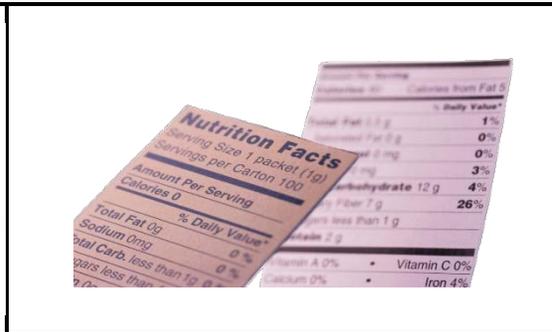


Oregon WIC Training Online Courses



Training Supervisor's Guide



57-6609-ENGL (12/2017)

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Instructions for Training Supervisor

Overview

Welcome to the *Training Supervisor's Guide for Online Courses*. This document will provide an overview of the online courses available and will show you how to use them when training WIC staff.

Training Supervisor's Role

Your role as the Training Supervisor is to oversee the staff members at your local agency and/or clinic who are completing the online courses.

You will:

- ◆ Ensure the learner can use a computer with full internet access and the appropriate software (Flash, Internet Explorer and Java Script). See the Technical Requirements and Troubleshooting document on the Training Modules and Online Courses page for specific technical requirements. Assist the learner if they encounter any technical difficulties.
- ◆ Help the learner register and set up an account in iLearnOregon using the Getting Started in iLearn for Local Agency Staff and Partners document, located on the Training Modules and Online Courses page of the WIC website.
- ◆ Schedule time for the learner to complete the course. See table on the next page for the approximate time it will take to complete each course
- ◆ Be available to answer questions about the course and help the learner find the answers within the course, or in other references.
- ◆ Meet with the learner to review and evaluate their progress upon completion of each course.
- ◆ Document the learner's competency achievement and course completion.

To Do Before Training

1. Identify a computer with full internet access to launch the online courses.
2. Register and set up an account in **iLearnOregon**: <https://ilearn.oregon.gov>
3. Use the keyword search “**WIC**” to find the following online courses in iLearn:

Title (can be used as keyword search)	Approximate Time to Complete the Course	Approximate Time Meeting with Learner
Online: WIC Breastfeeding Level 1 Module 1 of 2 - Amazing Breast Milk	30 minutes	1 hour
Online: WIC Breastfeeding Level 1 Module 2 of 2 - Breastfeeding Services	1 hour	
Online: WIC Breastfeeding Level 1 Posttest	20 minutes	
Online: Adverse Childhood Experiences Posttest	30 minutes	
Online: WIC PCS - Setting the Stage	1.5 hours	1 hour
Online: WIC Anthropometrics	2 hours	1 hour
Online: WIC Hematology	2 hours	1 hour
Online: WIC Basic Nutrition	4 hours	1 hour
Online: WIC Prenatal Nutrition	2 hours	1 hour
Online: WIC Child Nutrition	2 hours	1 hour
Online: WIC Postpartum Nutrition	2 hours	1 hour
Online: WIC Baby Behavior	2.5 hours	1 hour
Online: Adverse Childhood Experiences	1.25 hours	1 hour

Please note: The Breastfeeding Course consists of three (3) separate courses in iLearnOregon (2 modules and 1 posttest).

4. You will need to copy the following forms for the learner, for each individual course, which are located beginning on page 6 of this *Training Supervisor Guide*.
 1. *Competency Achievement Checklist*
(**Please note** the [Anthropometric Competency Achievement Checklist](#) is located on page 30 and the [Hematology Competency Achievement Checklist](#) is located on page 40.)
 2. *Learner's Steps for Completing the Online Courses*

3. The table below indicates the training schedule for when the learner will complete each course.

Online: WIC Breastfeeding Level 1	Within one month of hire.
Online: WIC Anthropometrics	Within one month of beginning to certify.
Online: WIC Hematology	Within one month of beginning to certify.
Online: WIC Basic Nutrition	Within three months of beginning to certify.
Online: WIC Child Nutrition	Within six months of beginning to certify.
Online: WIC Prenatal Nutrition	Within six months of beginning to certify.
Online: WIC Postpartum Nutrition	Within six months of beginning to certify.
Online: WIC Baby Behaviors	Within six months of beginning to certify.
Online: WIC PCS – Setting the Stage	Within three months of hire.
Online: Adverse Childhood Experiences	Within three months of hire.

When To Meet With the Learner

Before the Learner Begins the Course:

1. Make a training plan and timeline using the *Learner's Steps for Completing the Online Courses* document.
2. Help the learner register and set up an account in iLearnOregon.
3. Show the learner how to find the online courses in iLearnOregon.

After the Learner Completes Each Course

1. Review and discuss the modules and content from the course with the learner.
2. Have the learner share with you the results from their *Posttest* for each course. The *Test Results* appear when the learner clicks “next” after answering the last question. The *Test Results* will report the learners score and the questions answered incorrectly. The results can be shared in the following two ways:
 - a. Looking directly at their computer screen displaying the *Test Results* pop-up that appears immediately upon completion of the *Posttest*; or

- b. Having the learner print their results from the *Test Results* pop-up upon completion of the *Posttest*. This option requires the learner to scroll to the bottom of the pop-up to locate the print icon.
3. Discuss incorrect answers. If the learner scores less than 90%, guide the learner on areas to review and have the learner correct their answers on the *Posttest* when they are ready. (iLearnOregon will retain all of the original answers provided by the learner. They will be able to correct those questions answered incorrectly by returning to the *Posttest* from the Table of Contents, located at the Main Menu screen at the beginning of each online course. Have the learner click through all of the *Posttest* questions and correct only those answered incorrectly.)
4. Once the learner has scored 90% or greater on the *Posttest* have them print a *Certificate* from their Transcript in iLearnOregon.
5. Document completion of the *Posttest* on a copy of the *Competency Achievement Checklist*.
6. If the “Status” does not indicate “Completed” this means that the learner has either not completed the *Posttest* or hasn't scored 90% or greater. The *Certificate* will only be available once the learner has completed the *Posttest* with a score of 90% or greater.

Important Note

Once the learner has scored 90% or greater on their *Posttest*, they must scroll to the bottom of the *Posttest* results and click the **OK button** in order for iLearnOregon to correctly record this course as complete.

Testing Out

1. If the learner feels comfortable with their knowledge for any given course, they can bypass reviewing all of the course material and directly access the *Posttest* from the Table of Contents, located at the Main Menu screen at the beginning of the online course. Remember that all learners can use the course or any of the resources provided to help them complete the *Posttest*.
2. Once the learner has scored 90% or greater on the *Posttest* have them print a *Certificate* from their Transcript in iLearnOregon.
3. Document completion of the *Posttest* on a copy of the appropriate *Competency Achievement Checklist* for the module completed.

To Finalize Completion of the Course

1. Congratulate the learner on their achievement!
2. Give the completed *Competency Achievement Checklist* and a copy of the iLearnOregon *Certificate* to the Local Agency Coordinator for each course. The Local Agency Coordinator will file the form in accordance with WIC Policy 440.
3. Direct the learner to fill out an **online evaluation**, linked on the [Training Modules and Online Courses](#) page of the WIC website.
4. Document the learner's course completion in TWIST.
5. Acknowledge the learner's completion of the course. Provide a *Completion Certificate* (available on the [Training Supervisor's page](#) of the Oregon WIC website), if desired.

Competency Achievement Checklist Online Courses

Staff (Learner) Name _____

Local Agency _____

Specific Course _____

Training Supervisor: Evaluate learner competency and achievement of the learning objectives upon completion of the course.

Competency Achievement Checklist Online Courses			
At this checkpoint:	Evaluate this:	Competency Achievement Date:	Initials
Learning Activities	Discussed activities specified in Guidance for Training Supervisor's Guide with Learner		
Course Completion	Learner has achieved the appropriate learning objectives.		
<i>Posttest</i>	Learner has achieved a score of 90% or better.		

I verify that _____ has achieved the learning objectives of the *Online* _____ *Course* and is competent to continue with WIC training. The learner meets the criteria set by the state to receive a *Certificate of Completion* for this course.

Signed _____ Date _____

Training Supervisor

Upon completion of this form:

1. File the form in the appropriate personnel file in accordance with WIC Policy 440.
2. Enter the course completion date information in TWIST.

Learner's Steps for Completing the Online Courses

- ◆ Review the *Learner's Steps for Completing the Online Courses* with your Training Supervisor. Work with your Training Supervisor to plan your training times.
- ◆ Register and login to iLearnOregon (<https://ilearn.oregon.gov>). Locate the course by searching for "WIC" and the course title.
- ◆ Complete the online Course.
- ◆ Ask questions if you need help completing the course.

Training Supervisor's Name and phone number: _____

Specific Online Course: _____

Steps:	Date Completed:
Work with your Training Supervisor to develop a training plan and to plan your training time.	
Meet with your Training Supervisor to discuss your questions and the <i>Activities</i> for the course.	
Complete the <i>Posttest</i> and share your results with your Training Supervisor. (You may use any of the eLearning course or the related resources to complete the posttest.)	
Discuss the <i>Posttest</i> with your Training Supervisor.	
Complete the <i>Online Evaluation</i>	
Your Training Supervisor will complete the <i>Competency Achievement Checklist</i> and print your <i>Course Completion Certificate</i> .	

Course specific information:

The remainder of the Training Supervisor's Guide includes a section of information for each of the following courses:

Breastfeeding

Anthropometrics

Hematology

Basic Nutrition

Child Nutrition

Prenatal Nutrition

Postpartum Nutrition

Baby Behavior

PCS – Setting the Stage

Adverse Childhood Experiences

Each section includes:

Guidance for Training Supervisor – Review Activities

Course Objectives

Posttest Questions and Answers

Note:

The Anthropometric and the Hematology Courses have their own *Competency Achievement Checklists*.



Breastfeeding

John Acker, © andreamcardle2012

Breastfeeding

Guidance for Training Supervisor – Learning Activities

This course consists of three separate courses in iLearnOregon.

Learners can complete this course one module at a time or all at once. We recommend offering to meet with the learner after each module so that the two of you may discuss any questions or concerns the learner may have. The following questions will facilitate a discussion about the content of the course.

- ◆ Would you like to share some questions or thoughts you had about this course? What did you find helpful?

There are a couple of subjects in particular to review with the learner.

Module 1: Amazing Breastmilk: Who Should Not Breastfeed

Here the learner has the opportunity to discover situations in which breastfeeding is not recommended. Follow up with the learner to see if they have any questions regarding the information presented.

Module 2: Breastfeeding Services: Other WIC Services

Here the learner has the opportunity to determine what breastfeeding groups are offered at your agency. Consider following up with the learner to ensure they can describe the breastfeeding services offered at your agency.

Module 2: Breastfeeding Services: Cultural Differences

Here the learner has the opportunity to meet with the Breastfeeding Coordinator in your agency to discuss providing culturally sensitive services to families from different cultures. Follow up with the learner about this discussion and what was learned about the cultural groups most common in your clinic, the beliefs/practices pertaining to breastfeeding for these groups and what resources (interpreters and language appropriate educational materials) are available at your agency.

Module 2: Breastfeeding Services: Practice Activity

Here the learner has the opportunity to record their feelings and proposed responses to two separate scenarios. Invite them to share their impressions with you. This is a great opportunity to highlight PCE skills with the learner.

Scenario 1: A pregnant teen and her mother are at WIC for initial certification. While they are waiting, a mother sitting across from them begins to breastfeed her older baby. The mother of the teen gets up, goes to the reception desk, and complains to a staff member about the breastfeeding mother, saying she shouldn't have to look at people doing "that".

Scenario 2: An expectant mother and her husband are waiting in line to check in at the reception desk. The father sees the "Mother's Milk for Daddy's Baby" poster on the wall and loudly remarks, "Daddy's baby or not, you're not doing that—that's nasty."

Module 2: Breastfeeding Services: Staff Roles

Here the learner has the opportunity to explore the various staff roles at WIC. Discuss with the learner the different types of staff available to support breastfeeding moms at your agency.

Module 2: Breastfeeding Services: Community Resources

Here the learner has the opportunity to identify who in your community can help with breastfeeding questions and how to refer participants to these individuals/organizations. Review with the learner their completed Community Resources handout. Confirm that these resources are in TWIST.

Module 2: Breastfeeding Services: State Resources

Here the learner has the opportunity to identify resources that support Oregon's state breastfeeding laws. Review with the learner the location of the *Breastfeeding in Public* wallet cards and the *Breastfeeding Mothers: Know Your Rights* information sheet.

