Chapter 12, "Stress Management and Self Care") and to create several different professional development plans. These include a plan to enhance their skills for cultural humility (Chapter 6, "Practicing Cultural Humility") and a plan designed to enhance one or more core competencies for CHWs (Chapter 14, "Professional Skills").

Verbal assessments occur in the moment during class. After nearly every role play in which learners take on the role of CHW, they are asked to assess their own performance, identifying what they did well, and identify what aspects of their practice could be improved.

Learners also assess their own work with clients during their internships and if they are working or volunteering in the field. They use the Standard Rubric for Assessing CHW

Skills (included at the end of this section) to reflect on specific appointments or interactions with clients. The rubric guides them in assessing specific client-centered competencies or skills such as the use of a strength-based or harm reduction approach and the use of motivational interviewing techniques.

By the end of the CCSF CHW Certificate Program, we hope that students have developed a habit of regular self-assessment that will continue throughout their careers.

## **PEER ASSESSMENT**

Students assess the performance of their peers throughout the CCSF program. This happens in nearly every role play practice, when they provide constructive feedback about the use of client-centered practice skills and possible areas for improvement. Peers also assess and support each other as they practice job interviewing skills in advance of applying for internships and new employment opportunities (see Chapter 14).

On several topics, such as case management, students work in teams of two over the course of several weeks to develop personalized action plans for each other. Part of this assessment includes providing feedback about how well their peer did in supporting them to develop and implement the plan. How well did they use client-centered concepts and skills? What could they do to improve their practice?

Peer assessment also is a component of most group assignments. Students are commonly asked to evaluate each other's performance in terms of key contributions and teamwork skills.

Finally, some assignments are assessed exclusively by peers. Students complete their own work and then swap with a peer, reading and evaluating each other's work and providing feedback using guidelines provided by the teacher. Feedback may focus, for example, on how clearly peers have presented health information.

## **ASSESSMENT BY TEACHERS OR TRAINERS**

There is often a difference between learning assessments done in academic versus nonacademic settings. In an academic context, learning assessments are quantified and presented in terms of points, percentages, and letter grades. In a community or employer-based training environment, assessments may not be scored or graded. Trainers may provide feedback through oral or written comments and may distinguish between passing or satisfactory and unsatisfactory performance only. If CHWs are eligible for a certificate at the end of their training, then policies and standards for certification should be established.

We have included a variety of assessments in the Training Guide that are representative of the type of methods used in the CCSF program. We assign a range of different assessments in each of our CHW classes so that grading does not depend upon the learners' performance on just one type of assessment. The assessments provided in the Training Guide include these, for example:

- Quizzes and exams
- Case studies
- Note-taking assessments

- Short reflective writing assignments
- The creation of a resume and several types of professional development plans
- Fact sheet research and writing
- The creation of a guide to local referral resources
- Recipes for an affordable and healthy meal for a family of four

Some assessments are done in class and others are take-home. Some are designed to be completed by individual learners and others by small groups.

For each sample assessment included in the guide, we have provided a rubric or answer key that can be used to determine how well a learner has done or to determine an academic grade.

## **INTERNSHIP ASSESSMENT**

Local employers take the lead in assessing learning outcomes during internship placements. Internship preceptors assess the skills of CHW students as determined by pre-negotiated internship contracts. The CHW skills that preceptors assess may include these, for example:

- Facilitate and accurately document an initial interview with a new client.
- Co-facilitate a support group for people living with chronic health conditions.
- Manage time successfully.
- Work within a team.
- Take direction from supervisors.
- Follow and adhere to agency policies and procedures.
- Take ethical responsibilities, such as protecting confidentiality, seriously.
- Receive and provide constructive feedback to coworkers in a respectful manner.

## **COMMUNITY EXPERT ASSESSMENT**

At the end of their training, and in order to qualify for the CCSF CHW Certificate, students must pass a performance-based exam (PBE) administered by community experts. These experts are working CHWs and other professionals from the fields of public health or primary health care who are highly familiar with the roles and scope of practice of CHWs.

A copy of the rubric used in the PBE is provided at the end of this section. It incorporates over 20 criteria for client-centered practice that are assessed along a gradient from emerging (not yet satisfactory) to proficient. After the exam is completed, both examiners consult each other and complete a final rating with the rubric. The signed rubric and a copy of the client scenario used are submitted to the coordinator of the CHW Certificate Program. The coordinator, in turn, assigns a final grade for the PBE based on the comments and rating of the examiners.

Students who fail the PBE the first time are offered a second opportunity. Failing after two attempts means that the student is ineligible for the CCSF CHW Certificate. Although this is a rare occurrence, some students who complete their training are not awarded the certificate.

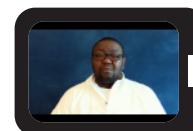
## Performance-Based Exam (PBE)

At CCSF, the final PBE is an oral exam role play with two examiners. One examiner sits with the student and takes on the role of a new client, using a written scenario. The client scenarios are developed in partnership with community organizations and include information about the client's current health status, their priority concerns and goals, and their strengths and risk factors. A second examiner observes the extended role play and uses a rubric to assess the student's performance.

The student must conduct an initial interview with the new client (examiner) and demonstrate client-centered concepts and skills including the ability to assess and identify the client's priority concerns and questions, and their key risk factors and strengths. If appropriate, the student may provide the client with a referral to a particular agency or program that the client expressed interest in. Depending upon the time allotted, the student may support the client to begin to develop an action plan, identifying a short-term goal and several realistic actions that the client can take to meet their goal.

The format of the PBE and the assessment rubric are introduced to CHW students early in their training process. Students complete mock PBEs at least three times over the course of nine months before they sit for their final exam. Students also regularly use the assessment rubric in class to evaluate role plays and to provide each other with constructive feedback. Over time, students begin to internalize the standards for CHW practice presented in the assessment rubric.

Please watch this video interview with Julian Montgomery, a graduate of the CCSF program and working CHW, on the PBE: "Taking Performance-Based Exams: CHW Interview" (2:18)  
<http://youtu.be/37roTQ-meGo>.



TAKING PBEs:  
CHW INTERVIEW  
 <http://youtu.be/37roTQ-meGo>

## ASSESSMENT OF TEACHERS AND TRAINERS

At CCSF, assessment of teachers and trainers is conducted by students through anonymous surveys and direct verbal feedback and by other faculty through classroom observations, review of curricula, and collaborative consultations.

Students assess the performance of teachers in several ways, including using anonymous surveys that are part of regular faculty evaluations. These surveys ask students to rate teachers and courses across a wide range of criteria. Student surveys typically are administered midway through each course and at the end of the program. Students rate the course curriculum, assignments, and teacher performance and can share more detailed feedback in response to open-ended questions.

In addition, faculty regularly solicit feedback through in-class conversations. Although we understand that not all students will feel comfortable providing feedback to a teacher

who is grading them, these opportunities generate valuable information about both specific learning activities and assessments and about the curriculum and teacher performance overall. For us, one sign of a healthy and dynamic learning environment is when students or learners provide direct constructive feedback to teachers or trainers. It is the responsibility of the teacher to receive the feedback with an open mind and without defensiveness. This, in turn, helps to ensure that students will continue to provide feedback in the future.

Student feedback has provided key information for the revision of the CCSF curriculum over the past 20 years, including changes to assigned readings, pedagogical approaches, internship requirements, and assessment methods.

Finally, CCSF faculty in the CHW program are formally evaluated by other CCSF faculty who review curricula resources, observe class sessions, and provide both written and verbal feedback. In addition, faculty regularly consult one another to discuss classroom challenges and to revise curricula resources, often cowriting training activities, assignments, and rubrics. In 2013, the CHW curricula was further assessed and enhanced through the development of an online Post Prison Health Worker Certificate.

## Standard Rubric for Assessing CHW Performance

<b>RUBRIC FOR ASSESSING CHW PERFORMANCE</b>				
<b>SKILLS</b>	<b>CRITERIA</b>			<b>NOTES</b>
	<b>EMERGING</b>	<b>SATISFACTORY</b>	<b>PROFICIENT</b>	
<b>Welcoming and Building Rapport</b>				
1. Provides warm and professional welcome and builds rapport	CHW is cold or not friendly. Does not greet the client or introduce themselves. Does not inquire about the client's name or calls them by the wrong name.	CHW says some or most of the right things to welcome the client but does not convey a sense of interest in their work or the client.	CHW warmly greets the client and welcomes them to the agency or program, introduces themselves, inquires about the client's name, expresses interest in the client, asks how they are doing, and so on.	Make a quick note of excellent practice standards, and areas for improvement, as observed.
2. Explains confidentiality policies	CHW fails to explain or remind client of the confidentiality policy. CHW does not clearly explain confidentiality. CHW does not address key aspects such as mandatory reporting requirements.	CHW explains confidentiality but does not check for client understanding.	CHW clearly and thoroughly explains confidentiality policy, covers mandatory reporting, and checks for client understanding.	
3. Explains the purpose of the meeting/interview	CHW does not mention or clearly explain the purpose of the meeting/interview.	CHW does explain the purpose of the meeting, but not clearly enough. Misses one or more key pieces of information (such as describing next steps).	CHW clearly describes the purpose of the appointment, the significance for the client (such as determining access to services), and next steps. Checks the client's understanding and patiently responds to questions and concerns.	

RUBRIC FOR ASSESSING CHW PERFORMANCE			
SKILLS	CRITERIA		NOTES
	EMERGING	SATISFACTORY	PROFICIENT
4. Demonstrates clear communication style	CHW is hard to understand. Uses jargon or acronyms. Speaks too quickly or too softly, and so on.	CHW mostly communicates in a clear fashion with a few exceptions.	CHW speaks at a relaxed pace, clearly describing the agency/program and health issues. Uses accessible language, checks the client's understanding, and answers questions satisfactorily.
5. Addresses language access when CHW and client don't share the same fluency in the same language	CHW does not pick up on key language differences that create problems with understanding. Does not respond to communication challenges in a way that is respectful to the client or clarify misinformation and misunderstandings. Does not request an interpreter.	CHW picks up on key language differences and requests an interpreter.	CHW responds respectfully when they don't understand something that the client says, or the client indicates that they don't understand the CHW. Seeks clarity. Tries other words, or other ways of communicating. Asks for an interpreter.
6. Takes notes	CHW does not explain the purpose of note-taking. Does not take notes, or takes notes in a way that interferes with rapport, such as just staring at the document and not making eye contact.	CHW does a satisfactory job of explaining and taking notes.	CHW clearly explains the purpose of note-taking and seamlessly takes quality notes without undermining rapport with client. Maintains appropriate eye contact.
7. Identifies client concerns and priorities	CHW does not inquire about, acknowledge, or respond to client concerns and priorities.	CHW identifies and responds to most of the client's priorities, questions, and concerns.	CHW inquires about and confirms all of client's priorities and goals, questions, and concerns.

RUBRIC FOR ASSESSING CHW PERFORMANCE			
SKILLS	CRITERIA		NOTES
	EMERGING	SATISFACTORY	PROFICIENT
8. Demonstrates a strength-based approach	CHW does not inquire about, notice, or acknowledge client strengths.	CHW partially inquires about and acknowledges client strengths. Does not build upon this key information.	CHW inquires about and acknowledges client's strengths or internal and external resources. Builds upon client strengths.
9. Answers client questions	CHW ignores questions or provides partial, confusing, or incorrect answers or responses.	CHW responds satisfactorily to most questions, but not all. Does not provide incorrect information.	CHW answers client's questions clearly and thoroughly. When the CHW cannot answer a question, they say so, and explain how they will follow up.
<b>Client-Centered Practice</b>			
10. Encourages client to talk	CHW talks too much and dominates the session.	At key times, CHW talks too much, missing opportunities to listen to the client.	CHW provides space and opportunity for the client to talk most of the time. CHW demonstrates strong use of client-centered skills to draw out the client's story, concerns, goals, resources, and values.
11. Supports client autonomy	CHW lectures the client (without give and take) and/or gives advice, directing what the client should do, think, or feel. The CHW directly or indirectly blames or shames the client regarding health status, knowledge, or behavior.	On one or more occasions, CHW begins to lecture or give advice. Primarily, however, the CHW listens to the client's ideas and respects their decisions.	CHW supports client autonomy and determination of agenda and discussion. CHW does not lecture. Offers suggestions to a limited extent, as appropriate, and in a manner that lets the client weigh, reject, or accept them.

