

INCLUSIVE JUST-IN-TIME TRAINING MODULE

ABOUT THE PRINT VERSION

The print version of the module includes all the substantive content from each screen, except for the directions for the interactive graphics. It does not include the knowledge check exercises or any of the final assessments. The toolkit, referenced throughout the module, is available online.

INTRODUCING INCLUSIVE JITT

Susan paused before giving the intramuscular injection. What had they said in the 15-minute orientation lecture about disinfecting the vaccine vial? She couldn't remember. She had been a nurse for over 30 years but had spent the last 20 years as a high level health administrator. She glanced toward the many vaccination procedure handouts she had received upon arrival at the mass vaccination clinic. Then she shyly looked from side-to-side to see what other nurses were doing. She felt embarrassed to ask such a basic question.

Take a minute to think about the 15-minute orientation training Susan received. How could it be improved?

Local Health Departments (LHDs) are often well prepared to perform routine operations that use existing staff. However, when undertaking large, complex emergency operations requiring a **surge** of staff and volunteers (such as **mass prophylaxis** or **public health investigation**), even the most sophisticated LHDs may be overwhelmed. Staff and volunteers, or **responders**, may lack sufficient training to effectively participate in the response operation. In this module, we will describe a new model, *Inclusive Just-In-Time Training (JITT)*, that effectively trains surge workers.

Surge: Rapidly expanding the existing local health department's capacity to provide public health services to the affected community.

Mass prophylaxis: High throughput operations to dispense medications or administer vaccines during a public health emergency. This procedure is also known as Points of Dispensing, or PODs.

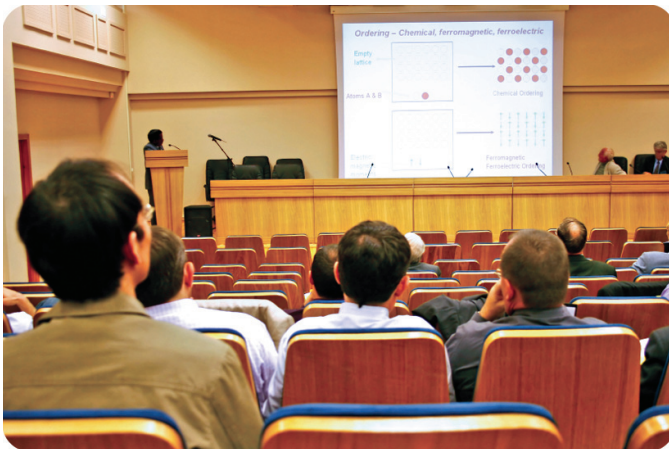
Public health investigation: Determining the cause of a naturally occurring outbreak, food-borne related illness, or chemical threat and its impact in an effort to guide public health interventions.

Responders: Staff and volunteers from local health departments and partner organizations who take part in emergency response operations.

HISTORY OF PREPAREDNESS TRAINING

Over the years, public health has used two primary methods to train staff and volunteers to respond to emergencies:

- Carefully scripted lectures with PowerPoint presentations, thoughtfully designed tabletops, and virtual exercises usually done prior to an event
- Traditional Just-in-Time Training (JITT) that provides responders with the information they need immediately before they are asked to perform a task



These two methods have traditionally been independent activities, often with little or no integration of concepts or ideas.

The lack of systematic and coordinated trainings tailored to meet responders' intellectual, behavioral, and emotional needs, as well as learning styles, can hinder emergency operations. Public health practitioners have reported anecdotal evidence of significant human error and dissatisfaction and discomfort among response staff. In some cases, the consequences of mistakes and inaccuracy in performing tasks can be deadly.

CHALLENGES OF TRADITIONAL JITT

JITT is a useful way to teach new skills and competencies in an efficient manner. However, agencies sometimes misunderstand JITT, which can lead to variable quality of training and materials.

The current JITT model has many limitations. JITT has been used mainly in mass prophylaxis operations, leaving gaps in training within other areas of a public health response. JITT seldom takes into account differences in the knowledge and cultural background of learners, and inadequately prepares staff to work with individuals from diverse backgrounds and life experiences.

Although JITT may be augmented by tools such as position descriptions, video training, or **job action sheets**, it seldom takes into account different learning

Job action sheet: A resource that outlines specific job duties in an emergency response role.

styles of responders. Many JITT curricula focus on auditory and visual learners only, and do not offer responders an opportunity to practice what they have learned.

In summary, JITT is sometimes applied in a way that does not promote high individual and operational performance.

Video: Challenges of Traditional JITT

KaRin Johnson, Deputy Director, Multnomah County Health Department

The H1N1 flu pandemic tested the emergency response capacity of local public health departments around the nation. Multnomah County Health Department responded, as did many communities, by setting up mass vaccination clinics throughout the fall and winter of 2009.

One of the greatest challenges we faced was getting enough employees and volunteers to sufficiently staff our clinics. And once we did, we had to train everyone to do their jobs and to do them well.

