



Community Educator Presenters Guide



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INTRODUCTION

The purpose of this manual is to learn HOW to present the information you learned in Reference Guide for Presenters. The four sections of this guide and the appendices provide tips and tools to enable you to be an effective presenter. It is important that you provide breast cancer information that is safe, accurate, current, evidenced-based and consistent so that your participants will feel empowered to act: to get screened, follow up on a breast concern or make healthy lifestyle choices.

SECTION 1: LEARN THE MATERIAL

It takes time, preparation and confidence to be an effective presenter. Although you may not be a breast cancer expert, you can learn about this topic and develop confidence as an informed, prepared and effective presenter.

THE IMPORTANCE OF PREPARATION:

Preparation is essential to be effective presenter. A presenter needs a thorough understanding of the topics he/she will discuss. It often requires a lot of time to develop a thorough and detailed understanding of a new topic and be completely comfortable with it. Once you have a good understanding of the topic you can spend time thinking about how to deliver the information, how to meet your audience's specific needs, how to use your venue to equip participants with the knowledge they need to take the action you desire. Even with a thorough understanding of a topic, you still won't know everything. Think about the hard questions that you might have had before you studied this topic. Think about (prepare for) a situation when you won't know the answer to a question – how will you respond, where will you send them for the answer? Think about these situations as you prepare. Anticipate the unexpected. Practice your answers. See Section 2 for more information on how to prepare your venue for training and section 3 for helpful information on practicing your presentation delivery.

Besides focusing on the content from manual 1, do some research of your own. The Pink Alliance website provides breast cancer content. So if you feel you need a little more information on a topic, this is a great place to go.

DEVELOP CONFIDENCE:

The confidence that comes with your preparation will be apparent to the audience as you communicate with the assurance information that is safe, accurate, current and evidence-based. First, focus on the content and key messages. Then turn your attention to your audience. Adults have different learning styles and come with their own preexisting experiences, opinions and knowledge. Recognizing these learning differences and knowing how to handle difficult questions, people and personalities can be a challenge. There may even be people who will question your knowledge and expertise on this topic. See Appendix A for resources that can help you feel confident to handle any such situation.

Being confident and comfortable with the content on the PowerPoint slides and talking points and other presentation materials will demonstrate to your audience that you are a reliable source of information on this topic. Simply not having to rely on your notes during a presentation (because you are so comfortable with the information) allows you to focus more on your audience and interacting with them can go a long way in instilling confidence.

SECTION 2: PLAN YOUR PRESENTATION

Not only is it important for you to be confident in the material you present, it is just as important to know HOW to plan and deliver a presentation to create the best learning environment for your audience. In this section, you will learn why it's important to know your audience and their needs, the benefits of storytelling and using activities to engage your audience, and how to set up your presentation space.

Knowing the make-up of your audience and time constraint will allow you to tailor your talking points to provide breast health and breast cancer information that is most relevant for your audience. For example, if you have one hour, you may have time to use the PowerPoint presentation, but not have time for activities. If you have less time, select just a few of the key messages that are most relevant to the audience and focus on those.

THE ART OF STORYTELLING IN A PRESENTATION:

Storytelling can be a very powerful way to start or end a presentation. It can set the tone as to why the information presented is important and meaningful to everyone attending. Sharing your own personal story, if you have one, can be effective. Telling the story of someone you know or a story about someone famous can also be effective. Stories or narratives have been shared in every culture as a means of entertainment, education, cultural preservation and instilling moral values. One well-told story can be far more effective at touching listeners and moving them to action than an entire encyclopedia of cold, hard facts. From myths and fables to personal anecdotes, storytelling has a unique power to create connections quickly. People connect with the emotional power of stories; the potent impact of a story lingers long after mere facts and figures are quickly forgotten (or dismissed). Ask someone in the audience if they would be willing to share

their story. They can include when they were diagnosed, how they were diagnosed and how they did during treatment and beyond. If no one is speaking up, you can share the example story in Appendix E.

THE BENEFITS OF ACTIVITIES TO REINFORCE THE MESSAGE:

Activities and games are effective tools because they can reset participant concentration and energy levels as after they have been listening for a few minutes and provide an enjoyable way to promote social interaction, energize the group and reinforce knowledge and skill. They can provide an opportunity to apply and practice the information that has been presented. There are sample activities and instructions that supplement the PowerPoint presentation in Appendix B.

SOCIAL INTERACTION:

When people are gathered for training, they may be meeting for the first time. Beginning the training with an icebreaker or game encourages social interaction which can create a common bond between people which promotes open speech and increased sharing. Even if they already know each other, the icebreaker can have them feel part of this group of participants.

ENERGIZE THE GROUP:

Games or activities provide an opportunity for participants to stand up and move-around and are good ways to keep people fresh and focused. See the Awareness, Understanding, Action activity in Appendix B as an example.

SECTION 2: PLAN YOUR PRESENTATION

REINFORCE LEARNING:

Activities or games, like role-play, that are related to the presentation content increase knowledge retention and understanding. Real life scenarios make the class experience more relevant and more likely to result in long term behavioral change.

