

DEVELOPING A CONSOLIDATED TRAINING WEBSITE, ON-LINE TRAINING PROGRAMS AND TOOLS FOR FASD PRACTICE AND IMPLEMENTATION CENTERS & PROFESSIONAL/PARTNER ORGANIZATIONS

TRAINING PLAN

December 1, 2015

Centers for Disease Control and Prevention (CDC)

National Center on Birth Defects and Developmental Disabilities (NCBDDD)

Division of Birth Defects and Developmental Disabilities (DBDDD)

ORAU

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PROJECT EXECUTIVE SUMMARY

To meet the CDC's goal of prevention, identification, and care of children with fetal alcohol spectrum disorders (FASD), CDC began funding FASD Regional Training Centers (RTC) to train health care professionals in 2002. Over the next 10 years, the RTCs developed training, tools, websites and materials centered around seven core competencies found in CDC's *FASD Competency-Based Curriculum Development Guide for Medical and Allied Health Education and Practice*.

Based on recommendations of an expert panel in 2013, CDC restructured the RTC system into a more centralized, national approach. In 2014 the former RTCs were renamed to FASD Practice and Implementation Centers (PIC). Along with rebranding the PICs, CDC is seeking to gather and convert existing trainings, tools, and materials and develop new, standardized curriculum that can be targeted toward specific audiences, and that will align with *CDC's FASD Competency-Based Curriculum Development Guide for Medical and Allied Health Education and Practice*. In addition, CDC desires a web presence beyond CDC.gov and the existing RTC websites, which serves as a centralized portal for a more national, yet discipline-specific, focus. The website should be branded to reflect the collaboration between the CDC, PICs and national partners. The website will also serve as a resource library, provide links for health professionals, and serve as the face of the national effort for preventing fetal alcohol syndrome and help children already living with FASDs.

TRAINING OVERVIEW

ORAU have been tasked with leading the development and evaluation of two web-based training courses, a branded website to house the courses, and related resources, course registration. The website will also reflect the full range of trainings and resources of CDC's Fetal Alcohol Spectrum Disorders Practice and Implementation Centers (PICs). FASD PICs were established to develop, deliver, disseminate, and evaluate FASD training programs for health care professionals addressing the prevention, identification, and treatment of FASDs.

OBJECTIVES

- Develop a training plan that includes web-based training approaches – both asynchronous and synchronous – for two courses.
- Develop criteria for the development of asynchronous and synchronous training courses.
- Provide a recommended process for piloting two courses.
- Develop a process for the identification and collation of coursework supporting materials.
- Develop and document a process for the management of course registration and student pre- and post-course evaluations.

TASKS

Task 1 – Develop a draft and final training plan

A master training plan will be developed and submitted to CDC for review and approval. The plan will include the goals and outlines of the two courses, as well as provide recommendations on synchronous or asynchronous training, learning objectives, a recommendation for the piloting of courses, and pre and post assessments.

ORAU's Learning Management System (LMS) will track course registration and collect all pre- and post-course evaluation data. Course completion, tests scores, student evaluation, and course completion certificates will be handled by the LMS. Because the LMS provides these functions, costs for building this functionality into the Web portal are avoided.

Task 2 – Develop 2 (two) on-line training courses

Development of the courses will be done in two phases: content development and production. The entire course content (all pieces) must be developed, Subject Matter Expert (SME) reviewed, quality checked and approved through CDC's clearance before production.

Activities will include:

- Review existing source material and perform a content audit.
- Identify where existing materials are to be used and where new content/media pieces must be developed (graphics, animations, illustrations, audio/video files, and other “digital assets”).
- Determine instructional design strategies that support the behavioral outcomes.
- Storyboard all parts of the course to show the flow of the instructional experience.
- Develop pre- and post-assessments and create a test item “bank.”

- Perform a review and obtain CDC approval on all content.

After CDC approves the proposed content, the team will begin the training development.