When you're in a pinch, giving people tasks they don't normally do and training them for only 15 or 30 minutes creates a challenge right off the bat for an emergency response operation. Our challenge was to adequately train staff and volunteers contributing to the vaccination of large numbers of people against a possibly severe strain of flu.

The precision and productivity of response staff was one of the most critical factors in the overall success of our operations. Many of the challenges we faced during our H1N1 clinics likely could have been avoided with more developed training techniques and approaches tailored to our staff and volunteers.

It's important that local public health reaches a point where providing quality staff training, whether in five minutes or five hours, is one of the highest priorities of preparedness staff.

INCLUSIVE JUST-IN-TIME TRAINING

To overcome the limitations of the current JITT model, *Inclusive JITT* integrates

- Learning dimensions: **intellectual needs** (knowing), **behavioral needs** (doing), and **emotional needs** (feeling)

Intellectual need: The desire of an emergency responder to know certain information during an emergency response.

Behavioral need: The desire of an emergency responder to do, or practice, a specific task in an emergency response.

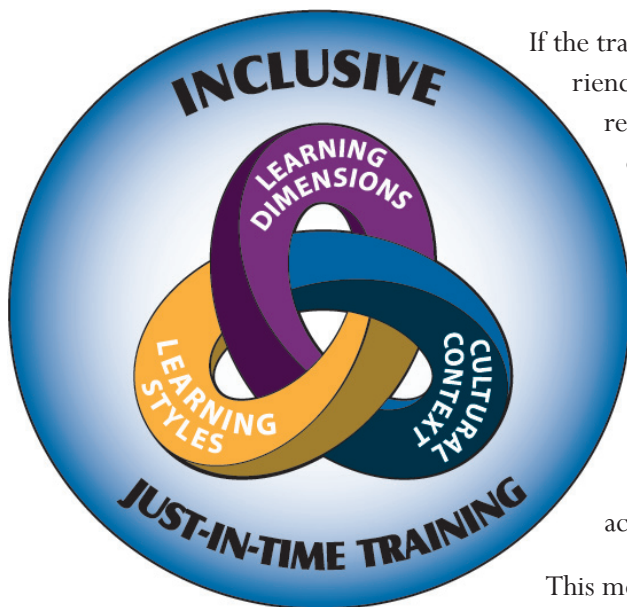
Emotional need: The desire of an emergency responder to feel comfortable and confident when doing a specific task in an emergency response.

Cultural context: The individual, group, or organizational characteristics influencing the emergency response environment.

- Learning styles: visual, auditory, and hands on
- **Cultural context:** individual, group, and organization

Inclusive JITT is based on time-tested adult educational and learning theory, as well as best practices identified by the public health emergency preparedness and response community. By basing training on the most crucial concepts of adult learning, *Inclusive JITT* improves overall retention rates of trainees.

Let's think about Susan for a moment.



If the training Susan received was based on *Inclusive JITT*, her experience would be very different from the traditional JITT she received. Susan would practice giving injections (**hands-on learning**), instead of relying on handouts (**visual learning**) and a brief lecture (**auditory learning**). When working with individuals with cultural backgrounds different from her own, Susan would be reminded of possible concerns of the client population. The trainer would present effective interaction guidelines to help strengthen cooperation and communication. As a result, Susan would likely be more confident (**feeling**) and competent (**doing**) in performing the tasks listed in her job action sheet.

This module will continue to follow Susan to demonstrate how the *Inclusive JITT* model supports the diverse needs of responders and emergency operations.

For references on *Inclusive JITT*, please see *Enhancing Training During Public Health Emergencies: an Inclusive Just-In-Time Training (JITT) Approach* in the resources section.

INCLUSIVE JITT PRINCIPLES

Effectively dealing with a large scale public health emergency will require the help of dozens, if not hundreds, of public health and non-public health responders. Each person has a different learning style (auditory, visual, or experiential), learning needs (intellectual, behavioral, or emotional needs), and cultural background.

Video: Meeting Responders Needs

Here you see a practice session being held during Inclusive Just-In-Time Training at a mass vaccination clinic.

On the right, Susan—a high level health administrator—is preparing to work at the clinic. Although familiar with giving vaccinations, she has been out of the nursing field for over 20 years, and her absence from the profession has left her feeling hesitant about giving vaccinations—especially in such a stressful emergency response environment.

Fortunately, the Inclusive Just-In-Time Training she received at the beginning of her shift has given her the opportunity to work with another vaccinator to practice current procedures and techniques. Here, you can see her practicing giving a vaccination with another colleague.

The act of practicing this key job role addresses Susan’s behavioral need for doing, as well as her emotional need to feel good about the skill.

Because she has the time to practice giving injections before the clinic doors open, Susan will feel more at ease and can greet and vaccinate her clients with more confidence.

Performing any job well in an emergency response operation requires an awareness of the three overlapping principles of *Inclusive JITT*. These principles provide the platform for how *JITT* should be effectively applied in an emergency operation.