Sample activities and instructions to enhance the PowerPoint can be found in Appendix B.

HOW TO PREPARE YOUR VENUE/SPACE FOR TRAINING:

Prepare yourself and your audience for an effective presentation. When participants arrive, be ready to greet them. This checklist can be used to make sure you are ready.

ARRIVE EARLY:

- This will help you to feel comfortable in the room, and ensures that you have time to arrange or help arrange the space for the needs of your group.

CHECK EQUIPMENT:

- Microphones and speakers: If you are speaking in a large room, check to see if you need a microphone. Confirm that the microphone and speakers are working. If they are not, you may need to ask participants to sit closer to you so that they can hear you.
- Computer/projection equipment: If you are using a computer and/or projection equipment for your presentation, make sure you check all of the following prior to the participants' arrival:
 - The laptop is fully charged or an electrical outlet is close to the computer.
 - There is an electrical outlet for the projector.
 - The projector is level so that the image on the screen or wall is also level.
 - The clicker, remote control or mouse to advance the PowerPoint slide is working.

- If you are using equipment provided by your host, make sure you are familiar with how to use it.
- If you need sound, confirm that there are speakers and that the volume will be loud enough that all participants can hear.
- If you need an internet connection, confirm that you can access it.
- If you are showing a video, confirm that it functions on the computer you are using.

CHECK THE ROOM TEMPERATURE:

- Consider if the room is too warm or too cold. If it is, ask the host if there is a way to adjust the temperature.

PROVIDE DIRECTIONS:

- Use signs, balloons, ribbons or other materials to identify the room and/or building where your event will take place.
- If the room is difficult to find, use signs or arrows to direct participants from the front door to the room where your event will take place.

CONSIDER THE PLACEMENT OF YOUR MATERIALS:

- Place a sign-in sheet on a table where participants enter the room. This will help capture participant information as they arrive.
- Place informational or educational materials where participants can see them. Arrange your materials on a table where participants can gather them when they enter the room. If that is not possible, place handouts on each chair.
- Make pencils or pens available. This will allow your participants to take notes.

CREATE OPPORTUNITIES FOR INTERACTION:

- If you have a small group, arrange chairs in a circle so that everyone can be involved in the conversation.
- If you have a large group, arrange the chairs and tables in a way that allows conversation. If you have only chairs, arrange them in a “U”- shape or in small groups. If you have chairs and tables, arrange chairs around tables to promote conversation.
- Every audience needs a ninety-second warm-up of getting to know you, to establish eye contact and a smile. Try a personal anecdote or one related to a member of the audience. Give your audience a road-map of where they will be going through your presentation. Energize your audience with your enthusiasm.

REMEMBER...

- When preparing a presentation, remember that your audience may be accustomed to breaks every seven or eight minutes. Build into your presentation some kind of “break.” Some possibilities include: audience participation (something as simple as a show of hands), a story, asking questions or a visual aid.
- Nervousness can be good. It creates a rush of adrenaline and gives you an edge that will prevent a flat presentation. But control and utilize that nervous edge in your presentation or it will control you.

- Rehearse your presentation carefully, especially the first five minutes.
- Stretching — facial muscles, as well as shoulder, neck and arm muscles need to be stretched to energize and animate your presentation. Try smiling broadly, arching your eyebrows, hunching your shoulders to relax tense muscles.
- Deep breathing — nervousness constricts the diaphragm, which controls your breathing and interrupts a smooth delivery. Nervousness also constricts the vocal chords, making your voice thin, hollow and shaky sounding. A minute of deep breathing should help expand these muscles and improve your delivery.
- Sometimes you have to plan for the unexpected. If your PowerPoint presentation is not working or you are having difficulty, you can use your educational material(s) as the presentation guide instead. Appendix C includes a one page description of each educational material developed for use with the PowerPoint. It includes suggestions on audience, time, key messages and objectives that can lead your discussion.



SECTION 3: PRACTICE

Practice. Practice. Then practice some more. The power of practicing out loud can't be underestimated. You can feel confident in the content but when you start to present in person, it can all be forgotten. By practicing out loud and even in front of a mirror or peers can be highly rewarding.

THE POWER OF A STRONG, COMMANDING AND EMPATHETIC VOICE:

You want to be viewed as a trusted source of information - as an authority. Use a strong voice and speak with confidence. Confidence comes with preparation (mentioned above). Your audience wants you to be credible and an authority - but not arrogant or bossy. At the same time you also want to be caring and empathetic, so that you don't put people off and they want to listen and engage with you.

TIPS ON PRESENTATION DELIVERY:

Every presentation has three components: verbal, vocal and visual

The verbal component refers to the content of the presentation. Content should be logically organized and tailored to the specific audience.

Who is your audience?

- The first rule of communication is "know your audience."
- Find out as much as you can about your audience prior to your presentation and customize your message.
- How knowledgeable are they about your topic?
- What do you know about their health literacy? See Appendix A for information on this topic.
- Will they understand your jargon?
- How much detail do they need and how much can they comprehend?