Resources:

<http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/bf/breastfeeding-resource-links.pdf>

Course Objectives

This course provides an overview of the benefits of breast milk and describes how WIC promotes and supports breastfeeding. The following objectives are organized by the modules in which they are covered within this course. Upon completion of this course, learners will be able to:

Amazing Breast Milk

- ◆ Explain the benefits of breastfeeding and the health risks of not breastfeeding for mother and baby.
- ◆ Illustrate how the desired health outcomes for mother and baby are directly related to breastfeeding exclusivity and duration.
- ◆ Explain the AAP recommendations for breastfeeding exclusivity and duration.
- ◆ Describe the differences between breast milk and infant formula.
- ◆ Recognize how infant formula marketing impacts a mother's decision to breastfeed and the duration of breastfeeding.
- ◆ Identify mothers who should not breastfeed.
- ◆ Identify mothers who may need referral to a lactation specialist or health care provider.

Breastfeeding Services

- ◆ Identify how personal beliefs, values and attitudes may affect or interfere with breastfeeding services provided to families.
- ◆ Explain WIC's role in breastfeeding promotion and support.
- ◆ Use positive breastfeeding messages when talking with participants.
- ◆ Describe a workplace that supports breastfeeding and breastfeeding co-workers.
- ◆ Recognize the importance of tailoring information about breastfeeding promotion and services to the family's culture, knowledge, and language level.
- ◆ Describe WIC services that are available for breastfeeding families.
- ◆ Name the services that are available to breastfeeding women in your community.
- ◆ Describe two Oregon laws that support breastfeeding women.

Posttest Questions & Answers

Scoring of the *Posttest* will be completed for you electronically. The learner will share their *Posttest* results with you. Remember that the learner may use any of the course or the related *Resources* to complete the posttest.

There are 26 total points possible on the test.

Score of 23.4 points = 90% = passing

1. True or False: Infant formula provides an infant with the same nutrients and benefits as breast milk.
b. False
2. True or False: Colostrum is the first milk made by the breasts.
a. True
3. True or False: Breastfeeding protects a breastfeeding mother's health.
a. True
4. True or False: Infant formula is made from human breast milk.
b. False
5. True or False: Moms who smoke can still breastfeed.
a. True
6. True or False: The marketing of infant formula can impact how long a mom breastfeeds.
a. True
7. True or False: Research has shown that the longer a woman breastfeeds her baby, the greater the health benefits they both receive.
a. True
8. True or False: One goal of WIC is to establish breastfeeding as the norm for infant feeding.
a. True
9. True or False: According to state law, mothers in Oregon may not breastfeed their babies in public places such as parks and restaurants.
b. False

10. True or False: While not all WIC agencies offer group education, all agencies do provide individual breastfeeding support.
 - a. **True**

11. True or False: Employers in Oregon are not required to provide breastfeeding mothers with rest periods or a private place to express breast milk.
 - b. **False**

12. True or False: Exclusive breastfeeding is recommended until 6 months. After that, complementary foods are gradually introduced and breastfeeding continues for a year or for as long as is mutually desired by mother and baby.
 - a. **True**

13. True or False: WIC staff provide accurate information about breastfeeding in order to help parents make feeding decisions that are best for their family.
 - a. **True**

14. Babies that are not breastfed are at an increased risk of developing which of the
 - d. **All of the above**

15. How does breastfeeding help communities?
 - d. **All of the above**

16. In which of these situations is breastfeeding clearly not recommended?
 - c. **Mom uses street drugs**

17. In which of the following situations might a mother need special help to breastfeed?
 - d. **All of the above**

18. Which **TWO** of the following are potential barriers to breastfeeding?
 - a. **Unsupportive family members**
 - b. **Free formula samples**

19. Breastfeeding helps the environment in which of the following ways?
 - d. **All of the above**

20. A full-term newborn's tummy capacity is about the size of:
 - a. **a small cherry**

21. Which of the following resources can help mothers with breastfeeding?
 - d. **All of the above**

22. In order to establish breastfeeding as the norm, it is recommended that local WIC agencies keep which of the following items out of view of participants?

c. Infant formula and bottles

23. Which of the following WIC staff members are involved in breastfeeding promotion and support?

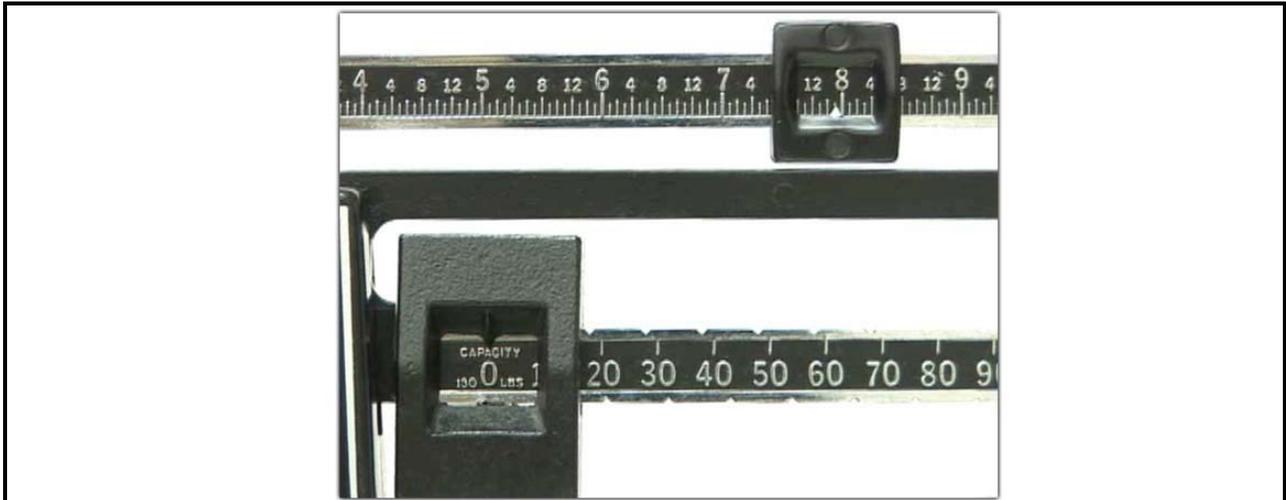
d. All staff members

24. Which of the following community resources does WIC partner with to provide breastfeeding services?

b. Hospital nurses or lactation consultants

25. Which of the following WIC staff actions can influence a woman's breastfeeding decisions?

d. All of the above



Anthropometrics

Anthropometrics

Guidance for Training Supervisor – Learning Activities

Learners can complete this course one module at a time or all at once. We recommend offering to meet with the learner after each module so that the two of you may discuss any questions or concerns the learner may have. The following questions will facilitate a discussion about the content of the course.

- ◆ Would you like to share some questions or thoughts you had about this course? What did you find helpful?

There are a couple of subjects in particular to review with the learner.

Module 1: Anthropometric Measurements

Review policy 628 with the learner, highlighting specifically the need for staff to:

1. Weigh or measure infants and children up to 24 months completely undressed or with a dry diaper and lightweight underclothes.
2. Weigh and measure woman and children over the age of two years without shoes or heavy outer clothing.
3. Consistently weigh infants and children in the same state of undress.
4. Cover infant scales with paper liners that can be changed for each participant. It is not necessary to use liners for standing measurements.
5. Obtain a second measurement when staff feel the first was inaccurate for any reason.

Demonstrate for the learner the correct technique for measuring the weight and length or height of an infant, a child less than 2 years old, a child between the ages of 2 and 5 years and a woman. Have the learner practice performing the correct technique for measuring the weight and length or height of an infant, a child less than 2 years old, a child between the ages of 2 and 5 years and a woman. Be sure to observe the learner performing the correct technique for measuring the weight and length or height of an infant, a child less than 2 years old, a child between the ages of 2 and 5 years and a woman.

Module 2: Understanding BMI & Growth Charts

Anthropometric values are associated with the 100 level nutrition risks. Review these risks with the learner and discuss when it is appropriate to refer the participant to the RD or their health care provider.

Discuss with the learner the different types of growth charts. Have the learner practice interpreting percentiles for all participant categories.

Resources:

The resources section of the course includes many links where more information can be found. One resource of note is the *Companion Document* that summarizes all of the information covered throughout the two modules of this course. Learners may choose to print this resource out for future reference.

Course Objectives

This course focuses on techniques for obtaining accurate growth measurements for WIC participants and provides a basic understanding of growth charts. The following objectives are organized by the modules in which they are covered within this course. Upon completion of this course, learners will be able to:

Anthropometric Measurements

- ◆ Define anthropometric assessment.
- ◆ Identify the measurements used during WIC anthropometric assessments.
- ◆ State main purpose of a WIC anthropometric assessment.
- ◆ List four factors that impact growth and development.
- ◆ Identify the two types of scales used to measure the weight of infants and young children.
- ◆ State one reason it is important to obtain accurate and precise measurements.
- ◆ Describe the correct technique to measure the weight of an infant or young child.
- ◆ Describe the technique for interpreting measurement results on the type of infant scales used in your clinic.
- ◆ Identify the two types of scales used to measure the weight of adults and older children.
- ◆ Describe the correct technique to measure the weight of an adult or an older child.
- ◆ Describe the technique for interpreting the measurement results on the type of standing scales used in your clinic.
- ◆ Demonstrate the correct technique for measuring the weight of an infant, a child less than 2 years old, a child between the ages of 2 and 5 years and a woman.
- ◆ List three common errors that can occur when weighing WIC participants.
- ◆ Define recumbent length and when to take a recumbent length measurement.
- ◆ Identify the equipment used to measure recumbent length.
- ◆ Describe the correct technique for measuring recumbent length.

- ◆ Describe the technique for reading measurement results from the recumbent length board.
- ◆ List three common errors that can occur when measuring recumbent length.
- ◆ Identify the equipment used to measure standing height
- ◆ Describe the correct technique for measuring standing height with a stadiometer.
- ◆ Describe the technique for reading measurement results on a stadiometer.
- ◆ List three common errors that can occur when measuring standing height.
- ◆ State when it is acceptable to accept measurements taken outside of the WIC setting.
- ◆ Demonstrate the correct technique for measuring the length or height of an infant, child under the age of two years, a child between the ages of 2 and 5 years and a woman.

Understanding BMI & Growth Charts

- ◆ Describe the two types of growth charts for infants and children.
- ◆ Define percentile.
- ◆ Describe how to interpret growth charts with percentiles.
- ◆ Define BMI and when it is used.
- ◆ Describe how to interpret BMI growth charts.
- ◆ Practice interpreting growth charts.
- ◆ Describe how to determine pre pregnancy weight.
- ◆ Describe how to interpret prenatal weigh gain grids including total weight gain ranges and weight gain by trimester.
- ◆ Define prematurity and adjusted age.
- ◆ Describe how to interpret an adjusted age graph.

Posttest Questions & Answers

Scoring of the *Posttest* will be completed for you electronically. The learner will share their *Posttest* results with you. Remember that the learner may use any of the course or the related *Resources* to complete the posttest.

There are 34 total points possible on the test.c
Score of 30.6 points = 90% = passing

1. Anthropometric means:
 - c. **Taking measurements of the body**

2. Select the FOUR factors that affect growth:
 - a. **Hormonal**
 - c. **Environmental**
 - f. **Behavioral**
 - g. **Genetic**

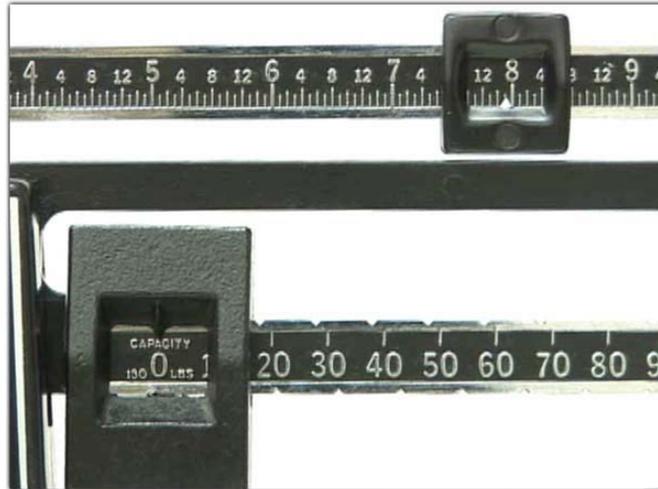
3. Round this measurement from pounds, ounces and tenths of an ounce to pounds and ounces.