We’ll now discuss the three principles of *Inclusive JITT*:

- Learning dimensions
- Learning styles
- Cultural context

LEARNING DIMENSIONS

Research confirms that understanding (i.e., knowing)—especially in times of stress—depends on effective neural pathways that connect action (i.e., doing) and emotion (i.e., feeling). Below are examples of each:

Intellectual Needs (Knowing)

Although responders need to know about their assigned tasks, they also need information beyond their role and specific duties. For example, a responder may

Response organization: People organized under a management structure that delegates roles, responsibilities, and authority to carry out defined tasks to achieve operational objectives and mitigate adverse impacts during an emergency.

Sense of duty: Feeling personally and professionally motivated and obligated to contribute to public health emergency response efforts.

want a better understanding of how the **response organization** operates, who is involved in the operation, and how the response organization is essential to combating the public health emergency.

Behavioral Needs (Doing)

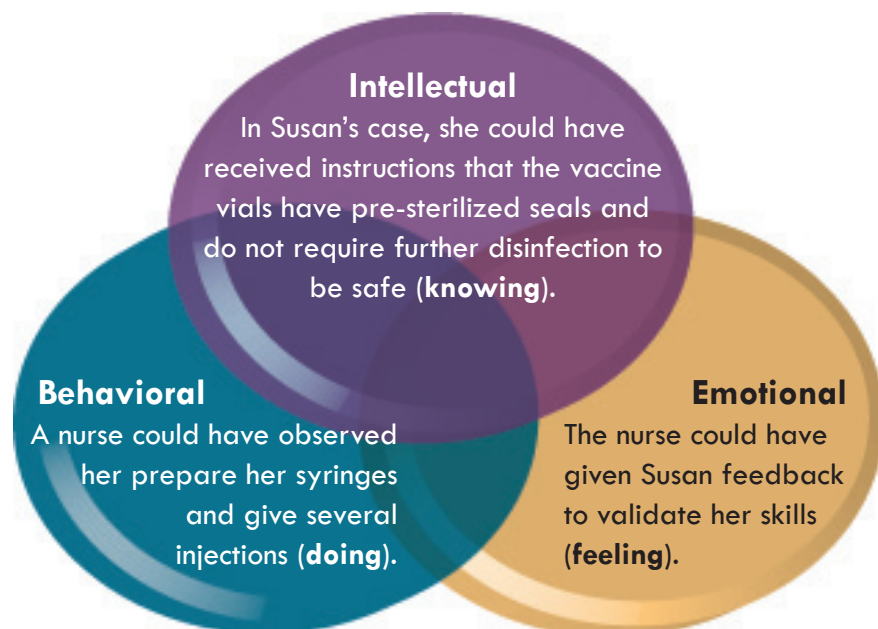
Responders must understand how to perform their assigned task(s). Examples of how *Inclusive JITT* encourages hands on learning include:

- Role-playing culturally-specific scenarios
- Practicing administering vaccines
- Practicing filling out forms and other documentation
- Practicing interviewing techniques with peers
- Practicing using assigned communication equipment (for example, two-way radios)

Emotional Needs (Feeling)

Responders need to feel comfortable with a given skill set and feel motivated to continue performing under pressure. Responders also need to be reassured that their contributions to a response effort are valued. Failing to provide this feedback may result in decreased job performance and affect a responder's **sense of duty**—potentially compromising the overall response.

The figure below shows how *Inclusive JITT* would train Susan better.



Please see *Enhancing Training During Public Health Emergencies: an Inclusive Just-In-Time Training (JITT) Approach* in the resources section for more information about adult learning theory mentioned on the next few screens.

LEARNING STYLES

There is no one-size-fits-all teaching technique. To convey the most information to the broadest audience, your program must employ all of the training techniques at your disposal—auditory, visual, and experiential.

Auditory

Auditory learners respond best to **didactic** lectures enhanced by skillful dialog and case studies.

Visual

Visual learners respond best to images, handouts, or demonstrations that reinforce the lessons.

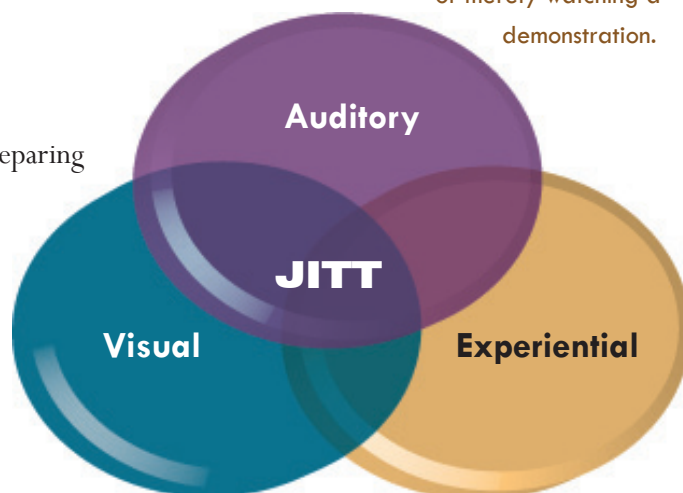
Experiential (Kinesthetic)

Experiential learners need to practice specific tasks or procedures. For example, a responder might practice preparing an injection site or delivering a phone bank script.