Tailor your messages for the audience's specific needs.

Consider the following:

- Why should they care about what you have to say?
- How will the information you are presenting help them, right now, in their current life situation?

Make your presentation relevant:

- Use examples from your target audience
- Identify your audience verbally by using names, titles or groups, so that the listener knows you mean them.

Make your message memorable:

- Think about what key words or short phrases you would want your audiences to remember and repeat those words or phrases.
- The two most important points of any presentation are the beginning and the end.
- Make it clear in the beginning the purpose of your presentation.
- Give your audience a road-map of where you're taking them, and it will be easier for them to follow you.
- The ending is very important because it tells your audience what you hope they'll remember and what you want them to do.

The **vocal** component refers to how your presentation sounds to the audience, including the volume, pitch, pace and tone of your voice.

- Your voice should mimic its natural delivery with variety in pitch, pacing and pausing. Qualities to look for include:
 - Adequate volume (loudness),
 - Clearness and purity of tone,
 - Pleasing and effective pitch level,
 - Ease and flexibility (expressiveness),
 - Warmth and vibrancy, and
 - Diction.

- Effective vocal delivery includes variety in pitch with “highs” and “lows.”
- Vary phrases and passages by speeding up or slowing down. Watch for natural punctuation, such as pausing at the beginning of a new thought, or use pauses for dramatic effect.
- Make sure that you look up from text or notes to ensure that you are not speaking into the podium but rather to the audience.
- Breathe!

The **visual** component refers to your things like eye contact, gestures, facial expressions, posture, movement and physical appearance.

- Eye contact engages the speaker and the listener. Good eye contact establishes trust and likeability. Eye contact helps you know if your audience is listening and helps you gauge their comprehension and response. Eye contact is not looking “out” at the group or across a room. Eye contact is your technique for turning group communication into person-to-person communication.
 - Tips for making eye contact with your audience:
 - Begin your presentation with a deliberate look across the audience
 - During the presentation, maintain eye contact with an individual for two beats — linger long enough to sense an acknowledgement.
- Facial expressions convey your self-confidence, comfort and enthusiasm.
 - Tips for facial expressions:
 - Smile
 - Assume a pleasant, animated expression
 - Look for emotion (enthusiasm, conviction, excitement, etc.) in your message
 - Use your voice, facial expressions and body language to convey and incite those feelings in the listeners.

- Use your entire body in your presentation delivery with hand gestures and body movement to support your comments, not detract or distract.
 - Tips for posture and body movement:
 - Stand with feet apart with weight equally balanced — don’t shift, rock or sway
 - Movement should support your presentation.
- Gestures punctuate your language. Any problems with the pacing of your presentation can be eliminated by adding gestures for emphasis. Gestures are also an appropriate way to channel nervous energy, and they make your remarks more visual and interesting. Use hands to enhance and punctuate your delivery. Gestures convey energy and energy conveys conviction.
 - Tips for gestures during your presentation:
 - Gestures need to be large enough to be seen and effective
 - Gestures need to be above the belt and away from the body
 - Vary your gestures
 - Don’t pound the podium or point fingers. It is okay to get out from behind the podium and walk around.
- Dress comfortably and appropriately for the presentation. Practice good dress and grooming.
- Visual aids and props should be used to focus attention, reinforce important messages, stimulate interest, simplify and explain complex information and add interest, color and variety to a presentation.
- Do not use visual aids as a crutch. Visual aids should enhance the presentation, not become the presentation.
- Remember who and where your audience is. Do not talk only to the screen or your visual aids, but look at and address the audience. Don’t look back and forth between the visual and your audience too quickly.
- Videos should enhance, highlight and reinforce your message. It should not BE your presentation.