Activities include the following:

- Program the interactive activities, test and refine.
- Produce the media assets according to the storyboards and assemble the instructional activities that make up the course and load into the LMS.
- Perform functional test on all self-paced activities and a walk-through of the group activities.
- Conduct a pilot test of the entire course and conduct a hot wash to identify areas for revision.
- Load content into the LMS in Aviation Industry CBT [Computer-Based Training] Committee (AICC) or Sharable Content Object Reference Model (SCORM)-compliant packages.
- Conduct train-the-trainer sessions to orient the facilitators and webinar presenters with the course content.

Draft courses will go through a pilot process consisting of: (1) an internal review by the project team for quality control purposes, (2) a review by CDC personnel, and (3) a live run-through with personnel selected by CDC and from the PICs and partners. A course evaluation will be collected via a ThinkTank™ session that will collect feedback on usability, general observations, student critique, and a review of pre- and post-course assessment data. Findings will be discussed with the CDC team and changes incorporated into the final version.

TASK 1 - TIMELINE

Task Description	Due Date	Assigned To
Develop draft training plan and deliver to CDC	11/13/2015	ORAU
(Review Period) Deliver feedback on draft training plan	12/7/2015	CDC
Develop training plan and deliver to CDC	12/11/2015	ORAU
(Review period) Deliver feedback on training plan	12/18/2015	CDC
Deliver completed plan	1/4/2016	ORAU

TASK 2 – COURSE 1 (FASD101) TIMELINE*

Task Description	Due Date	Assigned To
CONTENT		
Develop draft objectives for course 1	10/09/15	CDC
Develop draft objective outline template for course 1	10/23/15	ORAU
Deliver content for course 1 according to template	12/14/15	CDC
Review content, provide feedback	12/18/15	ORAU
Review feedback, deliver final content	01/15/16	CDC
DESIGN		
Develop and deliver draft storyboards for course development	02/12/16	ORAU
(Review period) Deliver feedback on draft storyboards	02/26/16	CDC
Provide any required materials/graphics	02/26/16	CDC
Incorporate revisions, changes, updates and deliver final design	03/18/16	ORAU
(Review period) Review final design, approve and submit final course content/storyboards for CDC Clearance	04/01/16	CDC
PRODUCTION		
Build and produce draft version of course	06/17/16	ORAU
(Review period) Deliver feedback on draft course	07/01/16	CDC
Update course based on feedback	07/08/16	ORAU
QC/TESTING		
Conduct internal testing of course	07/15/16	ORAU
Update course based on feedback	07/22/16	ORAU
Conduct a course review by CDC personnel	07/29/16	ORAU/CDC
Update course based on feedback	08/05/16	ORAU
Conduct pilot test of course	08/12/16	ORAU/CDC
Update course based on feedback	08/19/16	ORAU
Deliver final version of Course 1	08/19/16	ORAU

TASK 2 – COURSE 2 TIMELINE*

Task Description	Due Date	Assigned To
CONTENT		
Develop draft objectives for course 2	01/15/16	CDC
Develop draft objective outline template for course 2	01/22/16	ORAU
Deliver content for course 2 according to template	02/12/16	CDC
Review content, provide feedback	02/19/16	ORAU
Review feedback, deliver final content	03/11/16	CDC
DESIGN		
Develop and deliver draft storyboards for course development	04/01/16	ORAU
(Review period) Deliver feedback on draft storyboards	04/15/16	CDC
Provide any required materials/graphics	04/15/16	CDC
Incorporate revisions, changes, updates and deliver final design	04/22/16	ORAU
(Review period) Review final design, approve and submit final course content/storyboards for CDC Clearance	05/02/16	CDC
PRODUCTION		
Build and produce draft version of course	07/15/16	ORAU
(Review period) Deliver feedback on draft course	08/01/16	CDC
Update course based on feedback	08/05/16	ORAU
QC/TESTING		
Conduct internal testing of course	08/10/16	ORAU
Update course based on feedback	08/12/16	ORAU
Conduct a course review by CDC personnel	08/19/16	ORAU/CDC
Update course based on feedback	08/26/16	ORAU
Conduct pilot test of course	09/02/16	ORAU/CDC
Update course based on feedback	09/02/16	ORAU
Deliver final version of Course 2	09/09/16	ORAU

*Timelines are subject to changed pending receipt of training content and any necessary approvals.