Despite Susan’s primary learning style, her trainer could have given verbal instructions (**auditory**), supplied visually stimulating handouts to reinforce the instruction (**visual**), and provided an opportunity to practice preparing the vaccine vial or simulating an injection (**experiential**).

Didactic: Involving lecture and textbook instruction rather than demonstration or laboratory study.

Kinesthetic: A learning style where the student learns by carrying out a physical activity, rather than listening to a lecture or merely watching a demonstration.



CULTURAL CONTEXT

While it is impractical to achieve full cultural competence during a JITT session in an emergency response, preparedness leaders can make an effort to enhance respectful, courteous, compassionate, supportive, and effective communication among staff and with clients. Such attempts may include:

- Identifying demographics of the communities impacted by the emergency and the communities’ perceptions of the emergency and response

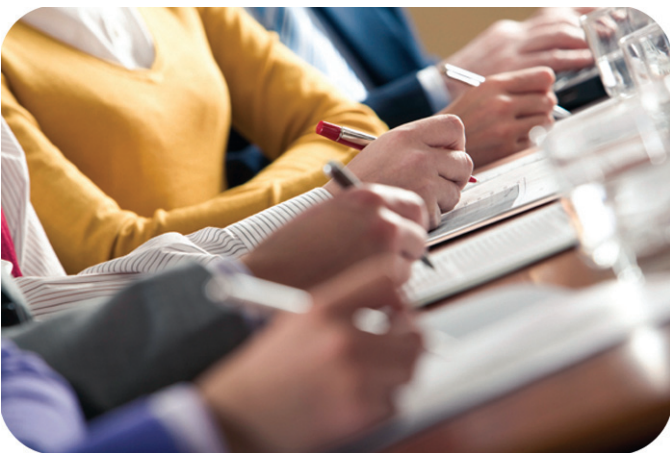


- Making *Inclusive JITT* materials culturally relevant to learners by considering which learning styles and dimensions are most effective for learners, and any cultural issues that may impact learning
- Using the knowledge of culturally competent staff to develop guidelines for working with culturally-diverse groups
- Describing how the organization's day-to-day operations change during a response (such as reporting to someone different)

Briefing Susan on the demographics of potential clients would have better prepared her for vaccinating culturally-diverse clients. She would also be better able to address client perceptions and would know who to involve should she face a barrier to effective communication.

CONTINUUM OF INCLUSIVE JITT

For *Inclusive JITT* to be successful, public health leaders and administrators should support its concepts and guiding principles on a continuum, or at regular intervals. The *Inclusive JITT* method is a cyclical process: feedback from the current response guides changes to training and materials for new responders during the next shift or the next response.



In a large public health event, only a small number of core responders will be identified and trained prior to an event. Most responders will be pulled in on short notice and will have little to no knowledge or context related to working in the response.

Before the event

Preparedness leaders can support the strategy of *Inclusive JITT* through planning, regular training of core responders, and making sure health department staff understand and can apply *Inclusive JITT* principles.

Additionally, LHDs can prepare, test, and refine certain elements of *Inclusive JITT* materials well before an actual public health emergency. Doing so will better prepare core health department responders who would likely serve as leaders during a response, and who may be responsible for implementing *Inclusive JITT*.

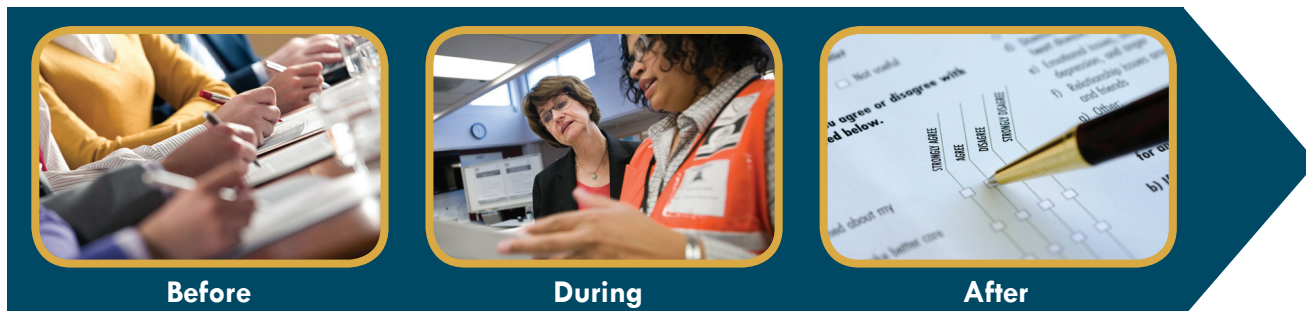
CONTINUUM OF INCLUSIVE JITT (CONT)

During the event

Using *Inclusive JITT* during an event ensures that various learning dimensions, learning styles, and cultural needs of surge responders are considered. Since the length of *Inclusive JITT* will vary by incident, the trainer determines how to best implement elements of *Inclusive JITT* given time restraints and other factors within the response setting.