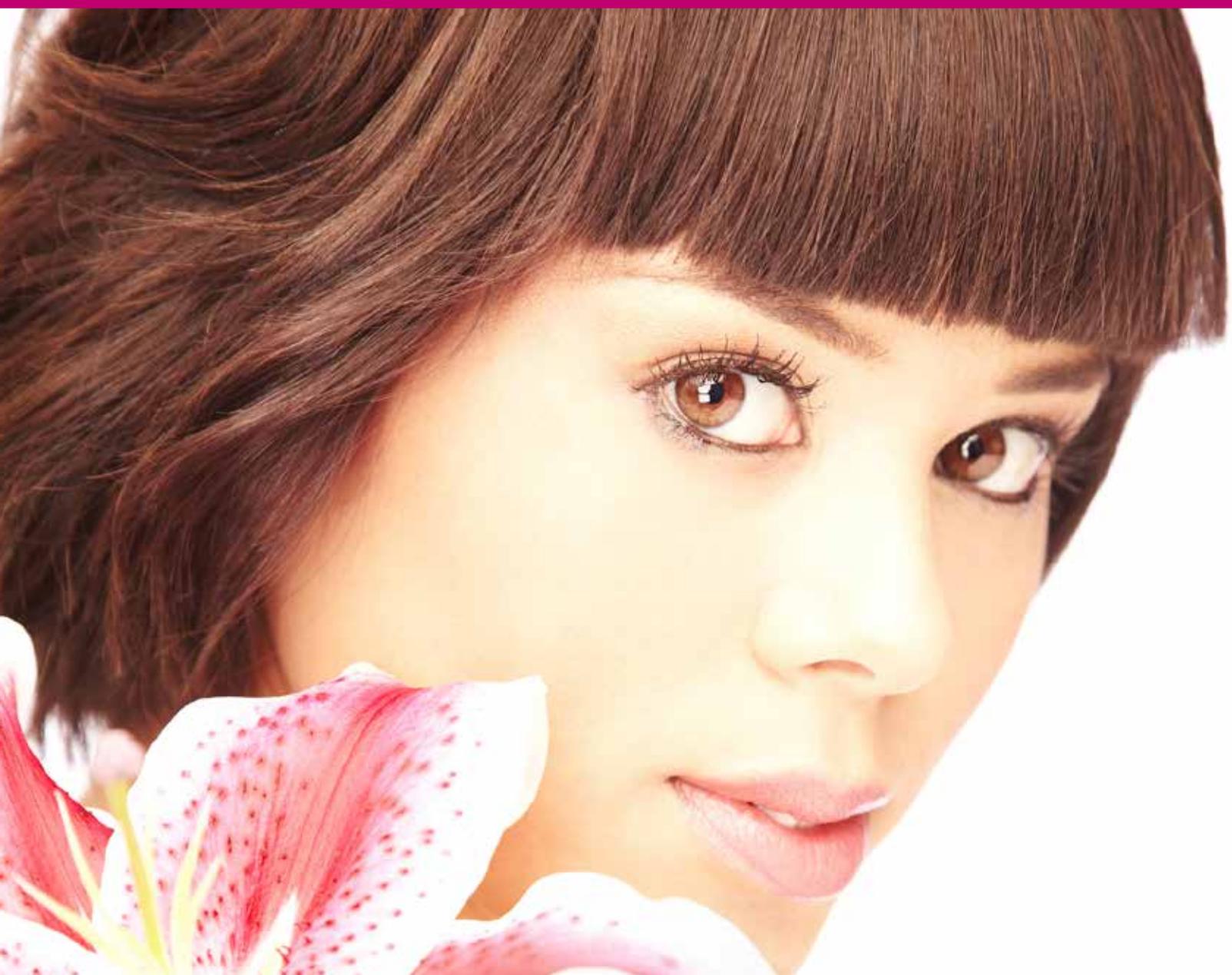
SECTION 3: PRACTICE

THE POWER OF FEEDBACK:

You should be comfortable with the material you are presenting. Practicing in front of peers and getting feedback on your presentation delivery, confidence and tone can be of tremendous value. Peers can be your biggest fans. They want you to succeed. Gather feedback on what you did well and what you could improve on and then practice again. As you start to give more and more presentations, your comfort and confidence will increase.

You will realize that at that point your focus shifts from concern about your delivery to the audience.

Spend some time practicing handling difficult questions, people and personalities. You can use the “Barriers to screening and suggested responses” activity in Appendix B to get comfortable answering questions that may be asked during a presentation.



SECTION 4: EVALUATION

Evaluation is defined as a way to measure how well your message was received and whether your objectives were met in an education event. By evaluating your education session, you will learn if you were effective in communicating your message. It is important to find out if people increased their breast cancer knowledge and plan to take action based on the information they learned. Pre- and post-tests can be used to measure an improvement in knowledge. See Appendix D for tips for presenters and instructions on how to use these tests.

Evaluation can help you know if the program was effective and if you need to make changes to the messages and/or how they are delivered. In addition, it can be especially useful to report outcomes to funders and potential funders as a way of showing why your program is worth supporting.

EVALUATION TIPS:

1. Respect everyone's time, including yours.

Keep the evaluation simple. People may not have time to answer a lot of questions. Ask what you think are the most important questions first. Practice fitting your questions into the program schedule ahead of time.

2. Think about what format will work best in your setting.

The evaluation questions can be asked orally or on a written survey. If people have low literacy skills, it may be best to ask the questions orally. If this is the case, it's helpful to have a paper version of the survey that you can use to record the responses.

3. Be organized.

Each participant should complete the evaluation survey. However, it's not a problem if some choose not to respond to any or some of the questions. Be organized with tracking their responses. You can use Excel or other software to enter and analyze the answers.

4. Thank them.

Remember to thank everyone for their time.

5. Don't forget to use your results to improve your approach, your ways of reaching people and your program!

You can use your results to report on your program's success. Using the provided pre- and post-test surveys, you can track changes in knowledge based on the presentation.

See Appendix D for the evaluation templates and instructions.

CONCLUSION:

Only at the time of breast disease occurrence, women would ask themselves of questions ---“About breasts, how much do we know? And are we really concerned about our breast health?” Through this training, let us from now on love our breast health, and wish participants in the training would be always healthy and beautiful!