SYNCHRONOUS & ASYNCHRONOUS TRAINING

Synchronous Training

Synchronous training requires the students and instructors to be present at the same time. Synchronous training can encompass multiple modes, from traditional, in-classroom training to webinar-based training, which can include various online formats.

Advantages:

- Instructors can use multiple students for conducting group activities and exercises.
- Learners can get their questions answered immediately and receive instant feedback.
- Learners have opportunities to interact.

Disadvantages:

- Courses have to be conducted on dedicated time and schedules, can lack flexibility.
- There can be variations of instruction from instructor to instructor.
- The pace of the course is fixed.
- Takes much longer to reach large numbers of people.

Asynchronous Training

Asynchronous training does not require students and instructors to be present at the same time. This type of training can take many forms as well, including self-paced courses, animations, videos, and pre-recorded audio.

Advantages:

- It is flexible, so learners can fit it into their schedules.
- Participants can skip or test out of content they already know.

- It is consistent in that all learners receive the same information for a given subject.
- It is more readily accessible to geographically dispersed audiences.

Disadvantages:

- There is no immediate access to an instructor for questions or problems; this can be an issue with highly technical or difficult content.
- Even though message boards and chat rooms allow for interaction, there is a lack of collaboration.
- Self-paced training requires self-motivation to complete.

Blended Learning

Blended learning is a combination of synchronous and asynchronous training elements. It features an instructor-led portion (i.e. webinars) along with self-paced offerings (i.e. videos for the student to watch on their own time). Blended learning can offer the flexibility of asynchronous courses, combined with the structure and collaborative nature associated with synchronous learning.

RECOMMENDATIONS

Instructional design, whether an asynchronous, synchronous or blended approach, should be based on anticipated educational outcomes or objectives. What do we want students to know or do after taking this training?

Educational objectives should include an action word that clearly describes what we want students to know and the cognitive level. For example, “recall” would be a simple action word that indicates what we want students to do (i.e. recall four principles of management, recall four treatment approaches, etc.) The action word “discuss” implies a high level of learning, one in

which we would want the outcome to be that learners could discuss the material “in their own words” and have some level of comprehension of the topic.

If the educational objective is for the student to have *knowledge* about a subject, then synchronous, asynchronous or blended approaches could be appropriate because this is a simpler educational objective that requires less depth of information. For higher levels of *comprehension*, as in the student should be able to “discuss” concepts after the training, we would want to provide a deeper level of information. In this case, students should have the opportunity to develop a more thorough understanding of the subject through asynchronous, synchronous or blended instruction, depending on the subject matter or task.

In the *FASD Competency-Based Curriculum Development Guide for Medical and Allied Health Education and Practice*, there are seven competencies that result in a total of 26 educational objectives (Appendix A). Out of those 26 objectives, 13 would be considered to be at the “knowledge” level and 13 would be considered to be at the “comprehension” level as described by *The New Taxonomy of Educational Objectives* (Marzano, Kendall, 2nd ed, Corwin, 2007). All of these educational objectives would be considered ideal for development in an asynchronous format.

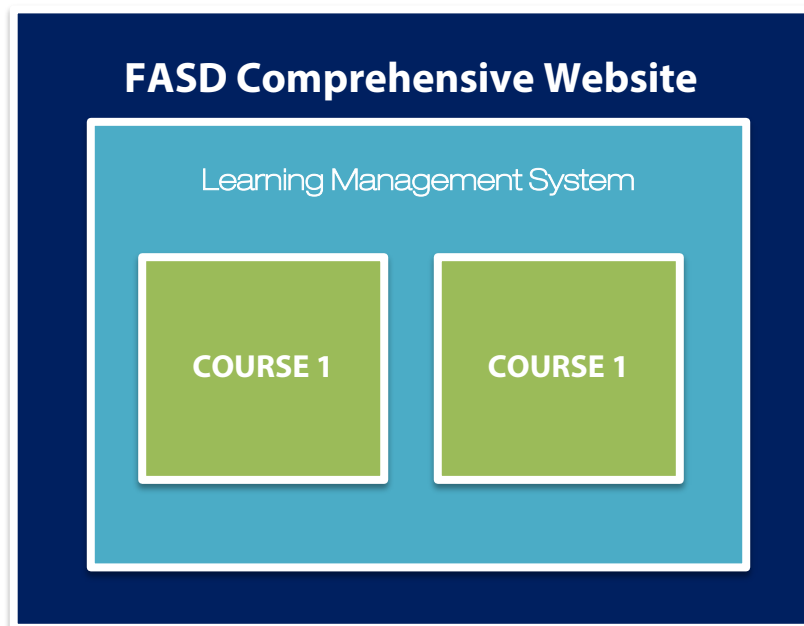
In the “FASD101 Overall Goal and Learning Objectives” document delivered to ORAU, there are 12 specific educational objectives (Appendix B). Of these 12 objectives, four are at the knowledge level and eight are at the comprehension level. Our preliminary recommendation is that based on the educational objectives we’ve seen, and preliminary content, that asynchronous delivery methods would be an appropriate method for instruction. Once final content is received, we can examine it’s adaptability for conversion to asynchronous formats and make further recommendations.