- c. **20 lbs 10 ounces**

4. True or False: Recumbent length is similar to measuring height, but since infants cannot stand, you measure them lying down on their stomach.
 - b. **False**

5. Select the correct reading for the following balance beam measurement:



d. 7 pounds 15 ounces

6. Use the following table to convert the decimal measurement into eighths:

Decimal	1/8 th
.125	1/8
.25	2/8
.375	3/8
.5	4/8
.625	5/8
.75	6/8
.875	7/8



d. 58 5/8"

7. What is the correct ounce conversion for 18 1/4 pounds?

a. 18 pounds 4 ounces

8. In taking length or height, what is the smallest unit of measurement?

d. 1/8 inch

9. What is BMI?

b. **Body Mass Index. It's the calculation used to determine if someone is underweight, normal, overweight or obese.**

10. What are the **TWO** reasons why growth charts are helpful?
 - a. They help compare growth to other kids the same age and gender
 - b. They help determine if a person is overweight, underweight, normal or obese

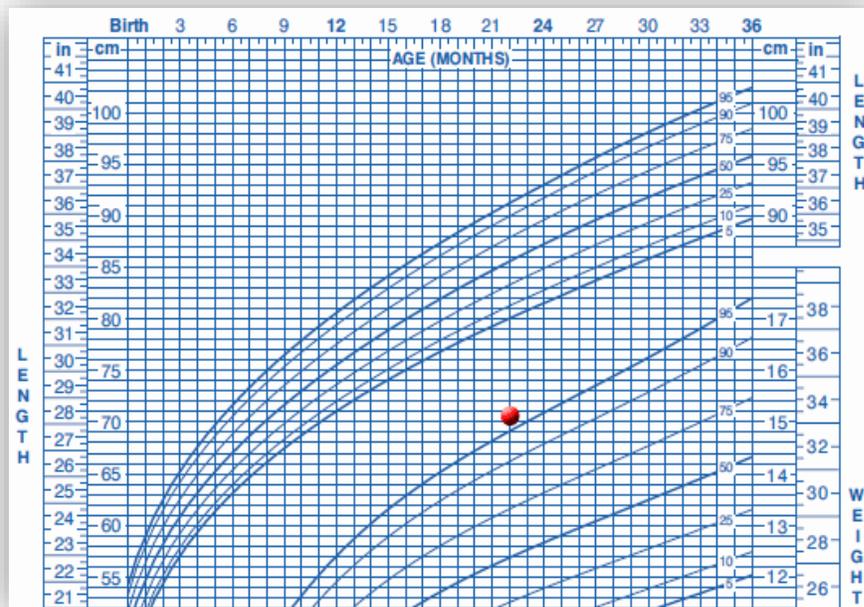
12. True or False: BMI is calculated for all participants.
 - b. False

13. determines how much weight women should gain during pregnancy.
 - b. Pre-pregnancy BMI

14. If a baby was born 10 weeks premature, and the mother brings in the child 3 weeks after her due date, what is the child's adjusted age?
 - a. 3 weeks

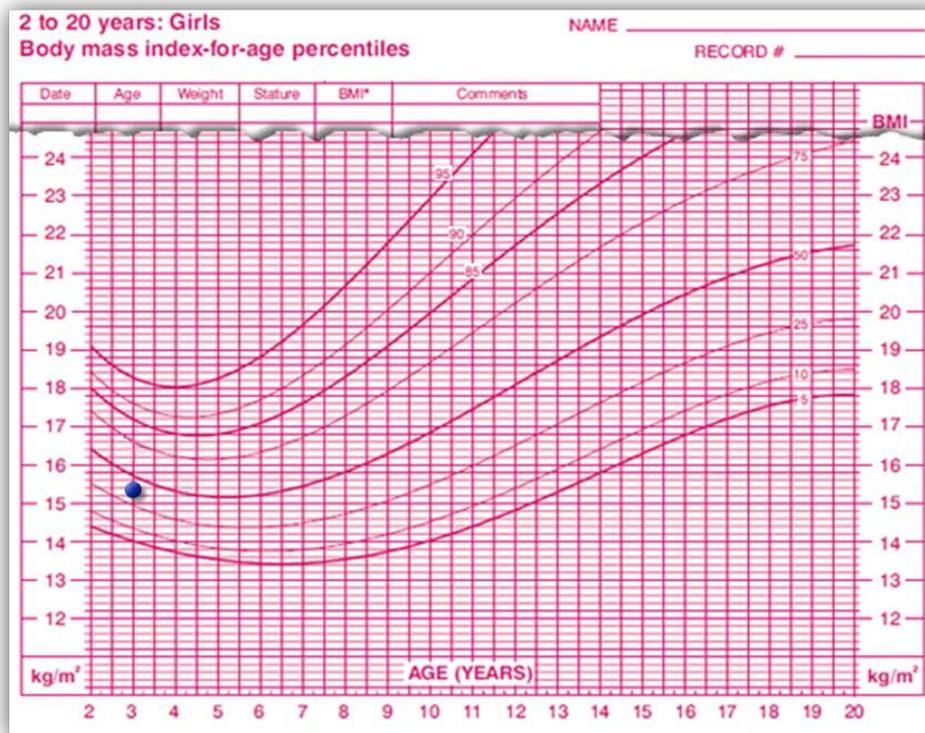
15. A full term pregnancy consists of how many weeks?
 - d. None of the above

16. Which of the interpretations most closely matches the red dot on this growth chart?



- c. **Interpretation 3: This point shows an infant's weight-for-age above the 95th percentile. This means that the infant is heavier than more than 95% of other infants his same age and that he is lighter than less than 5% of infants his age.**

17. Which of the interpretations most closely matches the purple dot on this growth chart?



a. Interpretation 1: This point shows a 3 year old girl with a BMI for age between the 25th and 50th percentile. Because this falls between the 10th and 90th percentiles, this is considered a normal BMI for age for a 3 year old girl. This means that she has a higher BMI for age than 25-50% of girls her same age, and a lower BMI for age than 50-75%.

18. What are the **TWO** types of scales used to weigh infants?

- a. digital
- b. balance beam

19. In WIC, **THREE** anthropometric measurements include:

- b. Length
- d. Weight
- e. Height

20. True or False: Anthropometric measurements are used to help identify health risks.

- a. True

21. Which answer is not an example of an accurate or precise measuring technique?

- c. weighing an infant with a dirty diaper

22. True or False: A stadiometer can be used to measure infants.
a. False
23. What are the **TWO** instances when can WIC accept measurements from a health care provider?
a. they were taken within 60 days of the WIC appointment
c. they reflect current health status
24. What are the **TWO** official terms for weight gain during pregnancy?
c. gestational weight gain
d. prenatal weight gain
25. Babies born on or before _____ weeks of gestation are considered premature.
c. 37
26. True or False: Children with special needs may be difficult to assess using standard growth charts.
a. True

Anthropometric Competency Achievement Checklist

Staff (Learner) Name _____

Local Agency _____

Training Supervisor: Evaluate learner competency and achievement of the learning objectives upon completion of the course.

Competency Achievement Checklist Online Anthropometric Course			
At this checkpoint:	Evaluate this:	Competency Achievement Date:	Initials
Learning Activities	Discussed activities specified in Guidance for Training Supervisor's Guide with Learner.		
	Demonstrated for the learner the correct technique for measuring the weight and length or height of an infant, a child less than 2 years old, a child between the ages of 2 and 5 years and a woman.		
	Learner has practiced performing the correct technique for measuring the weight and length or height of an infant, a child less than 2 years old, a child between the ages of 2 and 5 years and a woman.		

Competency Achievement Checklist Online Anthropometric Course			
Learning Activities con't	Observed the learner performing the correct technique for measuring the weight and length or height of an infant, a child less than 2 years old, a child between the ages of 2 and 5 years and a woman.		
Course Completion	Learner has achieved the appropriate learning objectives.		
<i>Posttest</i>	Learner has achieved a score of 90% or better.		

I verify that _____ has achieved the learning objectives of the *Online Anthropometric Course* and is competent to continue with WIC training. The learner meets the criteria set by the state to receive a *Certificate of Completion* for this course.

Signed _____ Date _____
Training Supervisor

Upon completion of this form:

1. File the form in the appropriate personnel file in accordance with WIC Policy 440.
2. Enter the course completion date information in TWIST.



Hematology

Hematology

Guidance for Training Supervisor – Learning Activities

Learners can complete this course one module at a time or all at once. We recommend offering to meet with the learner after each module so that the two of you may discuss any questions or concerns the learner may have. The following questions will facilitate a discussion about the content of the course.

Would you like to share some questions or thoughts you had about this course?

What did you find helpful?

There are a couple of subjects in particular to review with the learner.

Module 1: Hematology Introduction

Low hemoglobin values are associated with nutrition risks. Review Risk Info Sheet 201 with the learner and discuss when it is appropriate to refer the participant to the RD or their health care provider.

Discuss with the learner your agency's follow up procedure for participants with low hemoglobin values.

Review with the learner the Standing Orders: Hemoglobin Screening in WIC from Policy 626.

Module 2: Hemoglobin Blood Test

Review policy 626 with the learner, highlighting specifically:

1. The process for the maintenance and cleaning of hematologic equipment.
2. The appropriate puncture sites.
3. The blood collecting exceptions.
4. The disposal of blood collecting supplies.

Demonstrate for the learner how to perform this test on women, infants and children. Have the learner practice performing the test and explaining hematology results with you. Be sure to observe the learner performing the test and explaining hematology results to women, infants and children.

Review with the learner your agency's protocol for handling accidental exposure to blood or needles.

Resources:

The resources section of the course includes many links where more information can be found. One resource of note is the *Companion Document* that summarizes all of the information covered throughout the two modules of this course.

Be sure to review this document prior to meeting with the learner. Learners may choose to print this resource out for future reference.

HemoCue has an E-Learning module that provides additional information on the machine itself and how to clean it. For more information, please visit:

<http://www.hemocuelearningcenter.com/>

Course Objectives

This course focuses on building knowledge and skills on the process WIC uses to collect and measure hemoglobin values. The following objectives are organized by the modules in which they are covered within this course. Upon completion of this course, learners will be able to:

Hematology Introduction

- ◆ Define hematology.
- ◆ Identify the standards WIC uses for collecting and measuring hemoglobin values.
- ◆ Define hemoglobin, hematocrit, and iron deficiency.
- ◆ State the two main purposes for measuring hemoglobin values.
- ◆ State when to collect hemoglobin values for WIC participants.
- ◆ Compare the results of hemoglobin tests to the standards listed on Risk 201.
- ◆ Identify the possible causes and consequences of iron deficiency anemia.

Hemoglobin Blood Test

- ◆ Practice universal precautions to prevent infection with contaminated blood.
- ◆ Identify when to wash your hands to help prevent blood-borne infection.
- ◆ State when to wear gloves to help prevent blood-borne infection.
- ◆ State the reason for following safety procedures when performing blood test and handling blood contaminated products.
- ◆ Identify the correct way to dispose of blood-contaminated products.
- ◆ Describe how to clean equipment and work surfaces.
- ◆ Identify the proper procedure for cleaning up blood spills.

- ◆ State actions to take immediately if you prick yourself with a used needle or lancet or if some participant's blood touches a cut or break in your skin.
- ◆ Identify correct techniques for obtaining a capillary blood sample.
- ◆ Explain how to increase test accuracy through adequate blood flow.
- ◆ Name the equipment your clinic uses to do a hemoglobin test.
- ◆ List ways to prevent cuvettes from being damaged by light, moisture, or extreme temperatures.
- ◆ Identify the correct techniques for performing a hemoglobin test.
- ◆ List possible sources of error in performing the hemoglobin test.
- ◆ Identify the quality control and assurance procedures used in your clinic.
- ◆ Make appropriate referrals for participants with abnormal hemoglobin results.
- ◆ Test the hemoglobin of a woman, infant, and child, using correct and safe techniques.

Posttest Questions & Answers

Scoring of the *Posttest* will be completed for you electronically. The learner will share their *Posttest* results with you. Remember that the learner may use any of the course or the related *Resources* to complete the posttest.

There are 28 total points possible on the test.