After the event

Inclusive JITT doesn't end once a public health emergency response does. Preparedness staff should carefully evaluate *Inclusive JITT* using responder evaluation forms—like the one Susan would fill out—to determine the effectiveness of, and any needed improvements to, the trainings and materials.



Before the event, LHDs would have tested and refined the training and materials Susan received.

During the event, evaluate operations and staff performance to improve the content of ongoing *Inclusive JITT* training.

After the event, Susan would fill out a survey about the *Inclusive JITT* she received earlier in the day.

BENEFITS OF ADOPTING INCLUSIVE JITT

Inclusive JITT offers the following benefits to public health leaders and learners:



Leadership is assured that:

- Staff are adequately trained
- Training materials are adaptable to the incident
- Time invested in training is efficient
- Best practice and educational theory guides training

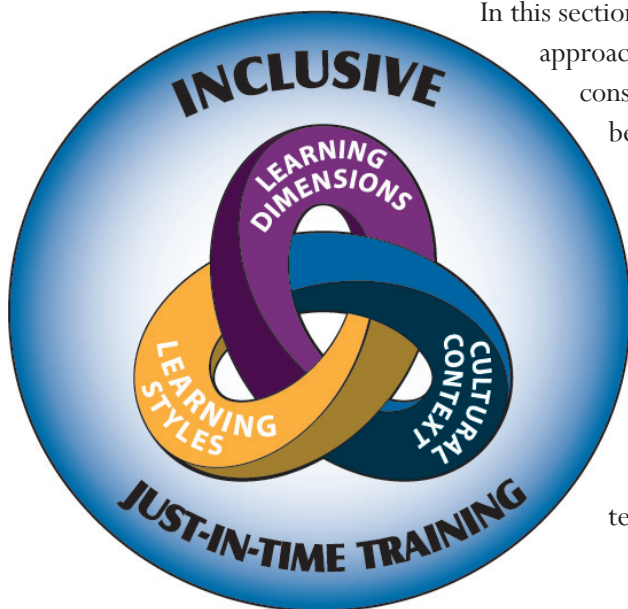
Learners are:

- Comfortable with their job assignments
- Confident under pressure and time constraints
- Competent in performing tasks
- Sensitive in relating to clients
- Knowledgeable of the response organization

SUMMARY

In this section you've learned how *Inclusive JITT* offers a more thoughtful approach to current training methods. The *Inclusive JITT* model considers different learning styles along with the intellectual, behavioral, and emotional needs of responders, while also recognizing cultural factors that may influence the response. Supporting the model of *Inclusive JITT* before an event, implementing its principles during an event, and evaluating it after an event helps preparedness leaders better execute responder training, resulting in improved operational performance and effectiveness.

You might wonder how you can use *Inclusive JITT* in your health department. The rest of this module discusses techniques for adopting *Inclusive JITT* at your agency.



USING INCLUSIVE JITT IN YOUR HEALTH DEPARTMENT

In the previous section, you learned about the limitations of current training models, including traditional JITT, and were introduced to a new method: *Inclusive JITT*. In this section you will review basic steps that can assist you with using the *Inclusive JITT* model in your organization. **Adopting** the model of *Inclusive JITT* is the first step in this process.

Adopting *Inclusive JITT* involves **aligning** your LHD's existing curricula and resources (e.g., videos, PowerPoint presentations, handouts) with *Inclusive JITT* principles (i.e., learning dimensions, learning styles, cultural context).

Next, you will learn how to **tailor** tools developed by an Advanced Practice Center (that uses the *Inclusive JITT* framework) to the needs of your local jurisdiction.

Finally, we will explore the importance of **evaluation** when using *Inclusive JITT*.

Adopting: Deciding to use *Inclusive JITT* principles in an agency's training program.

Aligning: Modifying training materials to adhere to *Inclusive JITT* principles.

Tailoring: Changing *Inclusive JITT* training materials to fit an organization's emergency response needs.

ADOPTING INCLUSIVE JITT

Deciding to adopt *Inclusive JITT* as your agency's guiding principle in emergency preparedness training conveys a strong message that your health department is committed to employing training methods that meet learners' needs and improve the likelihood of success in an environment with limited resources.

When adopting *Inclusive JITT*, you will first need to determine the goal of your emergency response training for staff and volunteers. Defining a goal will help focus and guide your overall approach to adopting *Inclusive JITT*.

Let's discuss how to define your training goal to support *Inclusive JITT* at your agency.