TRAINING PLATFORM

LEARNING MANAGEMENT SYSTEM (LMS)

ORAU currently has a LMS (<https://oraulearning.org/>) that can be used to satisfy registration and collection of pre- and post-evaluation data. It will be linked to from the FASD Comprehensive website.

A LMS is a platform specifically designed for managing online courses, resources and users. The LMS accommodates various platforms of delivery. Both asynchronous courses and synchronous webinars can be conducted through the LMS. Mobile learning is also fully supported through the LMS.



Courses loaded into the LMS will be Sharable Content Object Reference Model (SCORM) compliant. Subsequently, courses can also be linked through the CDC TrainingFinder Real-time Affiliated Integrated Network (TRAIN).

COURSE REGISTRATION

The LMS allows students to enroll online. The course registration process is:

- 1) Users will be linked to the LMS from the FASD comprehensive website.
- 2) Users create a new account, with a unique username.
- 3) The LMS automatically enrolls the user in an online activity that includes “Welcome” content and a survey link (if required). The online activity also instructs the user to click the *Launch* button to access the course.
- 4) User launches the welcome content, views the information, and accesses the survey link.

Once registered, students can track their own learning, showing current enrollments, training history and progress.

PRE/POST EVALUATIONS

The LMS can be setup require users take pre-evaluations prior to taking courses, as well as post-evaluations after finishing a course. Both pre and post evaluation data can be analyzed in various ways. The LMS has analysis tools with the ability to create custom reports depending on data required for analysis. Once the pre-test, course and post-test have all have been completed, the activity will move from the users Learning page to their Training History. It is also possible to send notifications to students to remind them that they have pending pre/post work.

User data, test scores, learner activity are tracked through the LMS and can be provided via various formats.

PILOT TESTING PROCESS

Draft courses will go through a pilot testing process consisting of one external review by CDC personnel; and a live run-through with personnel selected by CDC and from the PICs and national partners. Draft courses will be evaluated by a recommended group of six (6) individuals.

Course evaluations will be collected and a ThinkTank session that will collect feedback on usability, general observations, student critique, and a review of pre- and post-course assessment data. Findings will be discussed with the CDC team and changes incorporated into the final version. The courses will then be ready for CDC approval and final sign-off.

APPENDICES

APPENDIX A: MASTER OBJECTIVES LIST

FASD Competency-Based Curriculum Development Guide for Medical and Allied Health Education and Practice

COMPETENCY I: FOUNDATION

Learning Goals

- A. Summarize the background of the historical recognition of FASDs. (C)
- B. Describe the types of FASDs and effects of prenatal alcohol exposure. (K)
- C. Understand prevalence rates and societal costs related to FASDs. (C)

Content Outline for Competency I

- i. Background and purpose of guide
- ii. Early recognition of the effects of prenatal alcohol exposure
- iii. Fetal alcohol spectrum disorders (FASDs)
- iv. Epidemiological, psychosocial, and cultural aspects of FASDs

COMPETENCY II: ALCOHOL USE DISORDERS

Learning Goals

- A. Summarize the basic epidemiology of alcohol use. (C)
- B. Identify health problems associated with risky and excessive alcohol use. (K)
- C. Explain the ways in which alcohol impacts women differently from men. (C)
- D. Discuss stigma associated with having an AUD. (C)