You will realize that at that point your focus shifts from concern about your delivery to the audience.

Spend some time practicing handling difficult questions, people and personalities. You can use the “Barriers to screening and suggested responses” activity in Appendix B to get comfortable answering questions that may be asked during a presentation.

APPENDIX A: KNOW YOUR AUDIENCE

HEALTH LITERACY:

Beyond knowing the make-up of your audience and the time you have for a presentation, it is helpful to know about the health literacy of your audience. Health literacy is defined as “an individual’s ability to read, understand and use health care information to make decisions and follow instructions for treatment.” Limited health literacy affects people of all ages, races, incomes and education levels, but the impact is generally greater in lower socioeconomic and minority groups. It affects people’s ability to search for and use health information, adopt healthy behaviors and act on important public health information.

Therefore, it is important to communicate health information in an understanding way. Many people assume that literacy only refers to the written word (pamphlet, booklet), but it goes beyond someone’s ability to read! Literacy also refers to understanding oral communication and information from a doctor or from you.

To gauge how effective you are in presenting a topic to any audience, you should ask yourself if you believe they can “process, understand and gain skills to make appropriate health choices!” You can do that by focusing on your audience to look for signs that they are paying attention and following your messages.

Health literacy affects people’s ability to:

- Navigate the health care system, including filling out complex forms and locating doctors and services
- Share personal information, such as health history with doctors
- Engage in self-care and chronic disease management
- Understand concepts such as risk
- Understand how the body works and have misinformation on the causes of disease

TIPS FOR PRESENTERS:

Use “plain language.” Plain language is a strategy for making written and oral information easier to understand. Do things like:

- Be cautious of word choice. State the message simply and use 1-2 syllable words if possible. If you use a term, like risk factor, define it and keep using the term.
- Avoid using acronyms unless you’ve defined them first. For example, use CBE instead of Clinical Breast Exam as the first reference.
- Use a friendly and active tone. For example, instead of “I know we have a lot to go over and some information may be difficult” say “I am excited to go through this information with you. I am looking forward to us all learning together.”
- Personalize the information with stories or examples.
- Use visuals.
- Allow the audience to participate in role-playing activities.



ADULT LEARNERS:

Adults learn best when they feel there is mutual trust, respect and cooperation between themselves and the educator(s). This resource can help you understand how to engage with adults in a different way to better connect with your audience.

Research has identified six principles that describe how adults learn. Below is an overview of Knowles' six adult learning principles with guidance on applying these principles to breast health and breast cancer education sessions.



APPENDIX A: KNOW YOUR AUDIENCE

PRINCIPLE	DESCRIPTION	APPLICATION
<p>1. Adults are internally motivated and self-directed.</p>	<p>Life experiences play a major role in adults' motivation to learn.</p> <p>Adults who know a breast cancer survivor or someone who has had a benign (non-cancerous) change in their breast may be motivated to learn about their own risk factors and what they can do to reduce risk.</p>	<ul style="list-style-type: none"> • Invite people to share their experiences with breast cancer. • Ask them to share their reasons for attending the discussion or presentation. • For example, you can ask: <ul style="list-style-type: none"> - Have you been affected by breast cancer in any way? - Does anyone in the audience know a breast cancer survivor? - Do you want to share your experience with us?
<p>2. Adults have prior knowledge and experiences.</p>	<p>Information about and prior experiences with breast cancer can affect the way people approach the subject of breast health.</p> <p>For instance, a learner who has cared for a loved one with breast cancer may be able to easily understand her own risk of breast cancer.</p> <p>However, misperceptions and misinformation can lead her to ignore warning signs if they do not match her prior experience.</p>	<ul style="list-style-type: none"> • Ask the audience about their knowledge and previous experience related to breast cancer. • Having this information will give you the chance to replace myths and incorrect information with accurate information, and to build rapport with the audience.
<p>3. Adults are goal-oriented.</p>	<p>Generally, adults come to the learning experience with set goals in mind.</p>	<ul style="list-style-type: none"> • Ask participants what they would like to learn about breast cancer. • Offer information to meet those learning goals. • Let participants know that they can ask questions <ul style="list-style-type: none"> - at any time during the presentation.
<p>4. Adult learning is relevancy- oriented.</p>	<p>Adult learners need to have a firm understanding of why the information being taught is relevant to them.</p>	<ul style="list-style-type: none"> • Share that breast cancer is a problem in the community and that many people do not know about it. • Modify your talking points to make them more relevant for your audience.
<p>5. Adults are practical.</p>	<p>Adults tend to learn best by practicing what they have learned.</p>	<ul style="list-style-type: none"> • Give your audience opportunities to practice what they are learning from you. • For example, instead of simply describing questions that a person might ask a health care provider, you can engage in role-play activities that allow participants to ask each other questions.