RUBRIC FOR ASSESSING CHW PERFORMANCE			
SKILLS	CRITERIA		NOTES
	EMERGING	SATISFACTORY	PROFICIENT
12. Demonstrates use of harm reduction	CHW misses opportunity to discuss harm reduction. Applies an all-or-none or abstinence-based perspective about health risks and behavior change.	CHW makes assumptions about the client, or imposes their own values, beliefs, and recommendations.	As appropriate, CHW supports the client to make informed decisions to reduce potential harm to their own health, or the health of others (such as family members).
13. Demonstrates cultural humility	CHW inquires about client's experiences, values, and beliefs. CHW limits assumptions and sharing of personal perspectives.	CHW does not impose personal standards. Uses client-centered skills to encourage the client to explore their own experience, values, ideas, and so on.	CHW asks <b>open-ended questions</b> to solicit more information from the client. CHW does not overuse <b>affirmations</b> . Provides affirmation in key moments to identify significant aspects of the client's work and achievements. CHW demonstrates <b>reflective listening</b> by engaging client in relevant reflection and discussion of key issues (beyond repetition).  CHW <b>summarizes</b> key aspects of the work at appropriate moments, such as client's main priorities, concerns, and proposed actions.
14. Uses OARS: Open-ended questions, affirmations, reflective listening, and summarizing	CHW fails to use <b>open-ended questions</b> appropriately. Asks leading questions and/or too many closed-ended questions.  CHW misses opportunities to provide <b>affirmations</b> and/or provides awkward, inaccurate, unclear, or inauthentic affirmations.  CHW does not demonstrate <b>reflective listening</b> , or uses repetition only.  CHW misses opportunity to <b>summarize</b> or provides an inaccurate summary.	CHW demonstrates use of OARS to engage the client in reflection and discussion. However, the CHW is not fully comfortable with the use of OARS and faces moderate challenges with issues of timing, phrasing, listening/interrupting, or responding directly to what the client said or did.	

RUBRIC FOR ASSESSING CHW PERFORMANCE			
SKILLS	CRITERIA		NOTES
	EMERGING	SATISFACTORY	PROFICIENT
15. Rolls with resistance or ambivalence	CHW responds to ambivalence by lecturing the client or trying to tell them what they should do.	CHW does not lecture the client, but does not confidently use motivational interviewing and other skills to support the client to further explore their ambivalence.	CHW calmly responds to ambivalence, normalizing it. Gently guides client in exploring options, potential outcomes, and related feelings and thoughts.
		Action Planning	
16. Develops relevant and realistic action plan to promote health	CHW misses an opportunity for action planning; guides the development of an incomplete, unclear, or unrealistic plan; or takes over the process, telling the client what they should do to manage their health.	CHW supports client to develop an action plan. The plan is missing one or more key components (clearly measurable actions and timelines, and so on).	CHW gently guides the client to develop a relevant action plan that includes a health goal and realistic and measurable steps or actions to meet the goal.
17. Assesses client motivation, confidence, or readiness	CHW misses an opportunity to assess the client's readiness for behavior change or other action.	CHW does assess motivation but could have done more to try to deepen the conversation.	CHW's well-timed assessment of client motivation results in further discussion or refinement of client's goals or plans.

RUBRIC FOR ASSESSING CHW PERFORMANCE				
SKILLS	CRITERIA			NOTES
	EMERGING	SATISFACTORY	PROFICIENT	Make a quick note of excellent practice standards, and areas for improvement, as observed.
<b>End of the Meeting</b>				
18. Facilitates the end of the meeting	CHW does not anticipate and clearly facilitate the end of the meeting. Fails to summarize key points and next steps or to help client transition, as needed. Does not ask the client if they have any outstanding questions or concerns.	CHW does not manage time well, rushes the end of the meeting, and does not have time to address all key steps.	CHW demonstrates good time management and anticipates the end of the meeting, discussing it with the client. Summarizes key points, inquires about outstanding concerns or questions. Clarifies next steps, thanks the client, and addresses any outstanding needs for transitioning back to daily life.	
19. Provides referrals	CHW misses an opportunity to provide an important referral, provides an unrealistic or inappropriate referral, or provides a referral in an unclear and unhelpful manner.	CHW offers too many referrals without assessing client interest. Rushes the process of providing referrals, missing some key information.	CHW assesses the client's interest in the referral and cultural relevance. Clearly describes the referral and what the client could do to access services. Checks for the client's understanding.	
20. Schedules next meetings, as appropriate	CHW does not schedule a follow-up appointment or ignores or forgets about the client's request to schedule an appointment.	CHW rushes the scheduling of a follow-up appointment. May forget to confirm and document dates and times of the appointment.	CHW inquires about and assists the client in scheduling a future appointment. The appointment is documented in a relevant and useful manner.	

RUBRIC FOR ASSESSING CHW PERFORMANCE			
SKILLS	CRITERIA		NOTES
	EMERGING	SATISFACTORY	PROFICIENT
21. Documents key client information	CHW does not document key information or does not document information on the proper forms.	CHW documents most key information on the proper form but forgets one or more items. May also include jargon.	CHW clearly documents all key information shared by the client. Information is documented on the proper forms and in the proper places.
22. Avoids bias and discrimination	CHW demonstrates bias or prejudice regarding client's identity or behavior.		CHW demonstrates no bias or discrimination.
23. Upholds mandatory reporting	CHW fails to respond, or responds inappropriately, to client's disclosure of serious risks such as suicidality or current abuse such as domestic violence, child abuse, or neglect. CHW does not report these risks as required.		CHW takes immediate action to consult with a supervisor and/or to report a disclosure of serious risk to a third party. Works with the client, as appropriate.
24. Addresses other ethical challenges	CHW fails to maintain code of ethics, such as by violating confidentiality, providing false information, exceeding scope of practice, and so on.		CHW upholds code of ethics.

\*The CCSF CHW program policy states that students who make one of these ethical mistakes may automatically fail the PBE.



# Teaching and Training Methods

T

Tim Berthold and Janey Skinner

This chapter provides an overview of the strength-based pedagogy and training techniques used at CCSF, which builds upon the experience, knowledge, and skills of our learners. “Guiding Principles” explains how we incorporate theories such as popular education, adult learning, and cultural humility into our training practices. “How Trainers Model Professional Skills” addresses how the way in which we as trainers speak and listen to learners can often have as much impact on learning as our planned curriculum and training activities. Finally, “Training Techniques” discusses the process of cultivating a collaborative learning environment, as well as how we use games, role plays, card sorts, case studies, and other activities in training.

This resource is meant to be used when teaching or training using *Foundations for Community Health Workers, Second Edition*.



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# Guiding Principles

This section explains how we incorporate theories such as popular education, adult learning, learning outcomes, and cultural humility into our training practices.

## Popular Education

*Popular education*, also sometimes called empowerment education, aims to create more equal social relationships through a collective process of learning and action. Paulo Freire, the Brazilian educator, is the person most closely associated with the term popular education, but the practice of popular education began before Freire's birth and continues today.

The CHW program at CCSF is inspired by popular education. Although the program focuses on developing core competencies necessary for CHWs to meet the professional standards of the field (a concept that is not especially grounded in popular education), at the same time, we seek to promote critical thinking about inequalities and social conditions, and the power of communities to transform these conditions. In the CHW program at CCSF, we invite learners to share their expertise, start from their own knowledge and life experience, and build on that base. Throughout this guide, we have included exercises designed to engage learners in conversations about social conditions and how they shape health, and how people can take action to improve these conditions.

Although CCSF's CHW program is inspired by popular education, some important distinctions can be drawn between a career and technical education training program and the popular education model. Although popular education can (at times) center on the learners determining for themselves the outcomes they wish to achieve, in our situation, the trainers name the outcomes, which are shaped by the standards of the CHW profession.

In addition, the college setting requires us to formally grade the performance of learners. Although we try to bridge the distance between trainer and learner and honor the experience and wisdom of learners, we do operate within a hierarchical organization, and the trainer holds a certain authority in the classroom. Even with all these distinctions, we hope that our teaching is informed by the spirit of empowerment, critical consciousness, and collective action—values we hold in common with popular educators around the world.

Please see the video interview on training CHWs with Lee Rosenthal, "Your Role as a Trainer of CHWs: Interview, Training Guide" (3:06) [http://youtu.be/zE1QBn6B\\_pM](http://youtu.be/zE1QBn6B_pM). Lee is the lead author of



**YOUR ROLE AS A  
TRAINER OF CHWs**

 [http://youtu.be/zE1QBn6B\\_pM](http://youtu.be/zE1QBn6B_pM)

Chapter 2, "The History of Community Health Workers," in *Foundations* and a professor with the Project on Community Health Worker Policy and Practice at the University of Texas institute for Health Policy.

## ADULT LEARNING

*Adult learning theory*—a loose collection of ideas about how adults learn—has several things in common with popular education. Both acknowledge that adults already know

a lot and learn best when they are invited to share and build upon what they know. Both emphasize active learning through simulations, games, case studies, and role plays that engage the body, mind, and heart. Key principles of adult learning include the following:

**Relevance** Adult learners need to see that learning is related to their social environment and day-to-day experiences. Adults come to learning with a wide range of previous experiences, knowledge, self-direction, interests, and competencies; the most effective teaching takes advantage of their knowledge and other strengths.

**Respect** Adult learning affirms participants' contributions and establishes group norms that encourage mutual respect and support. As trainers, the more we know about ourselves, the less likely we are to judge others.

**Immediacy** Adults are more likely to commit to learning when the goals and objectives are realistic and important to them. Training content should not only be relevant, but it should also be something that learners can put into practice in their work and/or daily lives.

**Application** Adult learners need direct, concrete experiences in which they apply the learning. The closer the application tasks are to learners' real lives and environment, the greater the opportunity for determining how the new content can be useful to them.

**Safety and challenge** Adults tend to resist activities when they feel criticized or shamed. Training needs to create a safe environment for practice, discovery, and learning. In addition, learning tasks should be sequenced appropriately and be complex enough to challenge adult learners.

**Feedback** Adults often wish to receive timely feedback on how they are doing. Constructive feedback from peers and instructors increases the impact of the training.

**Transferability** The ability to transfer learning from one situation to another is not automatic for all adults. Transferability can be facilitated by creating and sequencing meaningful work that is as close as possible to real life—what each learner does when they leave the learning event.

## LEARNING OUTCOMES

Designing educational experiences around learning outcomes, rather than general topics or goals, is an approach that has been widely adopted by community colleges in the last ten years. Learning outcomes are learner centered. They state what the learner should be able to do as a result of the lesson or activity; for example, "Learners will be able to describe the importance of confidentiality to the CHW-client relationship," or "Learners will be able to support clients to develop an action plan for the self-management of chronic health conditions." If the learning outcomes are well integrated, they affect the information presented, the mode of engaging learners in the subject, and the measurements of success embedded in the assessment process.