Content Outline for Competency II

- i. Introduction
- ii. Alcohol use
 - a. Defining a standard drink
 - b. Alcohol consumption patterns and basic epidemiology of alcohol use
 - c. Diagnostic criteria
 - d. Science of addiction research
- iii. Alcohol risks for women
 - a. Gender differences in health problems associated with alcohol use
 - b. Impact of alcohol on families
- iv. Stigma associated with alcohol use disorders

COMPETENCY III: ALCOHOL SCREENING AND BRIEF INTERVENTION

Learning Goals

- A. Explain the basic elements of alcohol SBI implementation based on CDC's *Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practice*. (C)
- B. Describe the basic elements of brief intervention and the range of options to administer alcohol SBI. (K)
- C. Discuss special factors relating to alcohol use among women. (C)

Content Outline for Competency III

- i. The elements of alcohol SBI implementation
 - a. Use of validated screens to identify risky drinking
 - b. Administration of brief screens
 - c. Considerations and adaptations when screening
- ii. The basic elements of brief intervention
 - a. Overview of evidence base

- b. Components of brief intervention
 - c. Characteristics of interviewer
 - d. Alternative delivery of brief intervention
 - e. Brief intervention examples
- iii. Special factors relating to alcohol use among women
 - a. Factors influencing alcohol use
- iv. Summary

COMPETENCY IV: BIOLOGICAL EFFECTS OF ALCOHOL ON THE FETUS

Learning Goals

- A. Explain alcohol metabolism and pharmacology (absorption, distribution, metabolism, and elimination). (C)
- B. Describe birth defects associated with alcohol use. (K)
- C. Describe alcohol-induced injuries on developing organ systems. (K)
- D. Describe cellular responses to alcohol exposure. (K)
- E. Explain putative biomedical mechanisms. (C)
- F. Describe genetic variants and markers for susceptibility for FASDs. (C)

Content Outline for Competency IV

- i. Alcohol metabolism and pharmacology
 - a. Absorption
 - b. Distribution
 - c. Metabolism and elimination
- ii. Neuromorphological birth defects associated with alcohol use
 - a. FAS
 - b. FASDs

- iii. Alcohol-induced injuries on developing organ systems
 - a. Sensitivity throughout gestation
 - b. Postnatal effects of alcohol abuse
- iv. Cellular response to alcohol exposure
 - a. Neurogenesis
 - b. Growth and differentiation of neurons
 - c. Migration
 - d. Synaptogenesis
 - e. Apoptosis
 - f. Plasticity
- v. Putative biomedical mechanisms
 - a. Neuromorphological and neurotrophic effects
 - b. Effects on neurotransmitter receptors
- vi. Genetic variants and markers
 - a. Traditional features of teratogenic agents and their effects
 - b. Emerging concepts in the pathogenesis of alcohol-medicate teratogenesis

COMPETENCY V: SCREENING, DIAGNOSIS, AND ASSESSMENT FOR TREATMENT PLANNING

Learning Goals

- A. Describe the diagnostic criteria and approaches for diagnosis for each condition along the continuum of FASDs, including ND-PAE, FAS, pFAS, and ARBD. (C)
- B. Appreciate major physical and neurobehavioral features for differential diagnosis of FASDs from other genetic and behavioral disorders as well as relevant comorbidities. (K)
- C. Learn how to screen patients to obtain information on prenatal exposure to alcohol from patient or caregivers. (C)
- D. Understand potential referrals, secondary conditions, risk factors, and treatment planning for individuals with FASDs. (C)

Content Outline for Competency V

- i. Fetal alcohol spectrum disorders overview and evaluation
 - a. Continuum of FASDs
 - b. Diagnostic criteria for each condition along the continuum of FASDs
- ii. Variability in presentation and range of adverse effects
 - a. Physical features
 - b. Neurodevelopment
 - c. Presentation across the life span
- iii. Differential diagnosis and comorbidities
 - a. Differential diagnoses for physical phenotype
 - b. Differential diagnoses for neurobehavioral phenotype
 - c. Comorbid diagnoses
- iv. Screening and obtaining history of in utero exposure to alcohol
- v. Other considerations
 - a. Referrals
 - b. Risk factors and concerns that may trigger evaluation for FASDs
 - c. Assessment for secondary conditions and treatment planning