Knowles, M. *The Adult Learner: A Neglected Species*. (Houston: Gulf, 1984)

HOW TO HANDLE TOUGH QUESTIONS, DIFFERENT PERSONALITIES AND CHALLENGES IN A GROUP SETTING:

Tips for Handling Tough Questions

Remember, you don't need to be a breast health expert. You can learn to handle difficult questions and with ease and confidence. Here are some basic strategies to help you prepare for those difficult questions:

- Don't tighten up and do remember to breathe.
- Smiling helps loosen you up, reassure yourself and relax the audience.
- Take time to think about the question before you respond.
- Engage your audience. When a participant asks a question and you do not have experience with the particular issue, you can ask, "Does anyone here have experience with that?" If yes, say to the participant "Do you mind if we ask for suggestions from the group?" If the person doesn't object, begin collecting responses from the group. You can write them on a board/hanging sheet of paper so the participant can view.

- If it is not an appropriate question for this workshop (deals with another area of the organization or other topic), say, "That is a good question, however, this is a matter for another time/place." You can also offer to talk one-on-one after the presentation.
- Be positive in your response and acknowledge the question, but don't feel you have to answer every question — you don't need to be a breast health expert.
- If you don't know the answer to a question, avoid making something up. Offer to find the answer or direct them to other Komen resources.

HANDLING DIFFERENT PERSONALITIES

During your discussions or presentations, you may meet people that are very quiet, some who want to talk a lot or some who are difficult or bored. This chart provides helpful tips for handling these types of audience members.



HANDLING DIFFERENT PERSONALITIES

PERSONALITY	DESCRIPTION	TIPS
<p>Argumentative Participants</p>	<p>Arguers like to prove they know more than the speaker — they are uncooperative, difficult, demanding and can seek to discredit ideas.</p>	<ul style="list-style-type: none"> • Remember: do not argue back — remain calm and in control. Take a few deep breaths and do not take it personally. Take a minute to collect your thoughts and articulate your response. • Break eye contact. • Avoid arguing. • Ask the other trainees what they think. • Ask person to take part in a later session.
<p>Bored Participants</p>	<p>They show little focus and interest in what the educator is saying.</p>	<ul style="list-style-type: none"> • Ask them a question. • Do not embarrass them. • Break into groups for an activity. • Ask them to help others or help you in the workshop. • Use their names in examples. • Ask a question that draws on their experience. • Take a minute for the group to stretch.
<p>Quiet People</p>	<p>Quiet listeners may appear withdrawn. They may be bored, shy or feel their input is not valued.</p>	<p>Try to get them involved.</p> <ul style="list-style-type: none"> • Ask for their input by calling them by name. • Move closer to the person. • Use their names in examples. • Try to engage them in a relevant discussion. <p>Remind participants:</p> <ul style="list-style-type: none"> • Everyone's input is important. • There are no silly/stupid questions. • We learn from one another.
<p>Monopolizers</p>	<p>Monopolizers engage in side conversations, or take up the educator's time. This can be distracting and frustrating</p>	<p>Compliment them on their insight, thank them, ask them for practical insight and say, "Now we would like to hear from others." Below are ways to divert the focus from the Monopolizers in the group:</p> <ul style="list-style-type: none"> • Ask the group for input. • Acknowledge their input and then direct a question to someone else. • Break eye contact. • Go around the group and have each person speak.

HANDLING CHALLENGES IN GROUP DISCUSSIONS

Before beginning a group session or presentation, let your audience know what to expect, including topics and the length of the session. You may want to develop a set of basic ground rules with the group, and then display them at your session. Ground rules can include maintaining confidentiality, sharing the airspace and showing respect for others' questions and feedback. In addition, the following chart offers topics and suggested responses that you can use to get back on track when faced with challenges during group discussions.