DEFINE GOALS, OBJECTIVES, AND STRATEGIES

What are you trying to achieve? Your goal may be to improve the quality of training for staff and volunteers. Alternatively, your goal may be to foster a competent workforce able to respond to a worst-case scenario involving a large-scale mass prophylaxis/vaccination operation or public health investigation.

To achieve your goal, begin by defining the emergency situation. Look at your worst-case scenario in terms of the numbers of workers required in each job

category. For example, 24-hour staffing of 10 vaccination clinics might require 300 greeters/educators, 50 screeners with medical credentials, and 200 medicine dispensers. Can you effectively train this many responders in time and with the resources you have?

After defining your goal, you should develop a strategy to align existing tools with the *Inclusive JITT* framework. Alternatively, you can use tools developed by NACCHO's Advanced Practice Center, which employ *Inclusive JITT* principles.



Next, you can start developing training objectives. Below are some example training objectives around the adoption of *Inclusive JITT* methods:

- Ensure the health department supports the strategy and framework of *Inclusive JITT* year round, and not just at the time of an emergency
- Ensure the health department sufficiently trains responders to perform essential job functions during an event
- Ensure core responders who will serve as administrators of *Inclusive JITT* during an event clearly understand its principles
- Ensure materials developed for *Inclusive JITT* align with its principles

Make sure that all *Inclusive JITT* resources for emergency responders have clear objectives so that they can be easily evaluated.

Once you define your training objectives, you can begin to align your existing training curricula and resources to the principles of *Inclusive JITT*.

ALIGN EXISTING RESOURCES

A lot of work has likely gone into the emergency preparedness training tools at your health department. These may include checklists, CD-ROMS, training guides, National Incident Management System (NIMS)-compliant preparedness plans, or scenario-based exercises. These tools are the building blocks for your new *Inclusive JITT* training.

Here's an example:

Susan's health department had to respond to a flu outbreak. She received training in the form of a one-hour lecture and a number of multiple-page handouts.

Following the guidelines found on the next several pages, you will learn how to align these training approaches with the *Inclusive JITT* model.

National Incident Management System (NIMS): National system guiding and coordinating the efforts of all organizations that prepare for, respond to, and recover from incidents of any cause, size, or complexity.

STEP 1: KNOW YOUR RESPONDERS

Know your responders. Who will your emergency response organization include? Where will these staff and volunteers come from? What are their backgrounds and experiences? How many will there be?

For example, responders may include:

- Medical Reserve Corp volunteers
- College/university students
- Community Emergency Response Teams

Your staff and volunteers possess unique skills and knowledge that may be an asset to their role in an emergency response. There may also be barriers that prevent them from succeeding. It is important to know key information about your responders before aligning your Just-in-Time Training and materials, so that you can be sure they are useful.

For example, some responders may regularly provide medical care, while others may faint at the sight of a needle. Some responders may be native English speakers, while others may speak English as a second language. Each person may respond to



various training materials differently, based on their preferred learning style, and may benefit from some training approaches more than others.

Prior to aligning your materials, be sure to connect with your health department's preparedness leaders to better understand the knowledge, skills, and abilities of core health department responders. Preparedness leaders will also know which positions will more likely have a surge of responders during an emergency response. These will be positions filled by staff who do not regularly perform those duties, like Susan.

STEP 2: KNOW THE ENVIRONMENT

Take into account the physical, social, and cultural factors in the response environment. Your health department may already know some of this contextual information based on previous experience, but some information may not be known until an incident occurs. Use these data when aligning your training resources.

For example, within your health jurisdiction

- Where is the emergency response most likely to take place? What are the characteristics of this location? This information may impact what is included or omitted in training curricula and materials.
- What is the political environment in your health department or community? Certain expectations of leaders in a community may influence how you develop *Inclusive JITT* curricula and materials.



- What are the demographics and perceptions in your community that responders will likely encounter and need to effectively address? This information allows leaders to review and revise existing materials keeping these demographics in mind.

For instance, during the flu outbreak, Susan's health department may set up a vaccination clinic in a neighborhood mostly populated by Southeast Asian immigrants. Preparedness leaders could identify the

perceptions that the population may have about the emergency and response, and could share those perceptions with people like Susan.

STEP 3: KNOW YOUR MATERIALS

Review and revise your training materials to align with *Inclusive JITT* principles. Your *Inclusive JITT* curricula and training materials should:

Address intellectual, behavioral, and emotional needs of responders.

What do responders at all levels need to feel confident in their emergency response role? For example, they may need:

- More information (sound bites) to communicate while greeting the public (intellectual need)
- More hands-on practice giving injections (behavioral need)
- Positive feedback from their instructor (emotional need)

Take into account different learning styles.

Are your current training resources geared toward one type of learner more than another? Are staff and volunteers given the opportunity to hear about, read about, and practice needed skills? Presenting training resources in multiple ways addresses various learning styles. For example, hard copies of materials help visual learners, while instructor-led trainings benefit auditory learners. In addition, hands-on training will help everyone learn by practicing job duties, giving responders confidence in their ability to perform assigned tasks.