Score of 25.2 points = 90% = passing

1. True or False: Hematology is best defined as the study and assessment of sickle cell anemia.

b. False

2. True or False: If a participant refuses the hemoglobin test based on religious beliefs, she can still be certified.

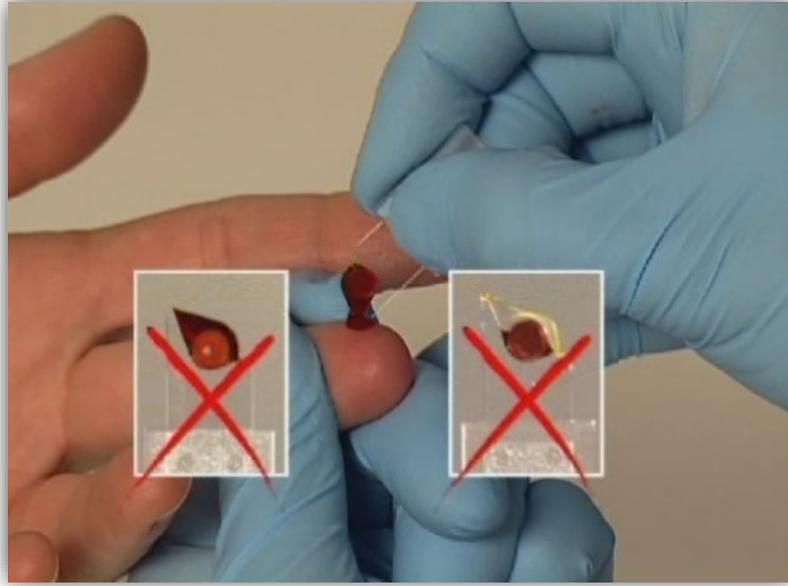
a. True

3. The substance in the red blood cell that is responsible for the red blood cell's color and its ability to pick up oxygen from the lungs is:

c. Hemoglobin

-
4. What is the most common form of anemia among WIC participants?
- d. Iron Deficiency**
5. True or False: Tiredness, weakness, and pale skin are all symptoms of anemia.
- a. True**
6. What are the most common causes of iron-deficiency anemia?
- b. Blood loss, low intake of iron-rich foods**
7. Foods that contain _____ enhance iron absorption when eaten in the same meal.
- c. Vitamin C**
8. If a person lives at a high altitude and smokes, she could have this condition:
- b. Hyperhemoglobinemia**
9. True or False: A low hemoglobin value means that your WIC participant has anemia.
- b. False**
10. What are TWO preferred ways of having a participant warm her hands for the hemoglobin test?
- a. Have her place them under her arms**
b. Have her wash them vigorously under warm water
11. If you start up the HemoCue machine, and you get an E02 message, what action needs to be taken?
- b. Take out the tray and clean the sensor with a damp cotton swab**
12. True or False: When obtaining a blood sample, the size of split pea or more is recommended to fill up the cuvette.
- a. True**
13. True or False: Work surfaces need to be cleaned at the end of the day, and may be cleaned in between participants also.
- a. True**
14. When a container of cuvettes is first opened, what do you do?

- d. Write that day's date on the side of the container so those using the cuvettes will know when the cuvettes will expire.**
15. How long will the container of cuvettes last from the date they are opened, assuming they are opened and sealed properly each time after they are used?
- c. 90 days**
16. True or False: When wiping the excess blood off the outside of the cuvette, it's important NOT to touch the open-ended area, as this could pull some of the blood sample out.
- a. True**
17. Which of the following indicates that the HemoCue machine is functioning normally when it's turned on?
- d. Three flashing bars**
18. After placing your thumb and index finger at the last knuckle of the participant's finger, what is the next step to prime the finger?
- a. Rock the finger back and forth to get the blood into the tip of the finger.**
19. True or False: The site used for the hemoglobin test should be roughly halfway between the finger pad and the nail bed.
- a. True**
20. True or False: The middle finger is the best finger to use for a finger stick, as it has the best blood circulation.
- a. True**
21. True or False: You should not touch the skin with the cuvette because it will impede the flow of blood.
- b. False**



22. What TWO statements best describes the cuvettes in the picture above?
- c. An air bubble got into the cuvette**
 - d. The cuvette was not filled with enough blood**
23. How many split pea-sized drops of blood need to be wiped off prior to taking the sample of blood?
- b. 2-3**
24. What are the TWO things you should do immediately after being stuck with a used lancet?
- c. Clean with soap and water**
 - d. Report the accident to your supervisor**
25. True or False: It is ok to use the same gloves for all participants in the same family.
- b. False**

Hematology Competency Achievement Checklist

Staff (Learner) Name _____

Local Agency _____

Training Supervisor: Evaluate learner competency and achievement of the learning objectives upon completion of the course.

Competency Achievement Checklist Online Hematology Course			
At this checkpoint:	Evaluate this:	Competency Achievement Date:	Initials
Learning Activities	Discussed activities specified in Guidance for Training Supervisor's Guide with Learner		
	Demonstrated for the learner how to perform the Hgb test on women, infants and children.		
	Learner has practiced performing the Hgb test and has practiced explaining hematology results with you.		
	Observed the learner performing the test and explaining hematology results to women, infants and children.		
Course Completion	Learner has achieved the appropriate learning objectives.		
<i>Posttest</i>	Learner has achieved a score of 90% or better.		

I verify that _____ has achieved the learning objectives of the *Online Hematology Course* and is competent to continue with WIC training. The learner meets the criteria set by the state to receive a *Certificate of Completion* for this course.

Signed _____ Date _____
Training Supervisor

Upon completion of this form:

1. File the form in the appropriate personnel file in accordance with WIC Policy 440.
 2. Enter the course completion date information in TWIST.
-



Basic Nutrition

Basic Nutrition

Guidance for Training Supervisor – Learning Activities

Learners can complete this course one module at a time or all at once. We recommend offering to meet with the learner after each module so that the two of you may discuss any questions or concerns the learner may have. The following questions will facilitate a discussion about the content of the course.

Would you like to share some questions or thoughts you had about this course?

What did you find helpful?

What basic nutrition information do you see exemplified around the clinic?

There are a couple of activities in particular to review with the learner.

Module 2: Guidelines and Standards: SuperTracker Resources

Here the learner is given the opportunity to create a personalized eating and exercise plan by entering their information. This is a resource the learner may bookmark to share with participants later. Consider spending a little time discussing their experience on this site. <https://www.supertracker.usda.gov/createprofile.aspx>

Module 2: Guidelines and Standards: MyPlate for Pregnant Moms

Here the learner has the opportunity to visit the ChooseMyPlate.gov website for Pregnant & Breastfeeding Women. This is a resource the learner may bookmark to share with participants later. Consider spending a little time discussing their experience on this site.

<http://www.choosemyplate.gov/pregnancy-breastfeeding.html>

Module 2: Guidelines and Standards: Labelman™ Activity

Here the learner is taken to a site to practice using nutrition labels for weight management. This is a resource the learner may bookmark to share with participants later. Consider spending a little time discussing their experience on this site.

<http://www.accessdata.fda.gov/videos/CFSAN/HWM/hwmsk01.cfm>

Module 3: Special Considerations: Reliable Nutrition Information

Here the learner has the opportunity to read an article and begin to think about the various sources of reliable and unreliable nutrition information.

Consider discussing with the learner their responses to the two questions included at the end of this article:

1. After reading the article, what sources of health advice would they now question?
2. What sources of reliable nutrition information are available at your agency?

Resources: The resources section of the course includes many links where more information can be found. One resource of note is the *Companion Document* that summarizes all of the information covered throughout the three modules of this course. Be sure to review this document prior to meeting with the learner. Learners may choose to print this resource out for future reference.

Course Objectives

This course focuses primarily on building knowledge on basic nutrition concepts and therefore covers a wide range of information. The following objectives are organized by the modules in which they are covered within this course. Upon completion of this course, learners will be able to:

Introduction to Nutrition

Basic Nutrition Concepts

- ◆ Explain the relationship between nutrition and health
- ◆ Identify health conditions that may be associated with poor nutrition intake.

Digestion

- ◆ Identify the organs in the digestive tract that are part of the digestion process.
- ◆ Describe the basic process of digestion.

Nutrients & Energy

- ◆ List the six categories of nutrients and identify their function in the body.
- ◆ Determine a person's daily nutrient needs.
- ◆ Explain the term "calorie" as related to energy needs for the body.
- ◆ State the number of calories that specific nutrients provide.

Carbohydrates

- ◆ Identify the two main functions of carbohydrates in the body.
- ◆ Identify the three types of carbohydrates.

- ◆ Describe a simple carbohydrate (sugars) and a complex carbohydrate (starches).
- ◆ Identify food sources of sugar and starch.
- ◆ Define and list empty-calorie foods.
- ◆ Explain the health benefits of fiber.
- ◆ Identify sources of fiber and ways to increase fiber in the diet.

Fats

- ◆ Identify functions of fat in the body.
- ◆ Explain the difference between saturated, unsaturated, and trans fats.
- ◆ Identify food sources of saturated, polyunsaturated, monounsaturated fat, Omega 3 Fatty Acids, and trans fat.
- ◆ Provide three recommendations on how to lower fat intake in the diet.
- ◆ Define cholesterol and identify food sources of cholesterol.
- ◆ Explain the relationship between fat, cholesterol, and heart disease.

Proteins

- ◆ List the functions of protein in the body.
- ◆ Identify protein sources.

Vitamins

- ◆ State general roles of vitamins in the body.
- ◆ Identify two categories of vitamins.
- ◆ Identify major functions of vitamins A, C, D, and folic acid.
- ◆ List food sources of vitamins A, C, D, and folic acid.
- ◆ Identify the effects of vitamin deficiencies.
- ◆ Identify the effects of excessive intake of vitamins.
- ◆ Describe dietary recommendations for folic acid related to the WIC population.
- ◆ Describe food handling steps necessary to avoid destroying water-soluble vitamins when preparing food.

Minerals

- ◆ List the various roles of minerals in the body.
- ◆ Identify major functions of calcium, iron, fluoride and sodium.
- ◆ List food sources of calcium, iron and sodium.
- ◆ List ways to increase calcium and iron in the diet.
- ◆ Describe the relationship between calcium and iron in absorption.
- ◆ Describe fluoride recommendations.
- ◆ Define anemia and the function of iron in healthy blood.
- ◆ Describe recommendations for sodium intake.

- ◆ List ways to lower sodium intake.
- ◆ Describe problems that can occur due to deficiencies and toxicities of minerals.

Water

- ◆ List the various functions of water.
- ◆ List factors that increase a person's fluid needs.
- ◆ State practical ways to consume more fluid on a daily basis.
- ◆ Know the dangers of dehydration.

Guidelines and Standards

Guideline and Standards

- ◆ State the purpose of the Dietary Guidelines.
- ◆ Identify specific Dietary Guideline Key Recommendations.
- ◆ List three tips for customizing messages based on the Dietary Guidelines.

ChooseMyPlate.Gov Website

- ◆ State the five food groups and three dietary guidelines highlighted on the ChooseMyPlate.gov Icon.
- ◆ List three educational tools available on the ChooseMyPlate.gov website.

Food Labels

- ◆ Explain what benefits food labels provide.
- ◆ Identify the three sections of food labels and what information each contains.
- ◆ Define the use of "Daily Value" on the food label.
- ◆ Evaluate (and compare) the nutrient content of a food(s) based on its' label.

Meal Planning

- ◆ Describe the meal planning process.

Reliable Food and Nutrition Resources

- ◆ Identify guidelines for determining reliable nutrition information to be used in the WIC program.
- ◆ Identify professionals, agencies and sites that provide reliable nutrition information.

Special Considerations

Weight Management

- ◆ Describe the use of body mass index (BMI) in assessing overweight and obesity.
- ◆ Determine BMI values and assess values per the BMI weight status categories.
- ◆ Identify factors affecting weight.
- ◆ Define the term “energy balance.”
- ◆ Describe the role of physical activity in maintaining energy balance.
- ◆ List the four characteristics of a good weight loss management program.
- ◆ State the recommended calories needed to promote weight loss.
- ◆ List weight management strategies for someone who is overweight.
- ◆ List weight management strategies for someone who is underweight.
- ◆ Describe the three main eating disorders and signs of eating disorders.

Vegetarian Diets

- ◆ List the four types of vegetarian diets and describe the differences between the foods included in each.
- ◆ List the benefits and possible risks of consuming a vegetarian diet.
- ◆ Describe the nutrition adequacy of well planned vegetarian diets.
- ◆ Identify nutrients that vegetarians may need to pay added attention to when planning their intake.
- ◆ List sources of nutrients for vegetarians.
- ◆ Identify appropriate dietary recommendations for vegetarians.
- ◆ Describe how the Dietary Guidelines and MyPlate may be used in counseling vegetarians.

Food Allergies

- ◆ Describe the difference between food allergy and food intolerance.
- ◆ Explain how food allergies can be confirmed and who is most susceptible to having allergies.
- ◆ Explain lactose intolerance.

Posttest Questions & Answers

Scoring of the *Posttest* will be completed for you electronically. The learner will share their *Posttest* results with you. Remember that the learner may use any of the course or the related *Resources* to complete the posttest.

There are 45 total points possible on the test.