HANDLING CHALLENGES IN GROUP DISCUSSIONS

TOPIC	SITUATION/EXAMPLE	HOW TO ADDRESS
Side Conversations	A person is having a side conversation with another participant.	<p>“Just a friendly reminder, we agreed to one conversation at a time in our ground rules for today.” Make eye contact and restate, “One conversation at a time, please.” “Susan, do you have a question?” “Susan, I can see that you have something to contribute. When Anne has finished, we’ll hear from you.”</p> <p>Remember: Always treat participants with respect and consideration; and watch your body language.</p>
	If there are many people interrupting or having side conversations.	<p>“Susan, please hold your comments until Anne has finished.”</p> <p>Pause without looking directly at those talking. If the conversation continues, ask if they have a question or issue to share with the group.</p>
Staying on Time	The group veers off into other topics.	<p>Stop the process and ask the group, “Do we need to take a break? Let’s take a five minute break.”</p>
	The discussion has continued for some time and you are running out of time for the next item.	<p>“Let’s keep focused; we have a lot to cover.” Or, “Let’s keep focused, we are almost done.” “We need to re-focus. There appears to be more discussion required. Is this true?”</p> <p>Create a “parking lot” on a board or sheet of paper. Include topics to discuss later if time allows.</p>
Personal Attacks	A person is insulting another participant.	<p>“Our ground rules clearly say that we welcome all ideas.” “Our ground rules clearly say that we show respect to one another.” “Our ground rules clearly say that everyone has a right to an opinion.”</p>
	If the behavior continues after reminding them about the ground rules.	<p>“There appears to be a difference of opinion here. That’s okay — we all have different views and values. Let’s move on to the next topic so we can get through the presentation.” “Please take a minute in the hall to gather your thoughts and return to the classroom.” If the person decides to leave, continue without him or her.</p>
Never-Ending Discussion	The group discussion has continued for some time and you are running out of time for the next item.	<p>“Please let’s re-focus. We need to go over more information today.”</p> <p>Briefly restate the main points the person has said. If appropriate, state that these points will need further discussion and can’t be resolved here. There is no need to finish the discussion. If the atmosphere has become tense, call for a short break.</p>
	A person has been talking for a long time and other people are getting tired.	<p>“Susan, I am sorry to interrupt you, but I would like to hear from others.” Redirect the question by calling on another person by name. Say, “Sarah, what do you think about this issue?” or “Sarah, what has been your experience?” “Susan, remember the ground rule — everyone will get a chance to speak.” You can reframe their comments and redirect to someone else. For example, say, “So Susan’s point is _____. Does anyone else have anything to add?”</p>

APPENDIX B: PRESENTATION ACTIVITIES

AWARENESS UNDERSTANDING ACTION ACTIVITY

AUDIENCE:

This activity can be used with your audience during your presentation, if time permits. The activity and instructions on how to lead are also located in the PowerPoint.

PURPOSE:

The purpose of this activity is to make a point that just telling someone to do something isn't enough – even if she/he is aware and believes the action is beneficial, that may not be enough to prompt people to take this action. There is merit in delivering the same message over and over again. Our communication experts tell us that we may need to hear something repeatedly to really “hear” it – and then be able to act on it. The consistent repetition reduces confusion for the listeners, improves retention and hopefully moves people to action.

NOTE TO PRESENTER:

You can print the awareness, understanding, and action slides before the presentation. Post the print-outs in the room on different walls so the participants have to walk to different locations during the activity based on their answers. Fold the papers up so that the sentences are not read before the activity.

INSTRUCTIONS:

Have the participants stand and you (or a participant) can read the first sign, “I have heard that exercising 30 minutes five times a week is good for me.” “If you agree with this statement, walk over to and stand at the “Awareness” sign. If you don't agree, stand at your seat.”

Next, read the second sign. “I believe that exercising 30 minutes five times a week is good for me.” “If you believe this statement, walk over to and stand near the “Understanding” sign. If you do not believe this statement, remain at the “Awareness” sign.”

Last, read the third sign, “I exercised five times for 30 minutes last week.” If you agree with this statement and exercised 30 minutes five times last week, then walk over to and stand near the “Action” sign. If you did not, remain at the “Understanding” sign. As the leader, you should also move to the signs as appropriate. So, only move to the third sign, if you actually exercised for 30 minutes five times last week.

Discussion at the end of the activity:

What did you learn from this activity? That even if you have heard something and even believe that something is beneficial, you still may not act. This is important for us to realize this in ourselves, and understand that others will also express the same thing. This is important to make us think about the things that WOULD make us take that action – exercise, get a breast cancer screening exam, contact a doctor if you notice a breast change, etc. and think about what may help prompt action in our audience related to breast care. It also may help us to understand that people often need more than just being told to do something.



ACTIVITIES

Activity – Awareness

I have heard that exercising 30 minutes five times a week is good for me

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Activity – Understanding

I BELIEVE that exercising 30 minutes five times a week is good for me.

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Activity – Action

Last week, I exercised five times for 30 minutes.

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ADDRESSING BARRIERS ACTIVITY

Activity – Addressing Barriers



- Brainstorm the barriers keeping women from early detection and write them down on the sticky notes!
- Classify the barriers you found in one of the following sections (psychological, economic or social and cultural).
- What other classifications would you add?

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AUDIENCE:

This activity can be used with your audience during your presentation, if time permits. The activity and instructions on how to lead are also located in the PowerPoint.

PURPOSE:

The purpose of this activity is to get participants thinking about the things that prevent people from getting

screening, reporting problems to their doctor, etc.

NOTE TO PRESENTER:

- Materials needed for this activity (or some variation): sticky notes, pens, 3 large poster papers with circles labeled with “Psychological”, “Economic”, “Social and Cultural”

INSTRUCTIONS:

- First participants will name barriers to an action, such as getting screened either by facilitated discussion led by you or in small groups. Give them sticky notes and pens and can a lot 3-5 minutes for this activity. If time permits, ask them to report their findings.
- Then they will categorize their list into groups: psychological, economic, and social and cultural. Then they will discuss either as a facilitated discussion or in small groups ways to overcome these barriers.

NOTE TO PRESENTER:

There could be additional categories. If others are names, include them in the classifying part of this activity.