Assessment of learning outcomes is important, but not just for assigning a grade or a certificate in a formal setting. Even in the most informal training, it is important to find out whether the learners have integrated the information or skills as intended. We recognize that some educators have found shortcomings in the outcomes-based approach,

stating that it can create incentives to assess what's *easy* to measure instead of what's *important* to measure. At CCSF, we emphasize performance-based assessment of how well the CHW can demonstrate and apply skills and knowledge to realistic scenarios. For example, CHW students must apply key concepts and skills to role play scenarios and performance-based exams, demonstrating how they would conduct a client-centered assessment or initial interview; or develop an action plan to support a client living with a chronic health condition. A description of a performance-based assessment is provided in the Introduction.

## CULTURAL HUMILITY

Cultural humility is a fundamental value of the CCSF CHW program—it guides our approach to working with individuals and communities. Chapter 6, "Practicing Cultural Humility," in both the textbook and this guide details how we understand the concept and apply it to the work of CHWs. For us, it is essential that the topic of cultural humility be threaded throughout the training of CHWs and not be treated as a separate concept or skill.

Cultural humility informs our practice as teachers and trainers. There are three main parts to the definition of cultural humility. The first part is that cultural humility is a process of self-reflection and lifelong learning. There is no end point at which a person becomes culturally competent. It is a process of both recognizing one's own cultural biases and frameworks and learning about the culture and frameworks of others.

As trainers, often working with learners from diverse cultural backgrounds and life experiences, we make an effort to engage consciously and intentionally in a process of life-long learning and self-awareness. Reflection on this process is a common topic at trainer retreats, and professional development in this area is encouraged.

A second part of this definition of cultural humility involves acknowledging the clients as the experts on their own situations and their cultures, and working to overcome power imbalances between providers and clients through client-centered interviewing and care. Jumping to conclusions about someone's culture or how that culture affects their health or behavior is harmful to both the client and the client's trust in the provider.

*"A big part of being a CHW is the ethic of cultural humility and realizing that who you're working with is the expert, and you help them to develop what their goals are. And I think for training in this field, it would be good also if the trainer was open to having the group that they're training sort of direct the learning experience—with some guidance."*

—Margaret, CCSF student

As trainers, when we make assumptions about what learners do and don't understand, or what they are capable of, or even how they identify, we shortchange the learners and damage relationships. Inviting learners to share their points of view, their experiences, their analysis, and their understanding of how culture interacts with health, without imposing a particular analysis, is one way to invite learner-centered sharing about

culture. We also seek to share power in the classroom by inviting feedback and critique from learners, and by upholding and valuing the expertise of learners on a variety of subjects.

Please take a few minutes to watch the following video interview with Abby Rincon, a faculty member who teaches in the CCSF CHW Certificate Program. Abby talks about her approach to addressing cultural humility across the CHW curriculum: “Cultural Humility across the Curriculum, a Faculty Interview” (5:19) ([http://youtu.be/PtaxXUTge\\_o](http://youtu.be/PtaxXUTge_o)).



#### CULTURAL HUMILITY

[http://youtu.be/PtaxXUTge\\_o](http://youtu.be/PtaxXUTge_o)

### Setting Up the Classroom to Address Power Imbalances

The physical set up of the classroom can reduce power imbalances—for example, the trainer can place all chairs in a circle instead of having them all face the trainer, and the trainer can move around the room during the sessions instead of remaining at the front. Some trainers, depending on their mobility, may also choose to vary their height as they train; they can crouch or sit at times when talking with learners, instead of remaining standing.

A third part of this definition emphasizes building partnerships to challenge the power imbalances between health systems and communities. Educational institutions may have more power than the communities they serve. Trainers may also have relatively more power than the learners—future or current CHWs—especially when employment, a grade, or certification is at stake. Some of this power imbalance can be addressed interpersonally—for example, by changing practices within a classroom—while other types can only be addressed through institutional change and community partnerships at a deeper level.

## How Trainers Model Professional Skills

The work of both trainers and of CHWs in the field is relational in nature. Success depends, to great extent, on being able to develop and maintain positive and respectful relationships. How we as trainers speak to learners, and how well we listen, can often have as much impact on learning as our planned curriculum and training activities. Sometimes, learners may focus more closely on *how* trainers communicate with them, rather than on *what* trainers say or the content of the training agenda. Because of this, trainers are often modeling key CHW professional skills whether or not they are an explicit focus of the training agenda. Such skills include the following:

- Managing time during training sessions
- Following through with expectations and commitments including, for example, keeping appointments and providing timely feedback on assignments or exams
- Abiding by and enforcing group agreements or ground rules
- Handling a particularly challenging or critical comment or question
- Providing and receiving constructive feedback
- Intervening to de-escalate a conflict
- Listening to a learner who is struggling to communicate something that is important to them
- Conveying interpersonal warmth, interest, and humor
- Offering support to a learner in a moment of distress
- Managing your own scope of practice and not attempting to address topics that lie beyond your training and expertise
- Handling perceived ethical challenges such as questions related to confidentiality, discrimination, or professional boundaries
- Demonstrating cultural humility, and refraining from imposing cultural beliefs or values on learners
- Encouraging participation from all learners, especially those who have a more difficult time speaking up to share their ideas

## Balancing Authority and Control in Training Sessions

As trainers, we are engaged in a constant balancing act. Part of this is striking a balance between our management of the learning process, and promoting the leadership and autonomy of learners. At times, trainers may need to hold closer control of a training activity or group dynamic, such as in the moment when a disagreement becomes a conflict. But, if we hold our control too tightly and try to manage too many aspects of the learning experience, we may stifle or hold learners back from asserting their own opinions. As trainers, we want to create an environment that supports learners to empower themselves and to develop their own professional persona, confidence, and leadership.

How trainers balance control and support of the leadership of learners in the classroom also serves as a model for how CHWs may hold or express their own authority when working with groups in community settings. Some ways to balance your own authority and your management of the training process include these:

- Building in as many opportunities as possible for learners to share their knowledge and expertise
- Inviting learners to facilitate or co-facilitate training activities or discussions
- Sharing control of a training agenda to make space for learners to raise and discuss their own emerging questions and priority concerns. Try not to schedule every moment of each training session so you can make space for learners to add new items to the agenda.
- Striving to be aware of the moments when you may be imposing your own experiences, beliefs, or biases. Sometimes learners will speak up to protest, and sometimes they may convey their discomfort or displeasure through body language. If you can, pause and step out of your own way. It may be a good opportunity to turn the discussion over to learners and to inquire about their experiences and opinions.

Provide learners with a range of opportunities to provide feedback about the CHW training and your training approach. This may include the use of anonymous surveys, or a discussion in which your role is simply to listen, without explanation or defensiveness, as learners tell you about their experience. You might structure this as a plus/delta (+/Δ) conversation in which learners share their opinions about what you do well as a trainer, as well as ways that you can improve the training and their learning experience. In this guide, Chapter 20, “Facilitating Community Health Education Trainings,” provides an assessment you may use for this.

## Taking Responsibility for Our Mistakes

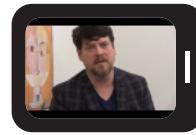
All service providers make mistakes on the job. A key skill for success as a CHW is the ability to acknowledge and take responsibility for the mistakes they will inevitably make in a way that respects the clients and community members they work with and creates a new opportunity to strengthen professional relationships. As fallible human beings, trainers also make mistakes—small and large—and these mistakes provide an opportunity to model accountability.

Some of the mistakes that trainers make may include calling a learner by the wrong name; failing to assign or record the proper score or grade for an assignment; failing to intervene when a conflict or other difficulty arises during a training session; calling on some learners more than others; saying something—often unintentionally and without knowing—that learners experience as rude or disrespectful; and so on.

Ideally, a learner will do or say something that draws our attention to our mistake. In these moments, we encourage you to avoid the temptation to explain or justify your actions. Demonstrate your regard for learners by listening to any feedback they offer. As Chapter 13, “Conflict Resolution Skills,” recommends, try to disentangle intention from impact and to understand that even when we don’t mean to offend, learners may still feel disrespected.

This is a time to offer an authentic apology for the mistake that you made. Doing so in a direct and confident manner can have a significant impact on your relationship with learners and, at the same time, help them to embrace similar skills. Many of us have difficulty offering an authentic apology. Yet, when done well, an apology can deepen the connection and the respect among trainers and learners. It can also result in a stronger professional relationship between a CHW and a client or colleague. Modeling this can also encourage learners to respond gracefully and professionally in a moment when they are challenged—by a colleague or a client—and to take responsibility for their own mistakes as a CHW.

If you wish, take a minute to watch the following short video interview with a CCSF faculty about the importance of apology: “The Art of Apology, Faculty Interview, *Foundations*” (2:51) (<http://youtu.be/obtQn3fdGOY>).



THE ART OF APOLOGY,  
FACULTY INTERVIEW

🔗 <http://youtu.be/obtQn3fdGOY>

## Demonstrating Patience and Empathy

The success of CHWs depends not only upon their knowledge and skills, but also upon their ability to embody and demonstrate personal qualities and characteristics such as patience and empathy (see Chapter 1, “The Role of Community Health Workers,” and Chapter 6, “Practicing Cultural Humility,” of *Foundations*). These qualities are also important to the success of trainers. Your ability to model or demonstrate these positive qualities can motivate and support CHWs to do the same.

Just as we encourage CHWs to reflect upon their own work and to build self-awareness, we encourage trainers to strive to be aware of the way that they embody and model these qualities in the course of training CHWs. As a trainer, you may consider the following questions:

- Do you demonstrate patience when learners are struggling with a particular concept or skill or to follow through with professional responsibilities?
- Do you bring a sense of interpersonal warmth and humor to the training process?
- Do you demonstrate respect for the wisdom and capacity of learners?
- Do you express interest in the lives and ideas of learners? Do you make time to listen and listen deeply to the voices of CHW learners?
- Do you demonstrate empathy and concern when learners or CHWs face personal or professional difficulties or challenges?
- Are you willing to go the extra mile when learners face challenges to successfully engaging in or completing their CHW training?
- Do you both encourage and appreciate the expression of different ideas, values, and experiences in the training process?

## Accepting the Limits of Our Knowledge

CHWs work closely with clients and communities facing complex health and social challenges. Not all of these challenges have a discrete or easily identified cause or solution. Trainers also address issues and dynamics that defy easy explanation or categorization.

Problems arise when either trainers or CHWs attempt to provide a definitive or emphatic answer or explanation to a complex question or dynamic.

As trainers, we encourage you to model how to be comfortable with the limits of your own knowledge and skills and your ability to accept complexity and uncertainty. If learners internalize the messages that trainers model and address explicitly, they will become more comfortable stating what they don't know or can't answer—topics that may defy easy explanation and questions that are best answered directly by clients rather than service providers.

There are several ways to model this, including the following suggestions:

- Acknowledge that some questions are so complex and are affected by so many different variables that they do not have clear answer. Engage the group in considering why a topic or question may not have a definitive answer or solution.
- Clearly state when you don't know about a particular topic or when you don't have an answer to a question.
  - Reflect the question back to learners for their consideration. Perhaps someone in the group has more information or knowledge about the topic.
  - Ask learners to identify resources that might provide more information about the topic in question. For example, are there any studies or reports about the issue by reputable health or public health sources?

# Training Techniques

In this section, we discuss training techniques that are used in the guide, as well as more global approaches to training CHWs. More specific directions for facilitating each of these techniques are included in the learning activities themselves.

Much of what we know about training has come from our own experience as learners, through trial and error, and through dialogue both with learners and other trainers. We encourage and celebrate such conversations about pedagogy (or *andragogy*, a term some trainers prefer for adult education settings), and hope that these notes contribute to that conversation.