COMPETENCY VI: TREATMENT ACROSS THE LIFE SPAN FOR PERSONS WITH FETAL ALCOHOL SPECTRUM DISORDERS

Learning Goals

- A. Describe developmental and functional concerns for individuals with FASDs and their families across the life span. (C)
- B. Explain various treatment approaches. (C)
- C. Explain support services and resources for families and providers. (C)

Content Outline for Competency VI

- i. Concerns across the life span
 - a. Infants
 - b. Toddlers and preschoolers
 - c. School-age children
 - d. Adolescents and teens
 - e. Adults
- ii. Providers and approaches to treatment for FASDs
 - a. Medical, pharmaceutical, and therapeutic considerations
 - b. Behavioral and educational interventions
 - c. Mental health
 - d. Primary and secondary disabilities
- iii. Support services and resources
 - a. Disability services
 - b. Parenting strategies
 - c. Resources

COMPETENCY VII: ETHICAL, LEGAL, AND POLICY ISSUES

Learning Goals

- A. Identify ethical issues related to FASDs. (K)
- B. Identify legal and policy issues for individuals and families affected by FASDs. (K)
- C. Identify legal and policy issues in the maternal-fetal relationship. (K)

Content Outline for Competency VII

- i. Ethical issues
 - a. Principles of ethics for health care

- b. Confidentiality
- ii. Legal and policy issues for individuals and families living with FASDs
 - a. FASDs and the criminal justice system
 - b. Victimization of individuals with FASDs
- iii. Legal and policy issues in the maternal-fetal relationship
 - a. Fetal rights and the maternal-fetal relationship
 - b. Laws, policies, and precedents on alcohol use by pregnant women
 - c. Limitations of coercive and punitive approaches
 - d. The role of the health care provider in addressing alcohol misuse and stigma
 - e. A public health approach
- iv. Summary

Overall goal: To provide a broad foundation of knowledge about FASDs across the lifespan – what they are, how they occur, opportunities for prevention and why it’s important for a health professional to know about them.

OBJECTIVES

Objective 1: *FASD Overview*

Description: Learners will be able to discuss the incidence, prevalence, morbidity/mortality, and societal impact of fetal alcohol spectrum disorders (FASDs) and alcohol exposed pregnancies (AEPs) and explain the definition of FASD as an umbrella term describing the range of physical, cognitive, and behavioral effects that can occur as a result of prenatal alcohol exposure (PAE).

Content highlights: FASDs are completely preventable; high rate of unplanned pregnancies; rates of alcohol use in women of childbearing age; FASDs are as common as autism; there are no socioeconomic boundaries for FASD; there is a high prevalence in children in foster care, adopted, or involved with the criminal justice system; FASDs are often more subtle than what most providers would recognize as FAS or not evident until a child is older

Objectives: The objective of this lesson is for each learner to be able to:

1. Discuss the incidence, prevalence, morbidity/mortality,
2. Discuss societal impact of fetal alcohol spectrum disorders (FASDs)
3. Discuss alcohol exposed pregnancies (AEPs)
4. Explain the definition of FASD as an umbrella term describing the range of physical, cognitive, and behavioral effects that can occur as a result of prenatal alcohol exposure (PAE).

Objective 2: *Prevention*

Description: Learners will be able to state low-risk drinking limits, including no safe time, amount or type of drinking during pregnancy or when trying to conceive, describe what constitutes a standard drink, define the alcohol use spectrum (“drinker’s pyramid”), and the basic tenets of screening and brief intervention and other preventive strategies to decrease the incidence of AEPs.

Content highlights: information pertaining to U.S. drinking limits and levels; importance of an interprofessional team when addressing FASD prevention; public health messages (e.g. no safe time, no safe amount, no safe type); screening and brief interventions for alcohol use as part of routine clinical care; effective pregnancy prevention (contraception) if women of childbearing age are consuming alcohol

Objectives: The objective of this lesson is for each learner to be able to:

1. State low-risk drinking limits, including no safe time, amount or type of drinking during pregnancy or when trying to conceive,
2. Describe what constitutes a standard drink,
3. Define the alcohol use spectrum (“drinker’s pyramid”)
4. Describe the basic tenets of screening and brief intervention and other preventive strategies to decrease the incidence of AEPs.