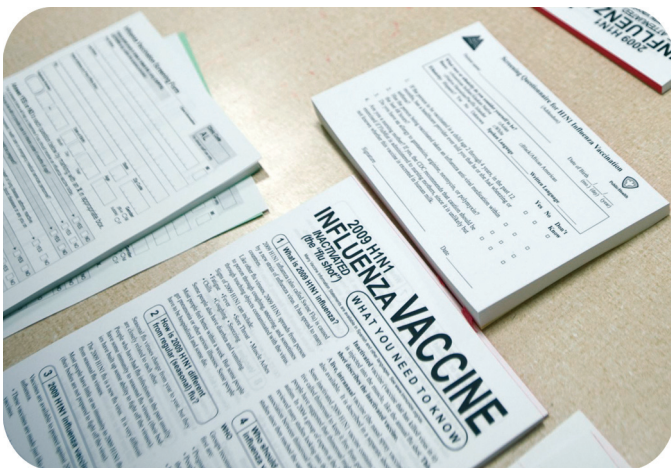
Consider the cultural context of response environments. How do your materials address diverse individuals, groups, and organizations of varying backgrounds? Do your curricula and materials appeal to both trainers and learners with different life experiences and world views? Do your materials offer tips and insight about working with culturally-diverse populations? Do your resources use culturally competent language and examples? For example, in responding to the flu outbreak, training about vaccinations could take into account that some responders, like Susan, may not have given an injection in 20 years.

Understanding what you have available will facilitate the process of aligning existing materials and resources.

STEP 3: KNOW YOUR MATERIALS (CONT)

What elements of your materials don't need to change? These are the core elements of your *Inclusive JITT* resources that will remain constant for all emergency situations. For example, a training guide for team leaders may include introductory information, general health and safety information, and other generic information that can be used in response to a flu outbreak or a natural disaster.

Consider the sources of the tools and resources you use. When dealing with an emergency, LHDs utilize resources from multiple sources (e.g., CDC, FDA, state public health, local partners). It is important for LHDs to analyze their resources to ensure key messages are aligned. It may be difficult to effectively train responders if the materials used include inconsistencies with information. LHDs should work to promote all *Inclusive JITT* principles throughout all resources: learning dimensions, learning styles, and cultural context.



Identify elements that change depending on the emergency. What parts of your training materials should you adjust for a specific emergency? Content may need to change based on the event and responder needs, so make sure those sections of your materials can be modified. For example, Susan's health department may need to develop sample curricula for responders working with a culturally-diverse group. Or, the department may need to change incident-specific information, such as situation status details or emergency contact information.

If you are aligning your existing tools to reflect *Inclusive JITT* principles, you may need to include spaces for responders to write in incident-specific information. In the flu outbreak example, Susan's LHD could create materials with a space that allows responders to take notes during an operational period briefing. Or, the materials could have a space for Susan to write a case definition.

Have materials in multiple formats. In addition to having polished hard copies of materials, design materials so they are available in a word processing format that you can easily tailor to include incident details.

EXAMPLE

The following document is an excerpt from a field training guide based in *Inclusive JITT* for individuals working in large-scale mass prophylaxis/vaccination operations. Susan's LHD could tailor this resource for responders stepping into leadership and training positions during the response. Providing a hard copy will benefit visual and experiential learners.

SECTION 1: INTRODUCING THE TRAINING

SAMPLE LANGUAGE

“Welcome, and thanks for being here. We are going to spend this time together getting you ready for your assigned roles in the operation. This training provides a basic introduction to your role in this operation and is not exhaustive of all situations you may encounter while responding. I ask that you hold all questions until the end of the training, and I’ll address them at that time.”

1 This addresses the intellectual needs—or the need for information—of responders.

2 This language helps meet the emotional needs of responders.

3 Offering opportunities to practice meets a behavioral need.

4 The Go Guide addresses the need of a visual learner.

1 “By the end of this training, you should understand key information about the public health emergency we’re facing, as well as the objectives for this operational period.”

2 “Your role in this operation is crucial to its overall success. Staff and resources are limited, and your help is appreciated—we couldn’t do it without you.”

“Please also keep in mind that this emergency operation is likely to change and evolve, based on the needs of the response. I ask that you stay open-minded and flexible to a changing environment.”

3 “In this training, we’ll also discuss cultural issues to be aware of, the chain of command to adhere to, and important health & safety information. At the end of the training session, you will have an opportunity to practice key job duties, so that you feel comfortable with your job assignment.”

4 “You should have received a Go Guide. Use this resource as a reference for key information—including your Job Action Sheet—throughout your shift.”

“Ok, let’s get started!”

ANY QUESTIONS?