Score of 40.5 points = 90% = passing

1. The six classes of nutrients are:
 - d. Carbohydrates, proteins, fats, vitamins, minerals, and water**

2. Which has the most calories?
 - b. 1 gram fat**

3. How many calories per gram do carbohydrates have?
 - b. 4 calories per gram**

4. Select the 3 nutrients that do NOT provide calories:
 - d. Vitamins**
 - e. Minerals**
 - f. Water**

5. Which of the following 2 foods would you recommend a participant consume to increase fiber in their diet?
 - c. Brown Rice**
 - d. Whole Wheat Bread**

6. Which of the following 2 foods would you recommend a participant consume to increase protein in their diet?
 - b. Peanut Butter**
 - c. Chicken**

7. If a post-partum woman said her doctor recommended she cut back on sodium, which of the following 2 foods would you recommend she limit or omit?
 - a. Canned soup**
 - c. Frozen Pizza**

8. Which of the following 2 foods are calcium rich?
c. Sardines
d. Milk and dairy products
9. The WIC participant you are working with would like some help making her meals healthier. You complete this food recall with her to get an idea of what typical meals are for her.
Breakfast: Toast, milk
Lunch: Sandwich with turkey and cheese, chips, banana, water
Dinner: Hamburger on a bun with ketchup and mustard, canned mandarin oranges, milk

Which food(s) would be the MOST appropriate for her to add to her daily meal plan?

- b. Carrot and celery sticks**
10. Salmon is a great source of:
b. Omega-3 fatty acid.
11. Dried beans are a good source of all of the following **EXCEPT**:
d. Vitamin D
12. Which two statements are true of the Omega – 3 fatty acids in salmon, walnuts, and canola oil?
a. They are mainly polyunsaturated fats.
d. They can help reduce the risk of cardiovascular disease.
13. Digestion begins in the:
c. Mouth.
14. _____ are at high risk for iron-deficiency anemia.
d. All of the above
15. All of the following statements about dietary fiber are true **EXCEPT**:
b. It is absorbed in the small intestine.
16. Carbohydrates:
b. Are the body's main energy source.
17. Which of the following factors affect a person's calorie needs:
f. All of the above
18. Which two statements are true of trans fats?
d. They are found in processed foods.
e. They should be eaten in very limited amounts.

19. Which is a fat-soluble vitamin?
c. Vitamin A
20. The main function of iron is:
a. To carry oxygen in the blood.
21. It is recommended that women take folic acid:
b. During childbearing years.
22. _____ can build up and clog arteries, while _____ can help lower cholesterol levels in the blood and reduce the risk of heart disease.
d. LDL, HDL
23. A client tells you that she heard that eating “good” fats can help decrease her risk of heart disease. She wants to know what foods she should eat to increase her intake of these “good” fats. Which three foods would you recommend to her?
b. Canned salmon
c. Avocado
e. Olive oil
24. You are talking to a mom with a four-year-old daughter, Sarah. The mom describes a typical day of meals for her daughter and asks if she should change any of the foods she offers.

Breakfast: One egg, whole wheat toast with fruit jam, orange juice, skim milk

Snack: Grape juice, whole wheat crackers

Lunch: Peanut butter sandwich on whole wheat bread, carrot and celery sticks, pretzels, apple juice

Snack: Pudding made with skim milk

Dinner: Tacos with beef and cheese, pinto beans, brown rice, steamed vegetables, milk

What is the best recommendation you can give to this mom for feeding Sarah?

- b. Replace the juice with whole fruit or vegetable**
25. You are working with a mom with a two-year-old son, Joey. The mom tells you that she is concerned because Joey is a very picky eater. She tells you he loves to drink milk and he drinks it all day long. He will eat fruits and vegetable at snack time. He refuses to eat any meat, fish, beans or eggs and frequently says he’s not hungry at meal times. At this point, you are most concerned that Joey:
b. May not be getting enough iron.
26. What is the serving size of this food?
a. 4 oz.
27. How many calories are in this entire package?
b. 1120

28. How many grams of fat are in ONE serving of this food?
d. 14
29. How many grams of protein are in TWO servings of this food?
c. 48
30. How much fiber is in this entire package of food?
c. 4g
31. All of the following are meal planning steps **EXCEPT**:
a. Go to the store hungry and buy what looks good
- 32. Low-fat means:**
b. 3 grams or less per serving.
33. Fat-free means:
a. less than 0.5 grams per serving.
34. Low-sodium means:
d. 140 milligrams or less per serving.
35. Low-calorie means:
a. 40 calories or less per serving
36. High means:
c. the food contains 20 percent or more of the Daily Value, particular to any one nutrient.
37. Reduced means:
c. the product has been altered and contains 25 percent less of a nutrient or of calories than the regular version of the product.
38. A mom comes into the clinic and tells you her son gets hives when he eats eggs. What would you recommend the mom do?
d. Refer her to the child's health care provider for diagnosis
39. Which BMI range would be considered standard?
c. 18.5 – 24.9

40. Choose the three foods that would be appropriate for a lacto-vegetarian:
- a. **Garden salad with ranch dressing**
 - d. **Granola cereal with 2% milk**
 - e. **Cheese pizza**
41. A dad comes into the clinic and tells you the doctor said her son is lactose intolerant. Which two milks would you recommend?
- b. **Acidophilus milk**
 - c. **Lactose reduced or lactose free milk**
42. If a client is taking in an average of 2500 calories per day and burning 2200 calories, you would expect her weight to:
- a. **Increase**
43. You are talking to a young, breastfeeding mother, and you suspect that she has an eating disorder. What would you do?
- b. **Refer her to a nutritionist or physician.**
44. How can you tell if a nutrition resource may not be reliable?
- e. **All of the above**
45. Which of the following is a reliable source of nutrition information?
- b. **MyPlate**



Child Nutrition

Child Nutrition

Guidance for Training Supervisor – Learning Activities

Learners can complete this course one module at a time or all at once. We recommend offering to meet with the learner after each module so that the two of you may discuss any questions or concerns the learner may have. The following questions will facilitate a discussion about the content of the course.

Would you like to share some questions or thoughts you had about this course?
What did you find helpful? What child nutrition information do you see exemplified around the clinic?

There are a couple of activities in particular to review with the learner.

Module 1: Introduction to Child Nutrition: Screen Time

Here the learner is taken to a PDF version of a resource entitled “Promoting Healthy Viewing Habits.”

<http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/modules/cn/22PromoteHealthyViewingHabitsT2.pdf> Review with the learner other resources available at your local agency to promote healthy viewing habits.

Module 2: Beyond Basics: Ellyn Satter's Model

Here the learner is provided with information on Ellyn Satter's Division of Responsibility. Discuss this model with the learner. For more information, visit:

<http://www.ellynsatter.com/divisions-of-responsibility-i-79.html>

Module 2: Beyond Basics: When to Visit the Dentist

Here the learner is taken to a PDF version of a resource entitled “Keep your baby smiling...Prevent early childhood cavities.”

http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/726_prevent_ecc.pdf Show the learner a hard copy of this brochure so that they know this resource is available at your local agency.

Resources:

The resources section of the course includes many links where more information can be found. One resource of note is the *Companion Document* that summarizes all of the information covered throughout the two modules of this course. Be sure to review this document prior to meeting with the learner. Learners may choose to print this resource out for future reference.

Course Objectives

This course focuses primarily on building knowledge on child nutrition concepts. The following objectives are organized by the modules in which they are covered within this course. Upon completion of this course, learners will be able to:

Introduction to Child Nutrition

- ◆ Describe normal growth patterns for children ages 1-5.
- ◆ Understand eating behaviors common in the preschool years (e.g., refusal to eat, playing with food, “food jags”, and food preferences).
- ◆ Describe how developmental skills impact feeding children ages 1-5.
- ◆ Utilize ChooseMyPlate for Preschoolers.
- ◆ List three techniques parents can use to prevent choking in young children.
- ◆ Explain how snacks can play an important role in the diet of young children.
- ◆ Identify three healthy snacks to offer children.
- ◆ Describe physical activity recommendations for children ages 1-5.
- ◆ List three ways to promote physical activity for children.
- ◆ Describe the recommendations for screen time for children ages 1-5.

Beyond Basics

- ◆ List two ways milk, juice, and other fluids can impact a child's appetite.
- ◆ List at least four responsibilities of the parent in the feeding relationship.
- ◆ List two responsibilities of the child in the feeding relationship.
- ◆ Be able to support the parents' role in maintaining a healthy feeding relationship.
- ◆ List three mealtime strategies that positively shape a child's early food experience.
- ◆ Identify three factors that would place a young child at risk for iron-deficiency anemia.
- ◆ Describe two practices for preventing lead exposure and poisoning.
- ◆ List three recommendations for oral health in children.
- ◆ Describe two food safety practices to help prevent food-borne illness in children.

Posttest Questions & Answers

Scoring of the *Posttest* will be completed for you electronically. The learner will share their *Posttest* results with you. Remember that the learner may use any of the course or the related *Resources* to complete the posttest.

There are 38 total points possible on the test.

Score of 34.2 points = 90% = passing

1. What 3 statements below highlight why healthy eating habits are important for children one to four years of age?
 - a. Helps children develop fine motor skills and independence**
 - b. Healthy eating habits last a lifetime**
 - d. It is easier to teach young children good eating habits**

2. What are 2 things parents can learn from MyPlate for Preschoolers?
 - a. Try new foods**
 - b. Grow up healthy**

3. What should be the parent's response when a one-year-old child wants to spoon-feed himself?
 - C. Let the child try to feed himself so that he will learn**

4. Young children who drink more than 16 ounces of milk per day are more likely:
 - D. To feel full at mealtimes and uninterested in eating other nutritious foods**

5. Which of the following are characteristic of iron deficiency anemia in children?
 - C. Symptoms include fatigue, irritability, pale appearance and loss of appetite**

6. Which of the following is NOT a source of lead poisoning?
 - C. Older plastic baby bottles**

7. Which of the following is NOT a way to prevent lead poisoning?
 - a. Serve snacks on pottery with a lead glaze**

8. What is the most common reason that toddlers' appetites decrease?
 - d. Their rate of growth slows down after infancy**

-
9. What is the suggested serving size of food to offer children one to three years old?
 - b. One tablespoon of food item for each year of age**
 10. Which 2 feeding tips promote healthy habits for children?
 - a. Schedule three meals and two snacks per day**
 - c. Give small portions for new foods**
 11. What are 2 ways to help prevent choking in children?
 - a. Remove all bones, pits, and seeds from foods**
 - e. Cut fruits and vegetables in small bite sizes**
 12. Which 2 statements are true about children drinking juice?
 - a. It increases chances of tooth decay**
 - b. Juice should be limited to four to six ounces a day**
 13. What is the recommendation for preschooler's physical activity?
 - c. 60 minutes of play or activity each day with a minimum of 30 minutes of moderately intense physical activity**
 14. Which of the following practices are recommended that parents try to promote healthy weight in children?
 - c. Parents decide what, when, and where the child will eat and the child decides how much and whether to eat**
 15. Which 3 of the following mealtime tips would be appropriate to share with participants?
 - b. Avoid cooking different foods for children at a meal**
 - d. No food should be forbidden (moderation)**
 - e. Use child sized plates and utensils**
 16. Which 3 guidelines help to avoid the risk of foodborne illnesses?
 - b. Defrost food in the refrigerator or microwave**
 - d. Use separate cutting boards for meats and other foods**
 - e. Wash hands often under running water for at least 20 seconds**
 17. Which of the following statements is generally NOT true regarding eating behaviors for children one to five years old?
 - c. Children ages two to three years like all foods offered to them for the first time**

18. Which 3 of the following statements about snacks are true?
 - a. **They can help children get the nutrients they need**
 - b. **They can provide up to 20% of their energy and nutrient needs**
 - d. **They should be offered about 2 hours prior to mealtime**

19. True or False: Children do not need to see a dentist until about 2 years of age.
 - b. **False**

20. What are 2 ways to avoid tooth decay in young children?
 - b. **Brush teeth two times a day**
 - d. **Limit candy and other sweets**