Objective 3: *Identification, referral, and treatment*

Description: Learners will be able to describe the types of concerns that could bring an individual to a provider’s attention leading to referral for FASD assessment, and be able to provide a broad overview of diagnostic and treatment resources.

Content highlights: importance of early diagnosis (i.e. prevention of secondary disabilities and exposure in subsequent pregnancies); trajectory and long term outcomes; understanding that there can be co-morbid and differential diagnoses; overview of referral processes for FASD; basic

diagnostic criteria of FAS; challenges and opportunities in making diagnoses across the lifespan; the value of an interprofessional approach to assessment and management in the medical home

Objectives: The objective of this lesson is for each learner to be able to:

1. Describe the types of concerns that could bring an individual to a provider's attention leading to referral for FASD assessment,
2. Provide a broad overview of diagnostic and treatment resources.

Objective 4: *Stigma and bias*

Description: Learners will be able to discuss the stigma associated with FASD and identify ways to reduce barriers to help-seeking and increase providers' comfort level and skill with screening for risky alcohol use and/or PAE with their patients/clients.

Content highlights: importance of an interprofessional team with regards to patient interaction/engagement as it relates to stigma/bias; discuss and address stigma as it relates to alcohol use in general, individuals with an alcohol use disorder, birth mothers to individuals with FASD, adoptive parents to individuals with FASD, the individual with an FASD, and providers whose personal beliefs/biases may interfere with patient/client relationships; emphasis on ways to avoid/overcome bias in practice; recognition of resiliency

Objectives: The objective of this lesson is for each learner to be able to:

1. Discuss the stigma associated with FASD
2. Identify ways to reduce barriers to help-seeking and increase providers' comfort level and skill with screening for risky alcohol use and/or PAE with their patients/clients.

CONTENT

Use this section to provide content to achieve the educational objectives in the CONTENT sections of the document. Each objective is labeled with one of two letters, a (C) or a (K). These

letters represent the level of learning of these objectives. “C” represents comprehension, “K” represents knowledge. Also, for each section, note any essential references or required graphics.

Objective 1: *FASD Overview*

Objectives: The objective of this lesson is for each learner to be able to:

- 1) Discuss the incidence, prevalence, morbidity/mortality (C)
CONTENT
- 2) Discuss societal impact of fetal alcohol spectrum disorders (FASDs) (C)
CONTENT
- 3) Discuss alcohol exposed pregnancies (AEPs) (C)
CONTENT
- 4) Explain the definition of FASD as an umbrella term describing the range of physical cognitive, and behavioral effects that can occur as a result of prenatal alcohol exposure (C)
CONTENT

Objective 2: *Prevention*

Objectives: The objective of this lesson is for each learner to be able to:

- 1) State low-risk drinking limits, including no safe time, amount or type of drinking during pregnancy or when trying to conceive (K)
CONTENT
- 2) Describe what constitutes a standard drink (K)
CONTENT
- 3) Define the alcohol use spectrum (“drinker’s pyramid”) (K)
CONTENT
- 4) Describe the basic tenets of screening and brief intervention and other preventive strategies to decrease the incidence of AEPs. (K)
CONTENT

Objective 3: *Identification, referral, and treatment*

Objectives: The objective of this lesson is for each learner to be able to:

- 1) Describe the types of concerns that could bring an individual to a provider's attention leading to referral for FASD assessment (K)

CONTENT

- 2) Discuss a broad overview of diagnostic and treatment resources. (C)

CONTENT

Objective 4: *Stigma and bias*

Objectives: The objective of this lesson is for each learner to be able to:

- 1) Discuss the stigma associated with FASD (C)

CONTENT

- 2) Identify ways to reduce barriers to help-seeking and increase providers' comfort level and skill with screening for risky alcohol use and/or PAE with their patients/clients. (K)

CONTENT