Field Training Guide for Leaders

TAILOR INCLUSIVE JITT TOOLS

Video: Adopting Inclusive JITT

Larry Howlett, Training Manager, Human Resources and Workforce Management, Multnomah County Health Department

Hello. My name is Larry Howlett, training manager for human resources and workforce development at Multnomah County Health Department in Portland, Oregon.

Using Inclusive Just-In-Time Training methods can dramatically change, as well as improve, staff and volunteer training during a public health emergency. This type of training meets the intellectual, behavioral, and emotional needs of learners. Inclusive Just-In-Time Training tools also take into account different types of learning styles and cultural factors related to a response—something many other training tools neglect.

As the training manager at Multnomah County Health Department, I encourage health departments to review existing materials and align them with Inclusive Just-In-Time Training principles. Doing this will improve operational effectiveness.

Materials can be revised to include multiple formats that can be readily updated and altered, as needed.

Also, they should be designed to allow plenty of time to practice key job functions and translated for culturally diverse responders, if needed.

Here at Multnomah County, we're dedicated to developing Inclusive Just-In-Time Training tools so that other health departments don't have to.

If another health department doesn't have time to align existing tools, they can just order ours and tailor them to fit their unique needs and culture.

*If your health department is short on time and resources, you can tailor tools developed with the *Inclusive JITT* framework to meet the needs of a specific response.*

To tailor a resource, you can adjust certain elements to make the resource more relevant to the local jurisdiction's needs (e.g., the specific incident at hand).

For example, Multnomah County Health Department categorizes their job action sheets by general functions based on NIMS guidance. Susan's LHD can

tailor, or change, the personnel titles of each function in the job action sheet to fit the size and scope of the incident and the needs of their health department. An accompanying field guide offers curricula, including sample language, for leaders to use when training surge responders. You can alter this training guide in a word processing document to address the specific incident at hand.

Once tailored to new information and local public health emergencies, curricula and materials become more useful to health department trainers and responders.

Since tools based in *Inclusive JITT* address different learning dimensions, learning styles, and cultural influences, they serve as excellent resources for training new responders.

EVALUATE YOUR INCLUSIVE JITT EXPERIENCE

Test, refine, and retest.

Your department should continually assess *Inclusive JITT* training sessions and materials to determine whether the instruction methods used were appropriate and effective. Did they meet the intellectual, behavioral, and emotional needs of learners, account for various learning styles, and consider cultural influences? Evaluation allows you to determine how well training and related materials met the needs of the responders and the training objectives of your program.

Incorporate evaluation throughout the training process, especially after the event. When designing your evaluation tools, keep in mind specific criteria (e.g., satisfaction, usability, effectiveness).

Be sure to survey responders to assess whether the *Inclusive JITT* session and accompanying job aides were helpful and successful. For example, Susan’s health department could ask her the following questions in a survey:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I knew what was expected of me.	1	2	3	4	5
2. I had the materials and supplies needed to do my job.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
3. I received recognition and support from my supervisor.	1	2	3	4	5
4. My opinions on improving performance were heard.	1	2	3	4	5
5. My team was committed to quality work as we met or exceeded productivity expectations.	1	2	3	4	5
6. I was able to perform as expected.	1	2	3	4	5

SUMMARY

Adopting the concept of *Inclusive JITT* at your health department will positively shape the training of surge responders, and will strengthen your health department's overall emergency response.

In this section you learned about the steps involved in adopting the *Inclusive JITT* model, aligning and tailoring *Inclusive JITT* materials, and the importance of evaluating *Inclusive JITT* at your health department.

Defining a goal for your *Inclusive JITT* program is an important first step. Once a goal is in place, you can define training objectives and align training methods and materials by:

- Understanding who your responders are
- Understanding the population you will be serving
- Ready your existing training approaches and materials to reflect different learning dimensions, learning styles, and the cultural environment

Tailoring existing tools to meet the needs of a jurisdiction and the situation will improve your organization's emergency response.

Finally, evaluating every *Inclusive JITT* session and all related materials will result in improved training processes and operational response in the future.

Inclusive JITT will prepare and allow your health department to perform under times of stress, crisis, and scarce resources.

More information about the *Inclusive JITT* approach and additional tools developed by Advanced Practice Centers are available in the resources section.

Video: Summarizing Inclusive JITT

KaRin Johnson, Deputy Director, Multnomah County Health Department

Using Inclusive Just-In-Time Training is not a one-time commitment. This enhancement in staff training should be incorporated into a health department's culture and environment before and after an emergency, and not just in the midst of one. As health department leaders, we can support the overall spirit of Inclusive Just-In-Time Training in several ways. This can be done by sharing this very module with preparedness leaders, or by developing staff training resources that are designed to meet responders' needs and are continually evaluated and improved.

When an event happens, we should provide plenty of information to responders, so they can better prepare for their assigned response roles. Providing an opportunity to practice key job functions and continually supporting response staff is also critical to a successful response.

Inclusive Just-In-Time Training is based in strong adult learning principles and best practices. By embracing these methods, health departments will be better prepared to respond to emergencies facing their communities.