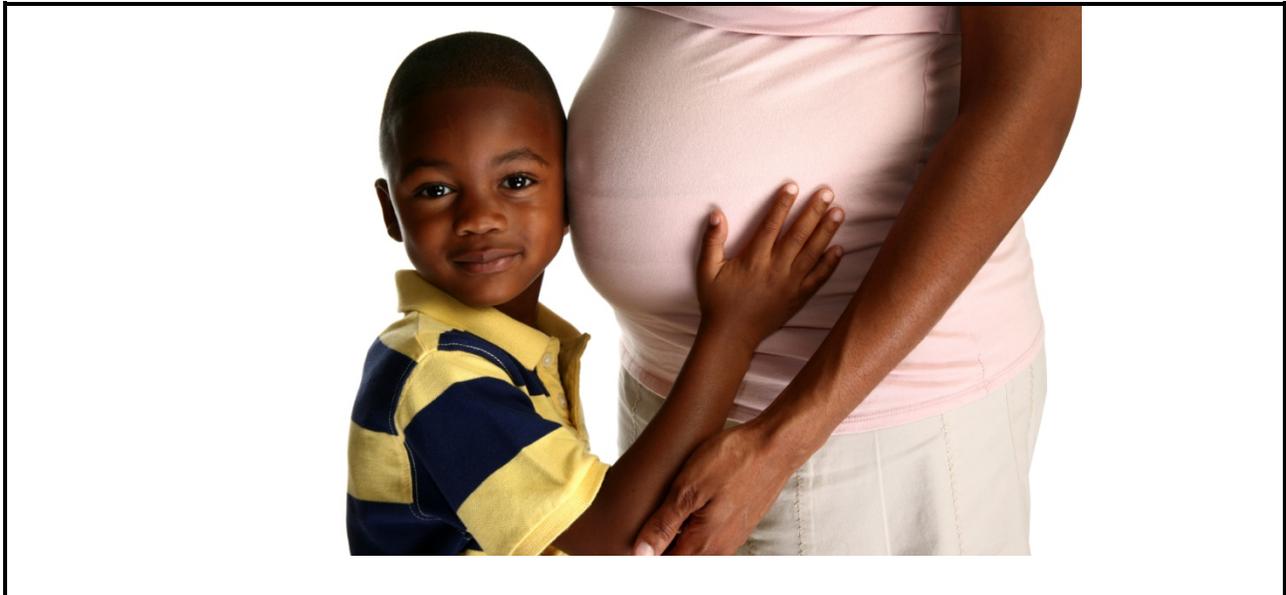
21. True or False: Refined sugar and food additives cause hyperactivity in children.
 - b. **False**

22. True or False: Snacks provide 40% of a child's energy and nutrient requirements.
 - b. **False**

23. True or False: Limit juice to 4 to 6 ounces per day.
 - a. **True**

24. Which of the following statements is NOT true regarding growth in children?
 - d. **Genetics do not determine growth**

25. True or false: Caffeine is found in many foods and drinks and can impact a child's ability to fall asleep.
 - a. **True**



Prenatal Nutrition

Prenatal Nutrition

Guidance for Training Supervisor – Learning Activities

Learners can complete this course one module at a time or all at once. We recommend offering to meet with the learner after each module so that the two of you may discuss any questions or concerns the learner may have. The following questions will facilitate a discussion about the content of the course.

Would you like to share some questions or thoughts you had about this course?
What did you find helpful? What prenatal nutrition information do you see exemplified around the clinic?

There are a couple of activities in particular to review with the learner.

Module 1: Introduction to Prenatal Nutrition: Mercury Resources

Here the learner is taken to a site where they can review more information on Mercury in Oregon.

<http://public.health.oregon.gov/HealthyEnvironments/TrackingAssessment/Envir>

[onmentalHealthAssessment/Documents/fish/healthy_fish_card_ENG_3.11.pdf](#)

Show the learner a hard copy of this resource so that they may consider offering this to interested participants.

Module 3: Medical Risks and Special Considerations: Domestic Violence Resources in Your Community

Here the learner is provided with a statewide hotline for victims of domestic violence. Discuss with the learner the resources available in your community for participants.

Module 3: Medical Risks and Special Considerations: Nutrition and Dietary Risks

A number of items discussed in the modules of this course are associated with nutrition and dietary risks. Discuss with the participant the information that pertains to these risks. Highlight that we recommend participants with some risks, such as those with pica, be referred to a health care provider.

Resources:

The resources section of the course includes many links where more information can be found. One resource of note is the *Companion Document* that summarizes all of the information covered throughout the three modules of this course.

Be sure to review this document prior to meeting with the learner. Learners may choose to print this resource out for future reference.

Course Objectives

This course focuses primarily on building knowledge on prenatal nutrition concepts. The following objectives are organized by the modules in which they are covered within this course. Upon completion of this course, learners will be able to:

Introduction to Prenatal Nutrition

- ◆ Explain the benefits of prenatal care and recommendations for prenatal care.
- ◆ Identify healthy exercise guidelines for pregnancy.
- ◆ Describe recommendations for dental care during pregnancy.
- ◆ Identify guidelines for caffeine consumption during pregnancy.
- ◆ Identify risks and guidelines related to alcohol, tobacco, and drug use during pregnancy.
- ◆ Identify recommendations for the use of prescription and over-the-counter medications during pregnancy.
- ◆ Describe guidelines for the use of nutritional supplements during pregnancy.
- ◆ Identify risk and guidelines for food safety for pregnant women.

Changes to a Woman's Body

- ◆ List the major changes in a woman's body during pregnancy.
- ◆ Identify characteristics of fetal growth and development by trimester.
- ◆ List weight gain recommendations for pregnancy, factors affecting weight gain recommendations and components of weight gain.
- ◆ Understand, identify, and assess the nutritional and caloric needs of women during pregnancy for maternal and fetal health.
- ◆ Identify food sources for key nutrients required for ideal maternal and fetal health and development.
- ◆ Describe nutrition considerations for pregnant women following a vegetarian or vegan diet.
- ◆ Describes dietary treatment for the relief of nausea/vomiting, constipation, heartburn, swelling and leg cramps associated with pregnancy.

Medical Risks and Special Circumstances

- ◆ Identify common medical conditions associated with complications of pregnancy.
- ◆ Understand and identify factors during pregnancy that put mother and infant at risk.
- ◆ Define pica.
- ◆ Identify special considerations and concerns for pregnant adolescents.

Posttest Questions & Answers

Scoring of the *Posttest* will be completed for you electronically. The learner will share their *Posttest* results with you. Remember that the learner may use any of the course or the related *Resources* to complete the posttest.

There are 31 total points possible on the test.

Score of 27.9 points = 90% = passing

1. Which 2 statements are true of women who receive prenatal care:
 - b. They have healthy babies.**
 - c. They have fewer complications during labor and recovery.**

2. Which 2 statements are true about physical activity and pregnancy?
 - b. Women should check with their doctors about amounts and types of physical activities appropriate for their pregnancy.**

- c. Pregnant women who haven't been on a regular exercise program can do moderate activities, like walking, swimming and prenatal aerobic classes for 30 minutes, most days of the week.**
3. What is the recommendation about dental care for pregnant women?
b. Brush and floss and see the dentist regularly to avoid infections.
4. True or False? There is no safe level of alcohol for a pregnant woman, so the recommendation is to avoid all alcohol during pregnancy.
a. True
5. True or False? Herbal supplements and natural home remedies sold without prescriptions can be used during pregnancy, even without checking with one's doctor first.
b. False
6. True or False? The weight gain of pregnancy should be as little as possible, so the baby will be small and easier to deliver.
b. False
7. A pregnant woman mentions that there are several cats in her home. Which of the following could be a potential problem related to caring for the cats?
b. Toxoplasmosis
8. A pregnant woman enjoys the imported, brightly colored ceramic dishes in her old home. To avoid _____, she should know more about what causes the condition, including exposure to some ceramics and old paint.
c. Lead poisoning
9. Uncooked meats, such as hot dogs, and unpasteurized soft cheeses can result in _____, a type of foodborne illness which is easily passed to unborn babies.
d. Listeriosis
10. Which of the following conditions is a possibility if a pregnant mom eats more than 12 ounces per week of certain types of fish?
a. Mercury poisoning
11. True or False? Mothers whose pre-pregnancy weight is in the obese category should gain more weight during their pregnancy than mothers whose pre-pregnancy weight is in the underweight category.
b. False
12. True or False? A pregnant woman can expect to gain from 1 to 4 ½ pounds in the first trimester and about 1 pound/week during the last two trimesters.
a. True

13. Which of the following is NOT true about weight gained in pregnancy?
d. The heart, lungs, kidneys, liver and brain all get bigger during pregnancy.
14. Calorie needs for most healthy women in the second and third trimesters of pregnancy increase by about:
c. 350 – 450 calories/day.
15. Which of the following are added to prenatal supplements, because more is needed during pregnancy?
d. Folic Acid and iron
16. Which of the following would meet the additional daily nutrition needs of a pregnant woman during the last two trimesters?
a. An additional serving of fruit, vegetables, a cup of 1% milk, a whole grain, and ½ cup of beans.
17. True or False? Vegetarian diets can be safe and nutritionally adequate for pregnant women.
a. True
18. Which of the following are NOT conditions commonly associated with pregnancy?
c. Eye, ear and throat infections
19. A baby is at greater risk of prematurity and low birth weight if:
c. The mother is a teenager.
20. A pregnant woman who craves and eats non-foods, such as dirt, ashes, large quantities of ice, paint chips or baking soda is experiencing _____, a condition of unknown cause which can contribute to poor absorption of nutrients and other health problems.
c. Pica
21. For whom is adequate nutrition especially important?
d. A woman expecting a second child within 16 months of her first child's birth, who is still breastfeeding the first child.
22. True or False? A woman who is depressed during her pregnancy should be referred to a specialist.
a. True
23. Which **3** of the following statements would be appropriate suggestions of what to say are when you suspect a WIC participant is being abused:
**a. "I'm sorry you've been hurt."
b. "No one deserves to be treated that way."**

d. "This is not your fault."

24. True or False? High blood pressure is related to preeclampsia, a condition that requires medical attention.

a. True

25. Which **3** statements are true about gestational diabetes?

b. It is characterized by high blood sugar levels, which affect the baby.

c. It usually goes away after the pregnancy.

e. Women with gestational diabetes are at higher risk of type 2 diabetes after the baby is born.



Postpartum Nutrition

Postpartum Nutrition

Guidance for Training Supervisor – Learning Activities

Learners can complete this course one module at a time or all at once. We recommend offering to meet with the learner after each module so that the two of you may discuss any questions or concerns the learner may have. The following questions will facilitate a discussion about the content of the course.

Would you like to share some questions or thoughts you had about this course?

What did you find helpful?

What postpartum nutrition information do you see exemplified around the clinic?

There are a couple of subjects in particular to review with the learner.

Module 1: Postpartum Nutrition and Weight

During postpartum certification much attention/focus is on the baby. Highlight to learner the importance of counseling mom too. In addition, non-nursing postpartum participants don't always get the attention they deserve. Highlight to the learner the importance of supporting postpartum moms with good nutrition to prepare for future pregnancies.

Module 2: Behaviors, Issues and Outcomes

Discuss with the learner some common issues of postpartum moms, i.e. weight, lifestyle, behaviors, physical activity and emotions.

Modules 1 & 2

A number of items discussed in the modules of this course are associated with nutrition and dietary risks. Discuss with the learner the information that pertains to these risks.

Breastfeeding is not covered in detail in this course; refer learners to the Breastfeeding Module for information on breastfeeding.

Resources:

The resources section of the course includes many links where more information can be found. One resource of note is the *Companion Document* that summarizes all of

the information covered throughout the two modules of this course. Be sure to review this document prior to meeting with the learner. Learners may choose to print this resource out for future reference.

Course Objectives

This course focuses primarily on building knowledge on postpartum nutrition concepts. The following objectives are organized by the modules in which they are covered within this course. Upon completion of this course, learners will be able to:

Postpartum Nutrition and Weight

- ◆ Identify key nutrients for postpartum health.
- ◆ Describe special concerns associated with nutrition for postpartum teens.
- ◆ Identify weight issues for postpartum moms.
- ◆ Describe the characteristics of average weight loss after delivery.
- ◆ Identify factors that influence weight loss after delivery.

Behaviors, Issues and Outcomes

- ◆ Describe challenges faced by new mothers when trying to eat well.
- ◆ Describe barriers faced by new mothers when trying to be physically active.
- ◆ List issues related to smoking that can impact the postpartum period.
- ◆ Identify concerns with the use of alcohol and drugs during the postpartum period.
- ◆ Describe complications that might occur following a delivery by C-section.
- ◆ Identify common physical changes experienced by woman after delivery.

Posttest Questions & Answers

Scoring of the *Posttest* will be completed for you electronically. The learner will share their *Posttest* results with you. Remember that the learner may use any of the course or the related *Resources* to complete the posttest.