## Working with CHWs

In training CHWs, real life is never far from the classroom. That is, the health conditions discussed in the classroom are often part of the lives of learners. These include, for example, experiences with homelessness, incarceration, immigration, addiction, domestic violence, or other forms of trauma. It may include living with a chronic condition or disability, or supporting a family member who does. A role play or a video can bring up memories or strong emotions from learners' own life experiences. Even the experience of being in a classroom may bring up memories of past negative experiences with formal or informal education or training.

Trainers should be prepared to support learners to manage their stress and emotions, not only in the moment when such feelings are triggered, but before and after as well. We encourage you to view these moments as learning opportunities. It is a tremendous asset to the training process that learners bring with them relevant prior experience and knowledge. Learning to handle emotional responses that occur during training will also better prepare CHWs to handle similar challenges when they occur in the field. These issues are addressed in training activities provided in Chapter 7, "Guiding Principles," Chapter 14, "Professional Skills," and Chapter 18, "Understanding Trauma and Supporting the Recovery of Survivors," and in a section entitled "Emotional Support," which follows.

*"A lot of us work, a lot of us have families, so sometimes it becomes overwhelming. You never know what the next day, next week, or the next month may bring in our lives, you know what I'm saying? It could be a tragedy or with our kids, or people might have to move, or our work. I think instructors should be very understanding and easy to work with."*

—Jerry, student and working CHW

## INCORPORATING CURRENT EVENTS

As trainers, we have a responsibility to use training resources that are relevant to the realities that CHWs address in the field. We encourage you to keep up with the news, to research and examine current events, and to identify stories to bring into the classroom.

Encourage learners to do the same. These could be recent events and issues that impact public health such as homelessness, the minimum wage and cost of living, police violence, rising rates of specific health conditions, or environmental health issues. Bringing current events into the training provides learners with an opportunity to develop a critical lens with which to examine and analyze what they're learning and how it applies to current conditions in the world.

## **Managing the Learning Environment**

Whether in an educational institution or in a community setting, maintaining a positive and focused learning environment is a high priority for trainers. There are many approaches to managing a productive class or training, and each trainer builds a unique relationship with learners. We have found the following practices to be helpful in our classrooms to foster an atmosphere that is conducive to learning:

- Establishing group learning agreements
- Addressing behaviors that disrupt group learning agreements in a timely manner
- Noting the time needed for each agenda item
- Allowing space and leeway in the agenda
- Facilitating group discussions

### **ESTABLISHING GROUP AGREEMENTS**

Invite learners to establish a list of ground rules designed to create a safe and dynamic training environment. Developing the ground rules together, and revisiting them throughout training, indicates to learners what the expectations are and supports self-monitoring. When the group's behavior starts to veer out of alignment with the group agreements, revisiting the ground rules is a way to bring the group back into alignment. At the same time, the trainer should be aware that learners bring different cultural and experiential backgrounds to the classroom, and behaviors that are considered rude or unacceptable in one setting are often natural and welcomed in another. Encouraging learners to adapt and build agreements that everyone can live with is a skill that will serve them well in their own work as CHWs.

We often begin a discussion about group agreements by asking learners to back up for a moment to consider their common purpose. These discussions typically highlight common goals such as supporting each other in advancing their careers as CHWs; providing quality services to clients in need; promoting the health of vulnerable clients and communities; reducing persistent inequalities in health status among communities; and advocating for greater social justice. In the moments when learners face difficulties in maintaining a safe and supportive learning environment, we encourage the group to pause and reflect on their common purpose to shift their perspective.

We also encourage learners to consider group training agreements in light of the standards for professional conduct that will guide their work or volunteer experiences as CHWs. For example, working CHWs are expected to show up for work on time; to complete client notes, reports, or other assignments by the deadline provided; to work to

prevent and manage conflicts with clients and coworkers; to provide and receive constructive feedback in a respectful manner; to engage in productive discussions with people who have a different perspective or opinion; to support the participation, leadership, and well-being of their colleagues; and so on.

Some of our favorite group agreements or ground rules include the following:

- **Protect confidentiality.** Learners and trainers may sometimes share personal information with the group. In order to create a safe and dynamic learning environment, we need to commit to protecting each others' privacy.
- **Show up on time** for training sessions prepared to discuss assigned readings and **bring your best self** (such as a positive attitude and intention for learning).
- **Step up, step back.** We invite learners who tend to be quiet to stretch themselves and step up their participation, and we invite learners who tend to be talkative to step back in order to listen and leave space for colleagues to speak before they add their own ideas to the discussion.
- **One voice.** We invite one learner to speak at a time, with the attention of the group on the person speaking.
- **Offer mutual support.** We encourage learners to provide each other with support throughout the training and for reaching their goals of advancing their careers as CHWs.
- **Keep an open mind.** Learners and trainers should provide respect for different experiences, opinions, and beliefs. Part of being a successful CHW means working across cultural identities with colleagues and clients who have different experiences, values, and beliefs from their own.
- **Try it on.** Even if learners do not initially like an activity or an idea, we invite them to try it on and see how it feels before discarding it.
- **Use “I” statements.** Speak from one's own experience instead of making generalizations.

## **ADDRESSING BEHAVIORS THAT DISRUPT GROUP LEARNING AGREEMENTS IN A TIMELY MANNER**

Occasionally, learners engage in behavior that strays from the group learning agreements and may be disruptive. It is important to the group as a whole to see that the trainer is capable and committed to restoring a safe and effective learning environment. At the same time, the trainer must deal with those learners who may not have upheld the established ground rules with care and respect, not only for their own sake, but also for the group as a whole.

A common way to handle such challenges is to refer back to the learning agreements or ground rules (it is helpful to have these posted on the wall of the classroom or training space). Take this opportunity to remind the group of their common purpose and their collective responsibility for maintaining a dynamic and respectful learning environment. However, if this approach doesn't work, we have found that it is sometimes necessary to call for a break and speak to the individual(s) in a private setting.

## NOTING THE TIME NEEDED FOR EACH AGENDA ITEM

Often, trainers have a difficult time predicting how long a certain activity will take and how much time they should allow for each step. One practice that can assist with this is to document the predicted and then the actual time each step takes, so you can learn from the patterns that emerge.

A second practice that can be helpful is to ask a co-trainer or a learner to serve as a time-keeper, and have them provide verbal reminders of the time remaining. It is still the trainer's choice about what to do with that information—to continue the activity or to wrap it up—but the timekeeper can help the trainer stay conscious of the time involved.

## ALLOWING SPACE AND LEEWAY IN THE AGENDA

It is important to strike the right balance between structure and flexibility in managing the classroom. One way to do this is to leave some leeway in the agenda. It is important to leave space and time for learners and trainers to pause and reflect upon content before moving on to the next item on the agenda. These are also opportunities for learners to pose additional questions, to share new ideas, and to draw connections between different concepts or skills.

It can also be helpful to plan for alternative training activities or approaches that permit the trainer to make a last-minute substitution of a shorter activity for a longer one (due to time constraints), or to approach an activity in a new way (for example, if technology fails).

*"I try always to leave room to breathe in class to remind myself that I don't need to fill in every moment. That leaves time for questions and lets learners have an opportunity to set the pace and direction for discussions."*

—CCSF instructor

## FACILITATING GROUP DISCUSSIONS

Often, discussions favor the most extroverted learners, those who are quick to speak up and can easily express their thoughts. It is helpful to make explicit the approach to managing discussions. For example, you might say, "I may not call on you when you raise your hand if there are others who have not yet spoken to give room for everyone," or "I may cut off the discussion at some point if I feel like we are getting off track—is that all right with everyone?" You may also wish to reinforce a group agreement to Step Up, Step Back and to encourage learners to monitor their own level of participation.

The trainer can also facilitate wider participation by introverts and extroverts alike by structuring a large group discussion in phases—by asking learners to first make notes on their own in response to a general question, or by having learners talk in pairs before opening up the large group discussion.

## Emotional Support

In the course of training CHWs, topics are addressed that inevitably trigger or provoke a strong emotional response among some learners. A certain topic—such as incarceration or trauma—may remind a learner of a challenge in their own life or the life of a family member. The stress around meeting deadlines or completing assessments in unfamiliar formats may seem overwhelming. The injustice of health inequalities or the painful conditions of many communities in which CHWs work may generate a sense of hopelessness or despair.

### Sensing the Group Mood

For the trainer of CHWs, it's important to be alert to the mood of the group and to when the emotional state is changing. Sometimes one or more learners feel triggered by something that happened—in a learning activity or outside of it—and the energy can escalate rapidly. Other times the energy of the room plummets, as if a cloud of depression has fallen over the group.

Maintaining a sense of community and mutual support in the CHW training space is intrinsic to meeting the needs of learners who choose to become CHWs and to fostering the kind of deep integration of the helping role that we want to cultivate in current and future CHWs. Practices we have employed with CHWs can be loosely grouped into three categories: mutual support, self reflection, and stress reduction. These categories are not exclusive, nor are they exhaustive.

### MUTUAL SUPPORT

Setting up a buddy system is one way to build peer support into the structure of the training. Learners may be assigned to peer groups of two or three early in the training process and encouraged to check in with each other, both during and outside of training sessions, throughout. The trainer can give specific instructions for the check-ins related to skills learned in the course of the training—for example, to practice techniques for active listening, motivational interviewing, or stress management. Or the check-ins can be left unstructured, so learners can develop and adapt as they choose. Sometimes it is useful to structure the first check-in, even if future check-ins will be unstructured, since learners may not know one another yet and it's helpful to set the tone from the start.

Some trainers use the council model, adapted from Native American traditions, where the large group or small groups meet in a circle to speak and listen together. One person speaks at a time, for as much time as they need to express themselves. The others in the group give the person speaking their undivided attention. This practice, when used at the right moment in a training, can add to a sense of greater community and mutual understanding in the group.

## **Warm Ups to Build Trust and Safety**

Karen Winkler and Elena Schwolsky

If you are conducting this training in a secured room that learners will return to, the following brief warm up activities can be used to create a safe and respectful place for learning.

### **Our Symbols (with Found Objects)**

To get to know each other, learners select a found object, either from inside the training room or nearby, that symbolizes one of the following ideas:

- Their work in this world
- Their reason for participating in this training
- One thing they hope to learn from participating in this training
- One strength they bring to this training

Ask learners to share their symbols and something about themselves in pairs, then ask them to introduce themselves and their symbol while standing in a circle in the large group. Symbols can be used to create the Life Space, described next.

### **Life Space**

Frame this by telling learners that we all have joys and sorrows, triumphs and important events that happen in our lives. A Life Space is a way to bring a little bit of our lives into the training room. This is an entirely optional exercise; learners can choose to do it or not to do it.

For learners who do plan to bring something in, ask them to bring an object that either has significance to them, symbolizes something important in their life, or represents one of their goals. Remind them not to bring valuable things like jewelry or one-of-a-kind objects.

### **Define Your Passion**

Ask learners to consider their calling, goals, dreams, or whatever they are passionate about in life, and share their thoughts with the person next to them. With their partner, they write 3 to 5 words that summarize their passion. Learners will share their words with the large group.

## Expectations

Ask learners to create an expectations hand by tracing their own hand on colored paper and writing their answers to these two questions on the tracing:

- What do you hope to learn by the end of our last day?
- What difference will it make in your work?

Learners can post their work on the wall and walk around to read each other's expectations. You may wish to either leave these hands on the wall throughout the training curriculum, or save them and bring them out again at one of the last sessions.

## SELF REFLECTION

One way to promote self-reflection and centering is to ask learners to free write as a silent timed activity (3 to 5 minutes) at the start or end of a training session. This practice can also be used during any training session when emotions are stirred up and learners could benefit from the opportunity to pause and reflect. This practice is strictly for the benefit of the person free writing—it does not need to be shared with anyone else. The trainer can provide a general prompt, such as “Something that is unsettled in me,” or “Something that I hope to carry with me from this session,” or provide no prompt and leave it open.