**There are 39 total points possible on the test.
Score of 35.1 points = 90% = passing**

1. Select the **3** foods that are rich in folate:
 - a. **Legumes**
 - d. **Leafy greens**
 - e. **Orange juice**

2. Osteoporosis can result from an inadequate intake of which nutrient?
 - d. **Calcium**

3. True or False? It is recommended that postpartum women continue to take prenatal vitamins after delivery.
 - a. **True**

4. Select the **3** reasons why drinking water is important for new moms:
 - b. **Helps to flush out toxins**
 - c. **Carries nutrients throughout the body**
 - d. **Decreases constipation**

5. Select the **3** reasons why is it recommended to space pregnancies at least one year apart:
 - a. **Gives the body time to replenish nutrients, like iron and folic acid**
 - b. **Decreases the risk of having a low birth weight baby**
 - d. **Allows the body to reach a healthy weight before the next pregnancy**

6. True or False? Dairy products, canned fish with bones, certain nuts and seeds, leafy greens and fortified breads or juices are good sources of calcium for postpartum women.
 - a. **True**

-
7. Select the **4** physical changes that a postpartum mother may experience:
 - a. **uterine contractions**
 - b. **vaginal discharge**
 - c. **hemorrhoids**
 - e. **loss of large amount of hair**
 8. True or False? It is safe for women using illicit drugs (street drugs) to breastfeed.
 - b. **False**
 9. Which statement is true about postpartum nutrition?
 - b. **New moms need realistic suggestions about eating healthy while caring for a newborn.**
 10. True or False: Putting a pacifier in the mouth to clean it can spread germs between the adult and baby.
 - a. **True**
 11. True or False? Postpartum women who smoke should never breastfeed.
 - b. **False**
 12. When can most postpartum women expect to return to their pre-pregnancy weight?
 - c. **6 months after delivery**
 13. Identify which factor(s) contribute to weight loss after pregnancy:
 - e. **All of the above**
 14. Following delivery, how many pounds of weight loss would the baby, placenta, amniotic fluid, and blood loss account for?
 - b. **10 to 13 pounds**
 15. True or false? Women who were overweight or obese before their pregnancy retain more of their postpartum weight than other women.
 - a. **True**
 16. Due to blood loss from surgery, women who have had a C-section need more:
 - d. **protein, vitamin C, iron and fluids.**
 17. True or False? Postpartum women consuming vegetarian diets can receive all the necessary nutrients for their body through food.
 - a. **True**
-

18. True or False? As a WIC counselor, it is okay to diagnosis a woman with postpartum depression.
- b. **False**
19. Select the **3** true statements regarding postpartum blues, also known as “Baby Blues”:
- a. **Symptoms can include mood swings, crying easily, irritability, changes in eating and sleeping**
 - b. **Common in postpartum women**
 - d. **Women showing symptoms should be referred to their health care provider and not diagnosed by WIC staff**
20. Select the **4** tips related to physical activity that are recommended for postpartum women:
- b. **Take a brisk walk with the baby stroller.**
 - c. **If there are safety concerns, walk in a mall or with friends.**
 - d. **Walk more, dance more, play more – simply keep moving more as part of an active lifestyle.**
 - e. **Check with your doctor first. Most women are ready for physical activity six weeks postpartum.**
21. True or False? Breastfeeding mothers may transfer caffeine to infants, leading to wakefulness and irritability.
- a. **True**
22. True or False? Gestational diabetes is the same as type 1 or type 2 diabetes.
- b. **False**
23. A healthy, well-balanced diet after delivery will help:
- d. **All of the above**
24. A postpartum mom is in your office for her WIC appointment. She tells you that she had gestational diabetes and is worried that she still has it. Choose the best response as her WIC counselor.
- b. **“Gestational diabetes develops during pregnancy and usually goes away after delivery. Tell me more. What has your doctor said about that?”**
25. Caring for a newborn can be more challenging for women with:
- d. **All of the above**



Baby Behaviors

Baby Behaviors

Guidance for Training Supervisor – Learning Activities

This course consists of nine modules that build upon one another. We recommend learners complete the course in multiple sittings. The time it takes to complete each individual module varies (see estimated times below).

Module #	Estimated time needed to complete
1	12 minutes
2	12 minutes
3	18 minutes
4	13 minutes
5	5 minutes
6	25 minutes
7	28 minutes
8	20 minutes
9	20 minutes

Offer to meet with the learner after each module so that the two of you may discuss any questions or concerns the learner may have. The following questions will facilitate a discussion about the content of the course.

Would you like to share some questions or thoughts you had about this module?

What did you find helpful?

What baby behaviors have you seen exemplified around the clinic?

There are a couple of activities in particular to review with the learner.

Module 3: Baby Cues and Crying: Promoting Positive Interactions

Here the learner has the opportunity to print out an activity sheet to identify specific cues and to practice finding the words they would use during their interactions with participants. Review with the learner their completed activity.

Module 8: Caregiver-Infant Reactions: Sleeping & Crying Tips

Sleeping and crying are critical concerns for parents and caregivers right after they bring their baby home. In order to effectively share baby behavior information with participants, the learner will need time to blend the information presented in this course with their participant centered skills. Here the learner has the opportunity to print out an activity sheet to complete over the course of the next month. We recommend you make a point of scheduling time to reconnect with the learner after a month's time to review this completed activity.

Resources:

The resources section of the course includes two links to more information on the work that the UC Davis Human Lactation Center has done with Baby Behaviors. In addition, there is a link to California's Baby Behavior Campaign where multiple resources exist. Encourage the learner to take some time to review these resources.

Course Objectives

This course focuses on building knowledge and skills in recognizing and responding to the behaviors of healthy term babies from birth to six months. The following objectives are organized by the modules in which they are covered within this course. Upon completion of this course, learners will be able to:

Introduction to Baby Behavior

- ◆ Explain how knowledge of baby behavior can help caregivers better interpret their baby's needs.
- ◆ Describe specific ways that babies communicate with caregivers.

Just Being Themselves

- ◆ Identify the six infant states.

Baby Cues and Crying

- ◆ Differentiate between engagement and disengagement cues.
- ◆ Identify the specific cues that babies use to indicate hunger and fullness.

Sleepy Time

- ◆ Identify the two types of infant sleep.
- ◆ Recognize how normal patterns of infant sleep affect a baby's sleeping and waking behavior in the early weeks and months of life.

Physical Activity

- ◆ Identify the importance of physical activity on infant growth and development.

Infant Feeding Misinformation

- ◆ Examine how the misinterpretation of baby behavior negatively impacts feeding decisions.

Support for Caregivers

- ◆ Recognize the strategies and resources that assist parents in making informed decisions about feeding.

Caregiver-Infant Interactions

- ◆ Demonstrate ways to effectively share baby behavior information with parents.

WIC Essential Roles

- ◆ Examine the role you have in encouraging and promoting positive caregiver–infant interactions.

Posttest Questions & Answers

Scoring of the *Posttest* will be completed for you electronically. The learner will share their *Posttest* results with you. Remember that the learner may use any of the course or the related *Resources* to complete the *Posttest*.

There are 30 total points possible on the test.

Score of 27 points = 90% = passing

1. True or False: Infants typically start sleeping through the night by 6-8 weeks of age.
False
2. True or False: Newborns fall asleep in the *Light Sleep State* and may wake easily during this time. **True**
3. True or False: The UC Davis Human Lactation Center Study found that the most common reason new moms decided to stop breastfeeding was because they believed they didn't produce enough milk due to their babies waking up and crying during the night. **True**
4. True or False: Infants show only one cue to indicate hunger or fullness. **False**
5. True or False: Physical activity helps infants with digestion and brain development, in addition to helping to develop muscle strength and coordination. **True**
6. True or False: Laying newborns on their stomach when they are awake (tummy time) is a good physical activity because it encourages them to lift their head, which strengthens their neck. **True**
7. True or False: Car seats restrict movement and discourage physical activity and therefore should only be used for safety when in a car. **True**
8. True or False: Responding to cues quickly before a baby starts to fuss may help the baby cry less. **True**
9. True or False: Babies need to wake up often and feed. **True**
10. Infant states are groups of behaviors that occur together and include:
d. **All of the above**
11. Which infant state is the best time for the baby to learn, play and feed?
c. **Quiet Alert**

12. Which of the following are early hunger cues?
 - c. **Clenched fingers, fists over their chest and tummy, bringing hands to their face, sucking noises or motions**

13. What are some of the ways WIC staff can help parents respond to their baby's cues?
 - e. **All of the above.**

14. Knowledge of baby behaviors provides insights into all of the following, EXCEPT:
 - c. **How smart babies will be.**

15. Which of the following is **NOT** a method to soothe a crying baby?
 - b. **Offering a variety of toys as a distraction.**

16. Which of the following is **NOT** a disengagement cue?
 - c. **Smiling**

17. _____ cues tell caregivers, "I want to be near you," or, "I want to learn and play."
 - b. **Engagement cues**

18. A co-worker asks you if you think it is useful to talk to parents about baby behavior before their babies are born. How would you respond?
 - c. **"Yes, because unrealistic expectations can increase parents' stress and affect their infant feeding decisions. Some topics like sleep patterns and crying should be shared with parents before their babies are born."**

19. Anya tells you that she is not able to breastfeed because her milk didn't come in until 3 days after her first baby was born. How do you respond?
 - a. **"Many mothers are concerned when they don't feel changes in their breasts right after their babies are born. It is normal and healthy for your body to make colostrum in small amounts for your baby during the first few days. Would you like to hear more about that?"**

20. Hannah is a new mother of a calm and alert 2-month-old baby boy, Joshua, who has been looking around the clinic during her appointment. You notice that the baby puts his head down on her shoulder for a moment, looks up, then opens and closes his eyes. What do you expect Joshua to do in the next few minutes?
 - a. **He will show more cues that indicate he needs to rest, because being alert is hard work for babies.**

21. Georgia enters your office carrying Tyler, her 5 month old, in his car seat. Tyler is pushing against the straps of the car seat as his mother places it down on the floor beside her. Georgia tells you that Tyler has been squirming a lot in his car seat and she worries that he has a stomach ache. How would you respond?
- b. “Isn’t it amazing how babies can tell us what they need through their bodies and noises? I wonder if Tyler wants you to take him out of his car seat.”**
22. Madeline calls you from her hospital room on the second day after her baby was born to tell you that her newborn is refusing to breastfeed. How would you respond?
- b. “What is making you feel your baby is refusing the breast?”**
23. Blanca tells you that she is worried that her 2-month-old son Luis doesn’t like “tummy-time” when she puts him down while she folds laundry nearby. She tells you that he starts crying within a couple of minutes. How do you respond?
- c. Luis wants to learn and play with you whenever he can. He might be crying because he can’t see your face. Would you like to hear more about that?**
24. Match the infant state with the infant cues:
- | | |
|-------------------------------|--|
| Crying | Tears, muscle tension, jerky movements, rapid breathing |
| Irritable | Movements becoming faster and stiffer, irregular breathing, eyes open but not focused, may be fussy |
| Quiet Alert | Little body movement, eyes wide open, steady regular breathing, responsive |
| Drowsy | Tired eyes, opens and closes eyes, variable movement, delayed reaction time |
| Light Sleep
(Active Sleep) | Eyes closed with rapid eye movement, moves now and then, irregular breathing, easily awakened and startled |
| Deep Sleep
(Quiet Sleep) | Not easily awakened, no body movement, regular breathing, bursts of sucking |
25. Which of the following may explain an infant’s persistent crying?
- d. All of the above.**



**PCS -
Setting the Stage**

Participant Centered Services - Setting the Stage

Guidance for Training Supervisor – Learning Activities

Offer to meet with the learner after each module so that the two of you may discuss any questions or concerns the learner may have. The following questions will facilitate a discussion about the content of the course.

Would you like to share some questions or thoughts you had about this module?

What did you find helpful?

There are a couple of activities in particular to review with the learner.

Module 1: The Spirit of PCS Self-Assessment

Here the learner has the opportunity to examine their customer service behaviors via a self-assessment. Follow up with the learner by asking them what they believe to be their strengths and where they see opportunity for improvement. To print a copy of this activity, please click this link: [PCS Activity 1](#).

Module 2: Front Desk Observations

Here the learner has the opportunity to observe a clerical encounter and to record specific examples of what they hear or observe. Follow up with the learner to see what they observed.

This is a great opportunity to observe the learner during *their* participant encounters. Using the [PCS Activity 2](#) observation guide, take the time to observe the learner interacting with the participant and provide positive feedback using the questions below:

- ✓ How do you feel the encounter went?
- ✓ What do you think went well?
- ✓ What might you do differently next time?
- ✓ Here are some examples of things I heard you say.....
- ✓ Use as an opportunity to affirm skills staff are already using

Module 3: Recognizing Resistance Observation

Here the learner has the opportunity to practice recognizing resistance during participant encounters at the front desk and to record their observations and thoughts around what was behind the resistance and how this situation was handled. Behaviors that might be contributing to a difficult situation include:

- ✓ Use of a judgmental or confrontational approach
- ✓ Not paying attention to the participant's feelings and thoughts
- ✓ Telling a participant what to do
- ✓ Acting like 'the expert'
- ✓ Appearing cold or distant – lacking empathy, sincerity

Spend some time reviewing the learner's experience with this activity. To print a copy of this activity, please click here: [PCS Activity 3](#)

Course Objectives

This course focuses on participant centered services (PCS) and is designed for WIC staff that set the stage for participant encounters. The following objectives are organized by the modules in which they are covered within this course. Upon completion of this course, learners will be able to:

The Spirit of PCS

- ◆ Explain how PCS benefits WIC participants and staff.
- ◆ Describe the role that clerical staff play in PCS.

OARS

- ◆ Demonstrate active listening skills.
- ◆ Demonstrate how to use open-ended questions, affirmations, reflections, and summaries during participant encounters.

Handling Difficult Situations

- ◆ Recognize resistance when working with participants.
- ◆ Identify strategies to diffuse difficult situations.
- ◆ Practice responding to commonly asked questions from WIC participants.

Posttest Questions & Answers

Scoring of the *Posttest* will be completed for you electronically. The learner will share their *Posttest* results with you. Remember that the learner may use any of the course or the related *Resources* to complete the *Posttest*.

There are 28 total points possible on the test.

Score of 25.2 points = 90% = passing

1. Choose the definition that best describes participant centered services (PCS):
 - a. **Placing participants in the center of each interaction**
2. Certifiers are the only WIC staff who use participant centered services.
False
3. Clerical staff make a positive impact on a participant's WIC experience by:
 - e. **All of the above**
4. Participant centered services focus on a participant's:
 - a. **Strengths and interests**
5. The spirit of PCS is most like _____ with a participant.
 - c. **Dancing**
6. Active listening means:
 - b. **Being fully present and paying attention**
7. Holding the silence can be useful to:
 - a. **Give the participant a chance to think about their answer**
8. Check all that apply: characteristics of active listening include:
 - a. **Eye contact**
 - b. **Pleasant facial expression**
 - e. **Warm tone of voice**
9. The "A" in the acronym OARS, stands for:
 - c. **Affirmations**
10. Open-ended questions can be answered with a yes or no.
False

11. Identify 2 open-ended questions from the list below:
 - a. **How may I help you?**
 - d. **What time would work for you?**
12. When making an affirmation, what should be considered?
 - d. **All of the above**
13. It is important to be genuine when giving affirmations.
True
14. Which of the following statements are not true about reflections?
 - d. **Reflections get in the way of active listening.**
15. Reflections often start with which of the following phrases:
 - a. **It sounds like., you're wondering if..., you feel that..., you think...**
16. A reflection sounds like a question where the voice goes up at the end of the statement.
False
17. Summaries can be used to do the which of the following:
 - c. **Reinforce what has been said and tie it all together**
18. Which statement is true about using OARS skills?
 - a. **It doesn't take a lot of time**
19. When you hear terms like "I can't..." or "I would but..." or "That won't work because..." you may be seeing signs of:
 - b. **Resistance**
20. The "righting reflex" means:
 - d. **We want to fix what is wrong**
21. Resolving conflict is easiest when clerical staff do which of the following:
 - d. **All of the above**
22. Which of the following illustrate the "Explore-Offer-Explore" approach to sharing information with participants?
 - b. **Ask what they know, ask permission to share information, ask how they feel about the information**
23. Select actions to take when dealing with resistance:
 - d. **Accepting that they are upset, demonstrate understanding**

24. PCS helps us build relationships with participants and enhances the work we do in WIC. Which of the following attributes helps us to maintain these positive relationships?
- a. **Empathy**

Adverse Childhood Experiences

Overview

This course focuses on Adverse Childhood Experiences (ACEs) which are traumatic events in childhood that may have long lasting effects. These experiences can impact an individual's physical and mental health for one's entire life and influence how they interact with others. This online course gives staff an overview of ACE research, along with tools to support the resilience of participants and tools for self-care.

Guidance for Training Supervisors

- ◆ This online course contains information and discussions which may cause people to remember difficult things about their personal lives or professional experiences. As with other potentially sensitive subjects refer staff to available mental health resources.
- ◆ Embedded in this course are two (2) questionnaires—an ACEs measurement tool and a resiliency measurement tool. The information collected in this questionnaire is not stored, accessed or shared by any organizations, or employees of Oregon's WIC program at the state or local agency level. These are private surveys intended to give employees an individualized overview of their own ACE and resiliency scores. Please share this information with your staff before they start the course.
- ◆ Both measurement tools are available at the end of this document. Note: if you review this module as a group, please print a copy of the ACEs and resiliency questionnaires for each staff member to fill out individually and privately.
- ◆ This online course is uploaded onto iLearn in two parts:
 1. OHA - PHD – Online: WIC Adverse Childhood Experiences (ACEs)
 2. OHA - PHD – Online: WIC ACEs Post-test
- ◆ As with all WIC modules or online courses, staff must pass the post-test with a score of 90% or greater.

Course Objectives

1. Recognize the impact of ACEs on participant behaviors and health outcomes.
2. Use active listening skills to demonstrate empathy and avoid judgement.
3. Support participants with tools to improve resiliency and increase protective factors against ACEs.
4. Identify strategies for self-care to improve job performance and staff resilience.

Course Overview:

Module 1: Adverse Childhood Experiences Introduction

Module 2: Effects of ACEs

Module 3: ACEs and Resilience

Module 4: Trauma Informed Care

Module 5: More Ways You Can Help

Module 6: Practice Scenarios

Adverse Childhood Experiences Questionnaire

Prior to your 18th birthday:

	Question	No	Yes
1.	Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? OR Act in a way that made you afraid that you might be physically hurt?		
2.	Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? OR Ever hit you so hard that you had marks or were injured?		
3.	Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? OR Attempt or actually have oral, anal, or vaginal intercourse with you?		
4.	Did you often or very often feel that ... No one in your family loved you or thought you were important or special? OR Your family didn't look out for each other, feel close to each other, or support each other?		
5.	Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? OR Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?		
6.	Were your parents ever separated or divorced?		
7.	Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? OR Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? OR Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?		
8.	Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?		
9.	Was a household member depressed or mentally ill, or did a household member attempt suicide?		

<u><i>Adverse Childhood Experiences Questionnaire</i></u>			
Prior to your 18th birthday:			
	Question	No	Yes
10.	Did a household member go to prison?		
	Now add up your "Yes" answers: __ This is your ACE score		
Credit for this modified ACEs questionnaire: Danny DeBelius/NPR			

<u><i>ACEs RESILIENCE Questionnaire</i></u>						
	Question	Definitely true	Probably true	Not sure	Probably not true	Definitely not true
1.	I believe that my mother loved me when I was little.					
2.	I believe that my father loved me when I was little.					
3.	When I was little, other people helped my mother and father take care of me and they seemed to love me.					
4.	I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.					
5.	When I was a child, there were relatives in my family who made me feel better if I was sad or worried.					
6.	When I was a child, neighbors or my friends' parents seemed to like me.					
7.	When I was a child, teachers, coaches, youth leaders or ministers were there to help me.					
8.	Someone in my family cared about how I was doing in school.					
9.	My family, neighbors and friends talked often about making our lives better.					

<u>ACEs RESILIENCE Questionnaire</u>						
	Question	Definitely true	Probably true	Not sure	Probably not true	Definitely not true
10.	We had rules in our house and were expected to keep them.					
11.	When I felt really bad, I could almost always find someone I trusted to talk to.					
12.	As a youth, people noticed that I was capable and could get things done.					
13.	I was independent and a go-getter.					
14.	I believed that life is what you make it.					
<p>How many of the 14 were checked "Definitely True" or "Probably True"? _____</p> <p>Note: The factors labeled under "Definitely or Probably True" are referred to as protective factors.</p> <p>Of these checked, how many are still true for me? _____</p>						

ACEs Posttest Questions & Answers

1. Which of the following statements are true? Select ALL that apply.
 - a. Participants in the home visiting program are unlikely to have experienced ACEs.
 - b. The higher the ACE score, the more likely it affects someone's health.**
 - c. ACEs happen in clusters. If someone has one ACE, it's likely they have at least one more ACE.**
 - d. ACEs have strong effects on mental health but not on physical health.
 - e. Risky behaviors such as using alcohol may be ways of temporarily coping with unresolved trauma.**
2. How do ACEs affect children and adolescents? Select ALL that apply.
 - a. ACEs can cause children to have trouble trusting adults.**
 - b. Adolescents who experienced ACEs are more likely to drink and smoke.**
 - c. ACEs reduce development in the lower part of the brain where survival instincts are controlled.
 - d. Once children reach adolescence, their brains stop growing. Damage from ACEs becomes irreversible after childhood.
 - e. ACEs are linked to learning and behavioral problems in children.**
3. Which of the following is an open-ended question?
 - a. You aren't being abused, are you?
 - b. How do you feel about your safety in your relationship?**
 - c. Are you being abused by your partner?
 - d. Do you feel safe in your home?
4. A participant who is safe in her current relationship sometimes recalls her experience of childhood sexual abuse. What would be a helpful response from a WIC counselor or Home Visitor?
 - a. No one can change the past. It's time to put it behind you.
 - b. It's important to focus on the current situation and not dwell on past experiences.
 - c. I can see that talking about this is upsetting you, so let's talk about something else instead.
 - d. Recovery from trauma is a process. It takes time, often years.**
5. Anna is a mom in an abusive relationship. She confides in you, "I'm worried I've really messed up my kids. My oldest has so much trouble at school. What if I've ruined their lives forever?" What response is most appropriate according to the principles of trauma-informed care?
 - a. You can help change your children's lives. Kids are resilient. They can thrive with support even after bad experiences. Would you like to hear about some ways you can help them?**
 - b. I know this is hard to talk about. I'm going to make a call for you to a local group that provides support to women in your situation.

- c. Traumatic experiences can change how children's brains grow and develop. Exposure to violence can make it harder to learn. That's probably why your oldest is having trouble at school.
 - d. If you really loved your kids, you'd move out and leave this bad relationship.
6. Which of the following statements are examples of creating a safe environment as part of trauma-informed care? Check ALL that apply.
- a. **Lauren calmly explains the process and expectations at the beginning of her visit.**
 - b. Julia firmly maintains her role as the expert in the relationship and is clear that her views on parenting are better than the participant's opinions.
 - c. **Alex asks permission before offering a referral to a participant.**
 - d. **Destiny works to earn the trust of her participants. She is patient when they are wary of people in position of authority.**
7. Which of these factors provides protection against ACEs and can improve resilience? Check ALL that apply.
- a. **Nurturing relationships with adults**
 - b. Solving problems alone, without support
 - c. **Social and community connections**
 - d. **Attentive parenting**
 - e. Avoiding excessive attention to the child to prevent "spoiling"
 - f. **Understanding child development**
 - g. **Knowledge of effective parenting strategies**
8. A participant tells you, "I feel kind of guilty that my kids always see me and my boyfriend fighting. When he's not around, I let the kids get away with almost anything. I feel like I owe it to them for all the times when things are bad." What is the most appropriate response, according to the principles explained in the course?
- a. **Many moms feel the way you do. Did you know that being consistent with rules actually helps protect your kids? They'll feel safer if they know what to expect all the time.**
 - b. That's understandable. No mom is perfect.
 - c. You should be consistent with your rules. Consistent, fair discipline provides protection against ACEs.
 - d. You're helping your children become stronger by letting them get away with bad behavior because you feel guilty about the fighting.
9. What is the most appropriate way to offer a warm referral to participant, according to the principles of trauma-informed care?
- a. I can see that you're really struggling. You should really call this local support group for help. Many moms have found this group helpful.
 - b. If you really loved your kids, you'd call this local support group and get yourself some help.
 - c. I know this is hard to talk about. I'll give you the number for a local support group so you can get some more help.
 - d. **There's a program here in town that many moms have found helpful. I could call them for you to help you get started. Would that be OK?**

10. Which of these statements is true?
- a. Secondary trauma is very rare among people who work with trauma survivors.
 - b. Empathy is a liability when working with trauma survivors and should be avoided.
 - c. Self-care strategies such as engaging in wellness activities are important to reduce the effects of secondary trauma for WIC Counselors and Home Visitors.**
 - d. Only people who directly experience trauma are at risk. Providers who help trauma survivors don't need any help.

All WIC staff must pass this quiz with 90% or above. 90% is 9/10 questions.