As an alternative to free writing, drawing or a mix of writing and drawing can be used. One trainer provides crayons for use in free writing and drawing in the last 10 minutes of each class, because, as she says, people can't take themselves too seriously with crayons. Drawing, doodling, and writing each tap into different parts of the brain, and the combination may appeal to a wide range of learners.

Another method to promote self-refection is to invite learners to write letters to their future selves. How far into the future they write for may vary—we have used this exercise by asking learners to write a letter to themselves three months in the future (and the trainer sometimes collects these letters and actually mails them back to the learners three months later), and also by asking learners to imagine themselves in a distant future—say, 20 years from now. The letters give the learners a chance to voice intentions and encouragement to themselves, and their core values are often touched on in some way in these letters.

Leading the group in deep breathing or meditation is also a way of promoting self-connection. Deep breathing has been shown to improve concentration and learning for many different age groups. We recommend using language in any meditation or guided imagery that does not refer to any specific religion or tradition so that all learners feel welcome and included. An example of a sitting meditation that could be used in the classroom is included in Chapter 12, “Stress Management and Self Care.”

Please note that the Training Guide includes many activities designed to promote self-reflection, such as a reflective writing assessment on self-awareness in Chapter 7,

“Guiding Principles,” and a values clarification activity in Chapter 17, “Promoting Health Eating and Active Living (HEAL),” among others.

## STRESS REDUCTION

All of the methods just mentioned can also be used for stress reduction. Building a stronger sense of community in the classroom through icebreakers, personal sharing, check-in circles, shared food, or other methods can also support learners to better manage stress. Trainers may want to acknowledge that certain topics or certain tasks (especially exams and other assessments) may be challenging or stressful for learners and to ask the group to suggest ways to handle that stress. Some trainers build stress management activities into the start or end of each training session. Trainers may also invite learners to share and facilitate brief activities that they use to relieve stress or put personal issues aside as they prepare for work or study.

Examples of brief stress relievers include physical movement (stretching or walking around), laughter (sharing a joke or doing a brief silly ice breaker), affirmations (positive self talk or pair talk), and exercises that acknowledge the source of stress but bracket it or put it aside for the time being. An example of this would be to ask learners to write on a slip of paper something that is causing them stress, and then crumple up the papers, throw them in a pile, and sweep them away.

## Games

We often start a training session with a game as a way to break the ice, build community, and make the transition from whatever happened earlier in the day (work, family, traffic, and so on) to the learning space. At the beginning of a semester or a series of trainings, we often have learners use games to learn each others’ names and to get to know one another. Later in the semester or the series, we use games to energize the group or to introduce serious topics in a fun way. Whenever possible, we make a connection between the theme of the game and the topic of the day.

### Sample Games

Trainers can use games to introduce or close out a training or as a part of the learning activity.

#### Name Game

1. Learners and trainers all stand or sit in a circle, and a volunteer begins by stating the name that they wish to be called during the training process.
2. The next person in the circle shares their own name, and repeats the name of the first person who spoke.

3. Each person takes turns stating their name and repeating the names of all the other learners/trainers who came before them. The trainer should be the last to state their name and all the other names.
4. Participants may struggle to remember or pronounce the names of others, but with repetition and laughter, this helps break the ice and encourages people to call each other by name in future training sessions.

### **Giving and Getting Feedback Game**

1. A volunteer stands facing the group with a box behind them. Without looking at the box, the volunteer has to toss a ball over their shoulder into the box.
2. Another learner picks up the ball and returns it to the volunteer each time the ball misses the target.
3. The other learners in the room give feedback on the toss—for example, “too far to the right.”
4. The volunteer uses the feedback to adjust the throw until the ball lands in the box, and everyone cheers.

### **Contagion Game**

1. The trainer starts off with some glitter on their hands, but doesn't say anything about the glitter; they then demonstrate how to mingle in this exercise by shaking hands with a learner and exchanging some basic information, like how long they have lived in this community.
2. The learners mingle and shake hands, talking with one another.
3. After a few minutes, the trainer stops the exercise, and asks learners to look at their hands to see if they have any glitter on them. All those with glitter raise their hands.

### **Cross-Cultural Game**

1. The trainer divides the learners into two groups and gives each group a set of assigned cultural characteristics (believes in direct eye contact or not, shaking hands is important or not, a new person requires/does not require a family/network introduction, and so on).
2. After each group practices their characteristics to make them more natural, they attempt to meet with members of the other group.
3. As the groups interact, their misunderstandings and discomforts create a shared experience that can be unpacked and extrapolated from to better understand cross-cultural communication in real life settings.

### **Web Game (To Close a Training Session or Course)**

1. Give each learner and trainer one 20-to-25-foot length of yarn or ribbon.
2. Have one person say a very brief statement (no longer than 10 seconds) about something they have learned from or value about the contribution of another member of the group, and then hand that person the other end of their yarn.
3. The learner who accepts the other end of the yarn then makes a statement about a different learner and gives them the end of their own yarn, while holding on to the yarn given to them.
4. Repeat step 3 by offering a new piece of yarn to a member of the group who has not yet received one. By the end of this activity, the group has created a web that represents their connection and honors each member for their contribution to the community.

Other creative or playful approaches also can enhance learning and tap into the right side of the brain. Current brain science suggests that the left side of the brain dominates in verbal and logical thinking, while the right side of the brain is used more in imagery and intuition. Incorporating art, music, and movement not only adds fun to a training session, it can tap into creativity and deepen the integration of new skills, attitudes, and information. Art or movement can also be a healing release when working with emotionally-charged topics, such as trauma or substance abuse.

### **Case Studies**

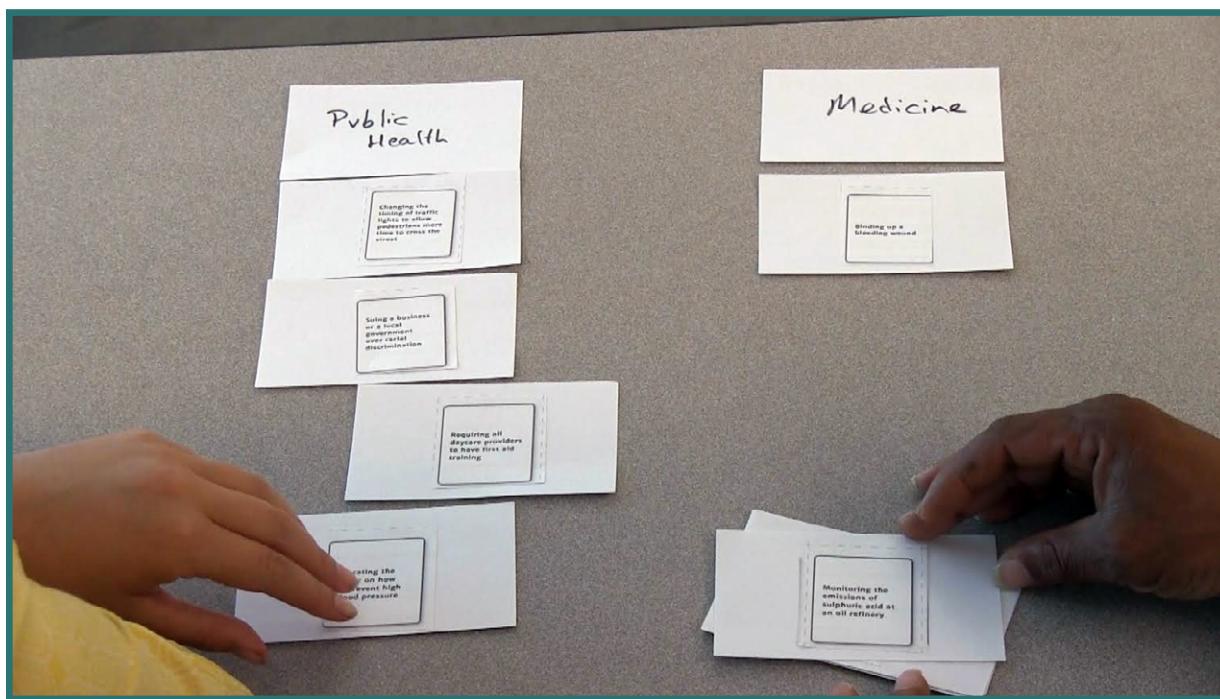
Many activities in this guide use case studies as a way for learners to apply new concepts to a hypothetical, but realistic, situation. Case studies typically provide a scenario, describing a particular client or community, and then ask questions for learners to discuss in small groups. The questions relate to the desired learning outcomes of the activity, highlighting key CHW concepts and skills from a specific chapter of the textbook or other training resource. Some suggestions for facilitating case studies follow:

- Make sure that the learners understand the task as you set it up, since their discussions of the questions will be largely self-directed. In some cases, you may need to adjust the case study scenarios or questions to match the literacy level of the learners, or ask one learner to read the scenario out loud before the small group activity or discussion begins.
- Some trainers find it helpful to develop a library of case studies to draw on and adapt for different activities or assessments. You can develop your own case studies using experiences that CHWs share in the classroom (changing any identifying details), building from news stories in the community, or using experiences from your own professional experience if you have worked in health and human services. The case studies presented at the beginning of several chapters of *Foundations* can also serve as a good resource, particularly if learners are already familiar with them.

- Any identifying information or details, if you are basing the case study on a real situation, must be obscured or changed, unless you are using a newspaper story as the case study.
- Please see “Developing Role Play Scenarios” for more guidance on creating case studies and scenarios.

## Card Sorts

A card sort exercise is one in which learners are given a set of cards to work with, each with a single concept or idea on it. The trainer prepares the cards in advance. The cards give learners a lot of examples to work within a short period of time and in an interactive way. We usually ask learners to sort the cards in pairs if it is a quick activity or in small groups if the activity is expected to take longer. Three ways to use a card sort are to ask learners to categorize the items, to sequence them, or to transform them in some way.



**Categorize.** Learners can be asked to sort the cards into two or more categories, such as public health or medicine, to allow learners to explore the boundaries between two related disciplines, where overlap is natural. Sometimes trainers use the exercise to emphasize a sharper distinction, without ambivalence—for example, to help CHWs discern what falls under the mandatory reporting laws in your state and what does not.

**Sequence.** Sequencing cards helps CHWs plan an action or a project that involves multiple steps. It also can help them envision alternative ways to shape a project—for example, through a variety of sequences that arrive at the same destination, such as sequencing actions to mobilize community members for a community organizing campaign. Sequencing cards can also be useful for learning any procedure with a strict order to it—for example, the steps for logging in to the computer network or the steps for performing CPR.

**Transform.** Learners can also be asked to do something creative with the information on the card—transform it in some way, or come up with an alternative. For example, the card could give them a yes/no question and ask them to come up with an open-ended question on the same subject instead.

## Small Group Activities with Large Group Debriefs

The majority of the learning activities in this Training Guide incorporates small group activities followed by a large group debrief (report back and discussion). Breaking into small groups to complete a task, do a role play, or discuss a set of questions allows for greater participation, which is one key to learning. Forming small groups not only multiplies the number of conversations in the room on any given subject, it also opens the space for those to speak who are less comfortable speaking up in large groups, and it allows for conversations that are not directly monitored or mediated by the trainer, which can be freeing for some learners. Small groups provide learners with an opportunity to grapple with the topic or the skill directly, encouraging active learning. It can also foster a greater sense of community and peer-to-peer learning and support, which we have found to be essential to making a CHW training program successful.

*“I love working hands-on on the stuff we did in class. We did group projects and we did stuff in groups, which I think went really well. You know, we’re going to have to get out there and work with a lot of different people, so it was really good to learn how to do that together in class.”*

—Samantha, CCSF student

Although by no means exhaustive, here are a few of the practices that we have found useful in setting up and facilitating small group activities for CHWs. Suggestions for facilitating the large group debriefs follow.

- **Provide clear instructions to the groups** with a defined task to complete or questions to respond to. We usually provide a handout with instructions for the small groups, especially if the group will be discussing a case study or scenario, followed by questions. If there is no handout, post or project the directions or discussion questions on a board, paper, or screen for all learners to view.
- **Establish roles within each group.** Ask each group to nominate a facilitator to keep the group on task, a note-taker or recorder, a timekeeper, and a reporter if the small group activity is to be followed by a report back to the large group. Ask groups to rotate these roles so that over the course of a semester or a multisession training series, all learners have a chance to practice all of these roles.
- **Change the size and make-up of small groups.** We often mix activities that involve pairs, threes, and groups of 4 to 6 learners. Sometimes we form groups in a random fashion and other times in a more deliberate way, for example, putting the most talkative people in one group and the least talkative people together in another group.

Some trainers prefer to form new groups for each activity, whereas others form groups that work together through multiple learning activities and then switch members.

- While small groups are meeting, **circulate in the room**, listening in on conversations or joining in briefly with each group. This can help keep groups on task, and it can also provide an opportunity for you to guide groups into deeper levels of the topic. It also gives you a chance to gather examples of questions or ideas to pose to the larger group for more discussion. Note, however, sometimes trainers do not circulate if they want to provide learners with greater privacy for their small group work or discussions.



After a small group activity, typically each group shares their ideas, facilitated by the trainer. The trainer's job during the debrief is to help organize the information, relate it to content that has been previously covered or will be addressed soon, and to highlight the main conclusions of the exercise. Often, this involves summarizing common themes, then relating them to CHW competencies and scope of practice. We find it valuable to vary the format of the small group reports to avoid routine. Some of the methods we use to facilitate reports from small groups include the following:

- If small groups worked on a series of questions, each small group can report back their answers to just one of the questions so that each group is reporting something fresh. After each group reports their response, the other groups can be invited to add to it.
- Each group can prepare a poster or flip-chart sheet of information summarizing their discussion and then present this to the group.

- Groups can be asked to write each of their ideas on separate pieces of paper, which they can tape up and arrange on the board or wall. As you facilitate the discussion, you or the learners can cluster the sheets of paper according to themes.
- Groups can report back in a creative way, such as by staging a talk show where each guest explains a different idea or viewpoint, or by creating a skit or a song to express their main ideas.
- Groups can report back orally while the trainer charts key ideas on the board or flip-chart paper and groups them by themes that you have preselected and planned to emphasize in later discussion.

In general, we find it useful for the trainer to be actively engaged throughout the report-back process and not save all their comments for the end. This back and forth can be more engaging for the learners, and it can also help learners categorize, compare, analyze, and synthesize information as it comes out of the various groups. The trainer can also raise questions that probe more deeply or suggest alternative approaches during the report-back process.

At the end of the small group reports, the trainer has the opportunity to summarize key points and underline or emphasize the points that seem most relevant to CHW work and practice. This is also an opportunity to tie in topics covered previously or ones that are coming up, and to relate the activity to any associated homework or assessments. In the learning activities in the guide, we often suggest key points to make during the debrief of a small group activity and in the reinforcement section.

## Plus/Delta

A plus/delta (+/Δ) exercise is a quick way to gather and categorize feedback. It may be applied to most training activities and presentations such as a role play, a group facilitation exercise, or a video demonstration. The trainer first draws a T shape on the board or flip-chart paper; on one side they put a plus sign (+), and on the other side, a triangle, for the letter delta (Δ) in the Greek alphabet, which symbolizes change. The plus side is for comments about what went well, what was helpful, or what worked. The delta side is for what could have been improved or done differently to achieve a better result. The trainer then leads a brainstorm by asking the group questions such as the following; the trainer notes the feedback under the two columns.

### Plus (+)

- What worked for you today?
- What things supported your learning?
- What made you feel welcome and included?

### Delta (Δ)

- What didn't work so well for you?
- What would you like to see done differently?
- How could we make this training better?

The plus/delta tool is a quick and easy way to summarize an activity. Using it frequently over the course of a training can provide ongoing feedback on the training itself and can encourage self-assessment and evaluation by learners. Learners will begin to internalize the questions. What went well? What could have been done differently or better? By always starting with the plus side, the trainer models a strengths-based approach.

## Fish Bowl Groups

Fish bowl groups provide learners with an opportunity to talk about their own experiences and to hear the experiences of their colleagues. A fish bowl features an inner circle of learners who are given a topic to discuss. The remaining learners form an outer circle to listen and observe. After each member in the inner circle has spoken, the learners in the outer circle repeat back what they heard. Then all learners move to the other circle and repeat the process.

One topic that we address in a fish bowl activity is asking learners to identify themselves as people who usually feel comfortable talking in groups—talkers—and people who do not usually share without encouragement—listeners. We ask the listeners to sit in the inner circle and share what their experience is like in groups. Then we ask the outer circle of talkers to share what they heard. Next, the talkers get a turn in the inner circle to share their experience, repeating the process for the outer circle to share their observations. This experience is often very revealing to all learners and provides you with an opportunity to reinforce the importance of both listening and talking as essential communication skills.

## Working with Text

This Training Guide is intended to be used in conjunction with the textbook. At CCSF, we train CHWs who read with difficulty alongside those who read with great fluidity and insight. For this reason, it has been important to us to find ways to make the text both more accessible and more connected to what happens during the training session or class. One of our goals is to increase reading comprehension skills and confidence among CHW learners.

Trainers who come from an academic background may overly rely on the written text, while trainers who come from community settings may underutilize the text. At CCSF we try to strike a balance; we ask the learners to read the textbook and other readings out of class and we reinforce what they read in the classroom. Finding and using information from books, articles, and websites is a key skill for some CHWs, and including reading assignments in trainings is another way to develop this professional skill.

We have learned the hard way that simply assigning a reading to students does not mean that they will do it. There are many reasons for this including a lack of experience and comfort with reading and discussing professional resources. Integrating text into activities in the training session is one way to make the text come alive for the learners, connecting it to the role plays, case studies, videos, or other activities.

## ASSIGN READINGS WITH RELATED TASKS

When you assign learners to read a chapter or section from the textbook—or any other key resource—we strongly recommend that you provide learners with a purpose or a task that is related to the reading. Reading can become a passive exercise of pulling eyeballs across a page—and that's what we want to avoid. This can be a very simple task; for instance, ask learners to bring in a question related to something in the reading. Or, ask them to bring in an example of something they love and something they hate in the pages assigned. Or, have them bring in an example from the reading of where a CHW had a difficult decision to make.

## USE A GRAPHIC ORGANIZER

A trainer can also give more elaborate instructions to the learners on how to approach a reading by providing a graphic organizer. Graphic organizers are charts or diagrams that learners can use to organize information in the text by taking notes on the organizer itself. The labels or prompts on the different sections of the graphic organizer can be very simple and open-ended, or they can be more targeted, depending on the trainer's purpose.

One simple format of a graphic organizer is a sheet of paper divided into two columns, one labeled "I saw" and the other labeled "I thought." Learners are asked to put quotes from the reading in the "I saw" column, and then next to it, jot down their own thoughts, questions, or reactions in the "I thought" column. This process not only encourages more active and reflective reading, it also can be useful if the learner will later be asked to write an essay or a reaction to

I SAW	I THOUGHT

CLIENT NEEDS	CHW NEEDS
WAYS TO MEET BOTH SETS OF NEEDS	

the reading. By taking notes in this way, they will have already started articulating their own thoughts and ideas.

Another way to use graphic organizers is to ask learners to focus on different points of view in a reading. For example, the learners might be asked to read Chapter 8, “Conducting Initial Client Interviews,” and make notes in separate columns on the client’s needs and the CHW’s needs. At the bottom of the graphic organizer, you could add a space labeled “Ways to meet both sets of needs” and the learner could write in their suggestions from the text or from their own thoughts.

The trainer also has a number of options for how to work with text once they are in the training session itself. Some of these methods can work even if learners did not do the reading in advance. They encourage active engagement with the text and appeal to a number of learning styles—visual, social, kinesthetic, aural—depending on how the activity is facilitated.

## **GRAFFITI WALL**

With a graffiti wall, a single passage from the text is written in large letters on the board (or on a flip-chart sheet or a large strip of paper) and learners are invited to respond to it in a graffiti style. They can draw images or write responses to the passage on the same board or paper. If several passages are placed at different locations around the training room, it can be easier for multiple learners to interact with them at once.

## **QUOTE WALL**

A quote wall is another technique that uses more sections of the text than a graffiti wall does. The trainer gives each learner a sheet of paper (in a variety of colors, if possible) and markers, and asks them to look again at the text that was assigned and to select one quote or passage that struck them. It can be a quote that said something important, something moving, or even something controversial or confusing. As learners both read and write at different rates, it’s important to give them ample time to find and copy their quotes. The quotes are then posted on a wall, and the trainer facilitates a process of working with these quotes.

There are several ways a trainer can do this, depending on what they want learners to get out of the activity. Once again, learning outcomes drive the training design.

- The quotes can be used to summarize the main points of the reading.
- The quotes can be clustered by theme.
- The quotes can be sequenced to build an argument or to highlight a process.
- The quotes can be compared and contrasted to pull out complexity in the reading.
- Learners can be invited to share why they chose a particular quote and what it meant to them.

Often, learners report that they understand the reading more completely after the quote wall activity and that they see the connection between the specific reading assigned and the larger purpose of the training session.

## Role Plays

Role plays are a commonly used technique for training helping professionals, including CHWs and other front-line providers. They are particularly effective for training professionals to provide direct client services.



We use role plays extensively to train CHWs at CCSF. Over the course of two semesters, we engage students in dozens of role play practices to teach skills for facilitating client-centered interviews, health education, counseling, and case management services. Role plays are also used to promote skills such as how to conduct health outreach and facilitate support groups or trainings. Participation in role plays facilitates the development of essential professional skills such as conflict resolution, giving and receiving constructive feedback, maintaining healthy professional boundaries, team work, and job interviewing skills.

Role plays as a training technique give learners the opportunity to do the following:

- **Play the role of client.** Learners reflect more deeply on what it is like to be facing health and life challenges and forging a working relationship with new health providers. By walking in the shoes of clients, CHWs remember how it feels to be worried or anxious, lost or afraid, and they can build and renew empathy for the clients and communities they work with.
- **Observe and learn from others.** As they watch fellow learners demonstrate client-centered skills, they can identify models and approaches that they hope to incorporate into their own practice.

- **Embody the role of CHW.** Learners practice talking and listening to clients, which allows them to find their own authentic language and style for interpreting and expressing the core concepts and skills for client-centered practice.
- **Experiment, make mistakes, and learn from them.** Role plays provide a safe environment designed for supportive learning.
- **Provide their peers with constructive feedback** regarding key CHW concepts and skills.
- **Receive timely constructive feedback** about their skills from trainers and peers alike.
- **Gain confidence** in their abilities to articulate and demonstrate core CHW competencies.

Role plays are sometimes challenging for both students and teachers and trainers. Some trainers are reluctant to facilitate role plays due to lack of experience, fear about what will come up among learners, or assumptions that role plays are unpopular or artificial training activities with little value for learners. Some learners feel shy or anxious about participating in role plays, especially large group role plays in front of all of their peers. Role plays provide opportunities for learners and trainers to provide and receive constructive feedback, and this too is sometimes challenging.

In our experience, these challenges can be overcome by talking with learners about why we use role plays. We encourage you to include the importance of providing and receiving constructive feedback as part of this discussion. We also encourage you to jump in and facilitate a role play practice early in the course of the CHW training. Learners are often surprised by how real and relevant role play activities feel, and frequently they become deeply immersed in the character and emotions of the client and in the challenge of demonstrating quality and client-centered CHW skills. While some students are initially reluctant to participate in role plays, CCSF graduates consistently rank role plays at the very top of learning opportunities that best prepared them for their internships, volunteer opportunities, and employment.

*“One of the most effective things that we did was the client-centered role plays. They really train you to be on your toes, and to be nonjudgmental and open minded, to think on the fly for responses, and even more importantly than that, to be compassionate and unbiased.”*

—Maggie, CCSF student

## TAKING ON THE DIFFERENT ROLES OF CLIENT, CHW, AND OBSERVER

We offer learners as many opportunities as possible to engage in role plays and to take on different roles including, most commonly, the role of client, CHW, and observer. Each role has a distinct value for learning.

We sometimes provide observers with a copy of the same assessment rubric that CCSF faculty use to administer performance-based exams (PBE). The rubric can be found at the end of the “Introduction,” and it provides a range of criteria—such as clearly explained confidentiality policies or identification of the client’s strengths and resources—with an

assessment gradient from emerging, to satisfactory, to proficient. By using the rubric to debrief role plays, learners begin to internalize program practice standards and to prepare for their final PBEs. Depending upon the nature and focus of the role play, learners may be asked to focus on a subset of criteria from the rubric as they provide feedback and share their ideas.

## DEVELOPING ROLE PLAY SCENARIOS

There are a number of approaches for identifying or developing role play scenarios. Some scenarios are highly developed, include a lot of key information, and require the learner to take time to read and digest before they start a role play. In contrast, some scenarios provide brief information about one or more key aspects of the client's health or social circumstances and leave the rest of the information about the client, or the setting of the role play, to be determined and improvised by the participants.

For example, a brief scenario might say, "Last night you drank too much and had unprotected sex. You are embarrassed and worried about possible infections and don't want to be in this situation in the future." or "You are angry that the CHW cancelled your last appointment—you really needed to talk!" These scenarios let the learner add or fill in the rest of the information as they play the role of the client. Note that neither of the brief scenarios mentioned here specifies details about the client's sex, ethnicity, age, sexual orientation, or gender identity. The second scenario leaves it up to the client to decide what they really needed to talk about.

Often, trainers use role play scenarios from the textbook, such as the client case studies provided at the beginning of many chapters, as well as those developed by other organizations. At CCSF, most commonly we develop our own role play scenarios drawing upon our own professional experience working with clients and communities in the field. Often, we develop scenarios in consultation with learners, working CHWs, or employer partners. We ask them to share examples from their lives and recent work.

For example, we might ask a local public health or primary care practitioner to talk with us about the type of issues their clients are facing. This helps to ensure that the role play scenarios we use to train CHWs are based in the realities they will encounter on the job or as volunteers.

Some of the role play scenarios included in the Training Guide present the same information to those taking on the role of client, CHW, and observer. Most role play scenarios, however, provide different levels of information to the client and the CHW. And for some role plays, we embed an element of surprise in order to highlight a particular type of challenge or issue for CHWs, clients, or both parties.

For example, we may not disclose to the person playing the client that this is a counter role play, and we may provide instructions to the person playing the CHW only to demonstrate one or more aspects of poor practice. This helps to keep the role play activities spontaneous and engaging, and it is more representative of actual working situations in which CHWs don't know in advance what issues or emotions clients will share, and clients don't know how skillfully the CHW will work with them.

## Learner-Developed Scenarios

During a training session, learners can develop their own role play scenarios to be used in future sessions. The best role play scenarios are based on authentic life and work experiences and pose realistic challenges for CHWs to respond to. Ask learners to create a role play that is based on their own life experience, or the life experience of people they know well, and include the following information:

- A brief description of the client, which *may* include factors such as age, language, culture, nationality, sexual orientation, gender, dis/ability, or other characteristics.
- The client's key health challenges; include at least one chronic condition.
- Information about the client's behaviors, such as behaviors that promote their health or place it at risk.
- The client's social circumstances, such as whether or not the client is employed, has a place to live, is connected to family, friends, or a social network of some kind, and so on.
- A specific concern or question that the client is bringing to the CHW.

After learners have written their scenarios, you may ask for the scenarios to be discussed in small groups. Peers may provide feedback using a plus/delta format: What key CHW concepts or skills does the role play address? What do they like best about the role play scenario? What might you do differently to improve it? Give learners a few minutes to make any desired edits to the scenario. Learners may also choose to keep the suggestions and incorporate them after the session.

Next, ask learners to practice using their scenario with another learner in the class. Remind the learner acting as the CHW to use client-centered concepts and skills, including OARS (open-ended questions, affirmations, reflective listening, and summarizing). Provide pairs with 5 minutes to enact the role play; then stop the action and give 2 minutes for brief feedback. Have the pairs switch roles and enact the other learner scenario with the same time limits.

## COUNTER ROLE PLAYS

We use the term counter role play to describe scenarios designed to highlight common mistakes or problematic approaches to practice that CHWs or other providers might make when working with clients. These common mistakes may include, for example, the failure to protect a client's confidentiality, difficulty in establishing clear professional boundaries, being too directive with a client, and undermining client autonomy. We provide a number of training activities that feature counter role plays throughout the guide. We also include video resources highlighting counter role plays in the second edition of *Foundations*.

Please see the video, "Training Tips: Facilitating Counter Role Plays" (3:28) (<http://youtu.be/OFvUfSHKtXc>).



### FACILITATING COUNTER ROLE PLAYS

<http://youtu.be/OFvUfSHKtXc>

## An Example of Using a Counter Role Play to Train CHWs

Tim Berthold

I teach a course on chronic conditions management for CHWs. My favorite way to kick off the first day of training is with a counter role play. In advance, I recruit a volunteer to take on the role of a client who has uncontrolled high blood pressure. Without telling the class what is about to happen, I excuse myself from the classroom. As I leave the room, the volunteer takes a seat in front of the room.

When I step back into the classroom, I assume the role of a well-intended, but not very skilled CHW, and begin to engage the volunteer playing the role of the client. As the CHW, I don't listen very well and am very directive about what the client needs to do to control their blood pressure. I come across as a bit bossy and judgmental. Just as the client is becoming frustrated, or shutting down, I break off the role play. I look at my watch and tell the client that I am out of time, and ask them to stop by the reception desk on the way out to schedule a follow-up appointment in six weeks. I say, "I hope your blood pressure is under better control then," and I leave the room.

I wait outside for about a minute. If we have done this brief counter role play well, then I hear the sound of loud discussion and debate from inside. The students are typically surprised and upset about what they have witnessed.

When I step back into the classroom, as myself, I facilitate discussion by posing just a few questions, such as these:

- What happened in this role play?
- How effective do you think the CHWs approach was for supporting the health of this client?

And finally, and most importantly, I ask

- How would you work with this client? What would you do and say?

The discussion that follows has always been dynamic, and it sets up our training agenda for the rest of the semester. Learners share their own experiences, and frustrations, with unskilled or disrespectful providers. They offer critique of the more provider-centered approach demonstrated by the CHW, and they articulate their own ideas and values for working with clients. Inevitably, these include the basic framework for client-centered practice such as respecting the experience, needs, wisdom, and values of the client.

As the discussion concludes, I wrap it up by saying something like, 'You have just identified our agenda and our goal for the semester. Together, we will analyze and practice key concepts and skills for CHWs to support the health and autonomy of a client who is living with chronic conditions.'

The benefits of using counter role plays as a training method include these:

- Provides learners with opportunities to make and learn from common mistakes. The classroom or training room is the best and safest place to make these mistakes. Ideally, this will help to prevent CHWs from making the same mistakes when working directly with clients and communities.
- Provides learners with an opportunity to analyze and discuss problematic aspects of practice, or skills, techniques, and approaches that they would not want to use in the field when working with clients and communities.
- Provides learners with a chance to clarify guidelines for sound and effective CHW practice.

## **WAYS TO CONFIGURE ROLE PLAYS**

For many reasons, including the frequent use of role plays in the classroom, we use a wide variety of techniques for structuring or configuring role plays. This helps to keep the practice fresh and dynamic, and it provides learners with different types of opportunities with which to practice core CHW skills.

### **ROLE PLAYS IN PAIRS OR TEAMS OF TWO**

Most frequently, we ask learners to practice role plays in teams of two. One learner takes on the role of the client, and the other the CHW. This format provides more opportunities for learners to play the role of CHW, and it represents a less vulnerable setting than doing the role play in front of a larger group of observers. Both parties participate in debriefing the role play, but the learner who plays the role of the client has a special responsibility to provide constructive feedback about what their colleague did well, and could improve upon, in their role as CHW.

### **ROLE PLAYS IN GROUPS OF THREE**

In small groups of three, one learner takes on the role of the client, another the CHW, and the third takes on the role of observer. The observer has a special role to play: to carefully observe the dynamic between client and CHW, to note key aspects of CHW practice, and to provide constructive feedback about what the CHW has done well and areas where they might improve. Often we ask the observer to use the standard rubric for assessing client-centered practice as they provide their feedback.

### **DEMONSTRATIONS IN FRONT OF THE LARGE GROUP**

Doing a role play in front of the large group provides all learners with the opportunity to observe the interaction between client and CHW at the same time. This is particularly useful for facilitating discussion among the large group about key aspects of practice, including common mistakes and recommended techniques.

### **TAG TEAM ROLE PLAYS**

Another way of doing a role play demonstration in front of the large group of learners is to set it up so that the CHW or the client can be tagged, permitting another learner to

step into the role. For example, if the learner playing the role of the CHW feels stuck and uncertain about how to proceed, they can raise their hand, signaling that another learner is welcome to jump in and take over the role. This can be chaotic, and it is sometimes difficult to keep the role play on track, but it also keeps the practice fresh and the learners engaged. It also provides learners with an opportunity to share challenges and ideas for how to respond to them.

## LARGE GROUP ROUND ROBIN ROLE PLAYS

One of our favorite techniques for facilitating role plays is what we call the large group round robin role play. To set up for this type of role play, ask learners to sit in a U-shape or half circle. Ask the person who plays the client to take a seat in a place where they can easily see and hear all learners seated in the half circle.

The challenge and the benefit of this role play is that the learners seated in the half circle collectively take on the role of a CHW. They take turns playing this role, but they need to listen to and observe closely all interactions between the client and the CHW in order to build on this conversation.

The guidelines for the role play are simple but may take learners a few minutes to become comfortable with.

1. Ask one learner to start the role play by posing an initial question or making an initial statement. This will depend upon the role play scenario being used. For example, for a first appointment with a new client, the CHW may say something like, “Hi, my name is \_\_\_\_\_ . It is really nice to meet you. What brings you in to the clinic (or agency) today?”
2. The client will respond according to the information provided in the role play scenario.
3. The next learner sitting to the left or right of the first takes over the role of the CHW and can ask one question or make one comment.
4. And so on.

To facilitate the large group round robin role play, watch for teachable moments to stop and pause the role play for discussion. Teachable moments may include the following, for example:

- Moments when a CHW demonstrates the effective use of client-centered concepts and skills to engage the client in reflection and further discussion about their life situation and their health. These may include the use of motivational interviewing techniques such as a simple, but well-timed open-ended question, affirmation, or reflective statement.
- Moments when a CHW misses a key opportunity to demonstrate client-centered concepts and techniques. These may include moments when the CHW fails to listen accurately to what the client has said, when they become directive and undermine client autonomy, or when they lean away from the client’s story by changing the subject to talk about something else.

These are natural opportunities to stop the role play to ask learners to talk about what happened between the client and the CHW. By drawing attention to moments of strong

practice, we help to reinforce concepts and skills for working directly with clients in the field and to highlight the fact that good practice is often done with a light touch. These moments, typically, are not marked by the CHW sharing uniquely powerful information or wisdom with the client, but rather by the use of a simple open-ended question or statement (“What happened next?” or “What are you feeling now?”) that helps the client to tell more of their story.

At the same time, this type of role play provides learners with an opportunity to identify and discuss the types of common missteps or missed opportunities that CHWs and other helping professionals make. For example, if the client starts to talk about something that is clearly significant to them and possibly emotional, such as the illness or death of a loved one, and the CHW turns away from the client’s story to change the subject, this creates an opportunity to talk with all learners about why CHWs may do this. Often, learners change the subject during a role play because they are unsure about what to do or say and are worried about hurting the client. It can be important to point out that this concern for the client is a good thing but, in this instance, it is getting in way of listening to the client. Ask learners to share ideas for better ways to respond to the client, and ask for a volunteer to demonstrate that. Continue the role play until the next teachable moment arises, or you wish to call time and end the role play practice.

Here is a video example of a large group round robin role play: “Training Tips: Round Robin Role Play, Training Guide” (8:10) (<http://youtu.be/b1TaAcY1ocg>).



#### TRAINING TIPS: ROUND ROBIN ROLE PLAY

🔗 <http://youtu.be/b1TaAcY1ocg>

## TRAINER AS PARTICIPANT

As teachers and trainers, we often participate in role play demonstrations in front of the large group. Sometimes we take on the role of a client and sometimes the role of a CHW. Although we don’t want to take on the role of CHW too often—in order to leave room for learners to practice and develop their own authentic styles—it is also helpful for learners to witness our approach to supporting clients.

Some of the reasons why we encourage trainers to participate in role play demonstrations include these:

- We can demonstrate the open exchange of ideas about how best to support the health and well-being of clients. By offering our own ideas for how to work with clients, we provide opportunities for further reflection and dialogue.
- We can encourage and model for learners how to jump into role play scenarios, try their best, make mistakes, and advance their knowledge and skills.
- We can create opportunities for learners to provide constructive feedback to trainers, and for trainers to model how to receive that feedback professionally and with respect.
- We can build a collaborative approach to learning. It helps, we believe, for trainers to join learners in a training activity from time to time, rather than always be standing in front of or to the side of the training room. At CCSF, we participate in role plays and health outreach events with our learners. And, when learners facilitate a portion of the lesson plan or training, we often switch and take on the role of learner.

Doing a role play in front of learners can be intimidating, especially if you take on the role of CHW, and if you do so to demonstrate a skill or technique that learners are struggling with. It may be helpful to keep in mind and to discuss with learners that there is no perfect standard for CHW practice and no right way to practice in all situations. Clients don't need CHWs to be perfect—to always say the right thing, or know about the right resource. It is often more important for service providers to be a caring human being who demonstrates unconditional positive regard and supports clients' autonomy.

## **DEBRIEFING ROLE PLAYS**

Debriefing or discussing role plays is a key part of the process, and one that typically takes more time than the actual role plays do. This is an opportunity for learners to reflect on the experience of clients and to analyze the roles, scope of practice, and key skills of CHWs.

As trainers, we have specific learning outcomes in mind for each role play. These learning outcomes may address knowledge about a particular health condition (such as depression), or a typical challenge (such as working with a client who is angry with you), or a particular technique or skill (such as rolling with resistance). We want learners to discuss these topics during the debrief that follows their role play practice. But it is also important to leave room during the discussion for other topics to be addressed including unanticipated questions raised in the role play, and additional issues identified by learners.

In general, we lead the debrief of role plays by posing a series of questions for learners to discuss. We often use the plus/delta format described earlier. Typical questions include these, for example:

- What happened in this role play?
- What challenges and health concerns is the client facing?
- What did the CHW do well in working with the client?
- What could the CHW have done differently or improved upon?
- What client-centered concepts and skills were highlighted in this role play?

## **GIVING AND RECEIVING CONSTRUCTIVE FEEDBACK**

Role plays are facilitated in order to build and enhance core CHW skills for working effectively with diverse clients. This requires providing clear and constructive feedback to learners who take on the role of CHW about what they did well, as well aspects of practice that we think could be improved.

However, not everyone is well prepared to provide or receive feedback in a clear or respectful manner. Sometimes, learners are excessively blunt or rude in providing feedback to each other. Some may respond to feedback with frustration or anger. At CCSF, some learners have become so upset that they have lashed out in anger by saying something regrettable to peers or trainers, and some have left the training (usually to return after a more productive conversation later in the week).

The role of the trainer is to establish a clear and consistent framework for constructive feedback. The more that you model these guidelines during trainings, both when you provide and receive feedback, and the more you step in early to redress moments when learners may stray from the guidelines, the better you will be able to support learners to internalize and demonstrate these core professional skills.

*“We learned about critical feedback in class and I think that was really helpful because when we’re at our internship, they do tell us what we’re doing right and wrong. It’s good that we know how to take that critical feedback and don’t use it as being against us, so we know how to improve to be a better CHW.”*

—Samantha, CCSF student

We explain to students that it isn’t possible to teach challenging and complex CHW skills without pointing out possible missteps or mistakes. We do so in order to offer support to learners to master core competencies and, most importantly, because the clients and communities they will work with deserve to receive services of the highest quality. We ask all learners to keep this larger common purpose in mind—our commitment to promoting the health and welfare of vulnerable clients and communities.

We also point out that the ability to provide and receive constructive feedback is essential for professional success. Supervisors and employers will expect CHWs and other professionals to demonstrate these skills, and the lack of such skills can jeopardize an internship, job, or promotion. Chapter 14, “Professional Skills,” in this guide includes a training activity on providing and receiving constructive criticism.

At CCSF, we share with learners the following types of guidelines for providing constructive feedback when debriefing a role play:

- **Clearly identify what the CHW did well.** What did they say or do that you think would be beneficial to a client? This may include specific questions or comments but also aspects of practice such as body language and tone of voice.
- **Be direct and clear about anything that you think the CHW could have done differently or better.** Provide specific details about the aspect of their work that you have questions or concerns about (what did they say or do?). And, if appropriate, offer a detailed suggestion for what they could have said or done differently in the moment.

Guidelines for receiving constructive feedback may include these:

- **Listen and strive to understand the feedback provided.** If the feedback is unclear, ask for further information and specific examples.
- **Don’t argue.** This isn’t a time to debate the value of the feedback provided. Your task is to try to understand it and, later, to reflect and determine if and how it may help you to provide even better services to clients.
- **If you feel frustrated or angry, note this, and try not to let it inform your response.** If necessary, you can always say something like, “I think I need some time to think

about this,” or, if you are too upset, consider taking a brief break. Leave the room. Get a drink of water. Walk around a bit.

- **Remember our deeper common purpose.** Our goal is to figure out how best to support the health and welfare of vulnerable clients and communities.

Two common mistakes that trainers sometimes make are to avoid providing constructive feedback, or to provide it with an overly heavy hand. Both mistakes undermine the effectiveness of CHW training. We have an ethical obligation to prepare learners to the best of our ability to provide these services, and this requires providing clear feedback about the missteps or mistakes they make in the training environment. If we don’t point out these mistakes clearly and respectfully, we deprive learners of the opportunity to build and enhance their knowledge and skills. And, if we provide feedback in a manner that comes across as harsh, scolding, or humiliating, we may undermine our relationship with learners and the quality of the learning environment.

Anticipate the moment when learners have a difficult time receiving feedback. They may react with frustration or anger regardless of how respectfully the feedback has been provided. Keep in mind that they are in the process of learning professional skills, and that some of these skills take patience and practice. With learners who are having a particularly difficult time providing or receiving constructive feedback in a professional and respectful manner, talk to them privately (not in front of all learners). Ask them to share any insight they may have about their actions. Listen with empathy. Reinforce classroom and training ground rules, if necessary, and the critical importance of learning to provide and receive constructive feedback if they wish to work as CHWs.

Watch this brief video interview with CCSF faculty talking about how they provide (and receive) constructive feedback to (and from) learners: “Providing Constructive Feedback, Faculty Interview”  
(4:14) <http://youtu.be/3obeBxgAunk>.



CONSTRUCTIVE  
FEEDBACK

🔗 <http://youtu.be/3obeBxgAunk>

## USING AN ASSESSMENT RUBRIC

We sometimes ask students to use a rubric for assessing role plays. It is the same standard rubric for assessing client-centered skills that is used by examiners during the final PBE that determines whether students are eligible to receive the CHW Certificate. This rubric is included in *at the end* of the “Introduction.”

The rubric includes over 20 criteria for CHW skills, such as demonstrates a strength-based approach; supports client autonomy; and identifies client concerns and priorities. For any criteria observed, learners can rate each other’s performance on a scale from emerging, to satisfactory, to proficient. For some role play discussions, students are asked to focus on just a few preselected criteria that are most relevant to the client scenario. In others, they are free to use any of the rubric criteria as they provide feedback to their peers.

CATEGORY	EMERGING	SATISFACTORY	PROFICIENT	NOTES
4. Shows clear communication style	CHW is hard to understand. Uses jargon or acronyms. Speaks too quickly or too softly, and so on.	CHW mostly communicates in a clear fashion with a few exceptions.	CHW speaks at a relaxed pace, clearly describing the agency/program and health issues. Uses accessible language, checks the client's understanding, and answers questions satisfactorily.	
5. Addresses language access when working with clients where CHW and client don't share fluency in the same language.	CHW does not pick up on key language differences that create problems with understanding. Does not respond to communication challenges in a way that is respectful to the client, or clarifies misinformation and misunderstandings. Does not request an interpreter.	CHW picks up on key language differences, and requests an interpreter.	CHW responds respectfully when they don't understand something that the client says, or the client indicates that they don't understand the CHW. Seeks clarity. Tries other words, or other ways of communicating. Asks for an interpreter.	
6. Takes notes	CHW does not explain the purpose of note-taking. Does not take notes, or takes notes in a way that interferes with rapport, such as just staring at the document and not making eye contact.	CHW does a satisfactory job of explaining and taking notes.	CHW clearly explains the purpose of note-taking, and seamlessly takes quality notes without undermining rapport with client. Maintains appropriate eye contact.	
<b>Client Priorities</b>				
7. Identifies client concerns and priorities	Does not inquire about, acknowledge, or respond to client concerns and priorities.	Identifies and responds to most of the client's priorities, questions, and concerns.	CHW inquires about and confirms all of client's priorities and goals, questions, and concerns.	
8. Demonstrates a strength-based approach	Does not inquire about, notice, or acknowledge client strengths.	Partially inquires about and acknowledges client strengths. Does not build upon this key information.	CHW inquires about and acknowledges client's strengths or internal and external resources. Builds upon client strengths.	

By using the rubric in class to guide discussions about role plays, students increase their familiarity with the instrument and the criteria by which they will be evaluated within the CHW program. Our goal is for students to internalize these criteria well before they sit for the final PBE.

## USING VIDEO ROLE PLAYS

The new edition of *Foundations* and the complete Training Guide will include links to dozens of educational videos. Many of these videos show brief interactions (most are 2 to 5 minutes in length) between clients and CHWs and are meant to highlight specific challenges, concepts, or skills such as a strength-based assessment, rolling with resistance, the use of harm reduction, or promoting medications management.

We show video role plays in both on-site and online CHW classes. They are useful in providing learners with examples of how CHWs work with clients, and they can present a safer opportunity to provide constructive feedback than role plays in class, as the role play actors, typically, are not in the room! Videos also allow learners to analyze and debate different approaches and techniques for promoting the health and welfare of clients. We debrief the video role plays using the plus/delta format described earlier.

A complete directory of videos is included in the Appendix of the Training Guide.

# PART 1

# COMMUNITY HEALTH WORK: THE BIG PICTURE