INSTRUCTIONS:

- Post papers with the labels on the wall at the front of the room.
- Have participants walk up and place their sticky notes in the appropriate circle.
- If they thought of something that does not fit in one of these classifications, just have them put it outside the circles. (Some common barriers may be: fear, transportation, financial, childcare, poor access to care, unaffordable costs).

- Once all barriers have been identified, go through them and brain storm ideas to overcome them. Refer to Barriers to screening and suggested responses below to provide examples to the audience if they are not coming up with many.

Activity – Addressing Barriers



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BARRIERS TO SCREENING AND SUGGESTED RESPONSES

AUDIENCE:

This resource can be used to develop an activity that can be used during this training between two presenters. This activity is not in the PowerPoint.

PURPOSE:

As mentioned in Section 3, an activity using these barriers would be ideal for two presenters taking turns practicing anticipating and answering common barriers that women face when asked if and when they plan to get screened. These barriers can be used as examples in the “Addressing barriers activity” mentioned above.

BARRIER 1: AFRAID OF FINDING BREAST CANCER	
<p>SHE MAY SAY</p> <p>I am worried that I might find out I have breast cancer. If they find cancer, I might die. If I have cancer, I'd rather not know.</p>	<p>SUGGESTED RESPONSE</p> <ul style="list-style-type: none"> • Fear is a perfectly normal feeling when faced with the unknown. You may be able to overcome this fear by getting screened. Finding breast cancer early is the best way for women to increase their chances of survival. Screening tests can find breast cancer early, when they are most responsive to treatment. • Try and let fear become your friend. Think about all those you love so dearly and the fact that if cancer is diagnosed at a late stage, it could take you away from them. If you have cancer and find out you have it, you can do something about it.
BARRIER 2: ANXIOUS ABOUT SCREENING	
<p>SHE MAY SAY</p> <p>I'm a little nervous about getting screened.</p>	<p>SUGGESTED RESPONSE</p> <ul style="list-style-type: none"> • It is understandable that you are nervous about getting screened. Some women have told me that they are concerned more about finding something abnormal, radiation, cost, pain, etc. rather than the actual screening test. • Does any of this sound familiar? Do you know what is making you feel this way? • Sometimes it is hard to understand why something is upsetting, bothering, concerning, etc. • For some women, thinking about breast cancer screening reminds them about the possibility they could get breast cancer. This is very upsetting, so upsetting it makes it difficult for them to do what they need to do to — get screened. Often, once they get screened, they can usually stop worrying. Does this sound familiar? • If the woman is still anxious, continue the dialogue. Some women feel less anxious if they take a friend or loved one to their appointments. Or, they may talk to their health care provider about ways to help ease discomfort (or anxiety) during any test.

BARRIER 3: CARE-GIVING DUTIES INTERFERE/NO TIME	
<p>SHE MAY SAY</p> <p>I just don't have the time to go.</p>	<p>SUGGESTED RESPONSE</p> <ul style="list-style-type: none"> • Is there anything in particular that is making your life busier than normal? • Screening itself shouldn't take more than a half day from the time you walk into the facility until the time you walk out. You might check with the hospital to learn what days and times are usually less busy and try to go then. • Screening can find cancers at an early stage, when they are small (too small to be felt) and most responsive to treatment. Getting regular screening tests along with effective treatment is the best way for women to lower their risk of dying from breast cancer.
<p>I am always busy taking care of everyone else.</p>	<ul style="list-style-type: none"> • It might seem that getting screened could take time away from others that you are caring for. However, it is something you can do for yourself so you can continue to take care of those who depend on you. • It is important to take the time to get screened, which might only be once a year. Finding breast cancer early may lead to more treatment options and a greater chance for survival.
BARRIER 4: DENIAL THAT SHE WILL EVER GET BREAST CANCER	
<p>SHE MAY SAY</p> <p>I don't think I am going to get breast cancer.</p>	<p>SUGGESTED RESPONSE</p> <ul style="list-style-type: none"> • Can you tell me more about why you don't think you'll get breast cancer? • I've talked to some women who think that. The fact is there is no way to tell who will get breast cancer. All women are at risk. And among women in China, breast cancer is the 2nd most common cancer and the 6th leading cause of cancer death. • We have learned a lot about breast cancer, but we still do not understand what causes breast cancer to develop at a certain time in a certain person. And if it does occur, it is better to find it early. • Getting regular screening tests along with effective treatment is the best way for women to lower their risk of dying from breast cancer. Screening tests can find breast cancer early, when it's most treatable and less costly.
BARRIER 5: DOCTOR NEVER RECOMMENDED	
<p>SHE MAY SAY</p> <p>My doctor gets so caught up in taking care of my medical problems she/he forgets to refer me for screening.</p>	<p>SUGGESTED RESPONSE</p> <ul style="list-style-type: none"> • Don't assume just because your doctor hasn't told you to get screened, he or she doesn't believe it's important. • While each of us likes to totally depend on our doctor to tell us when it's time to have tests and to schedule them, part of the responsibility is ours. Most doctors appreciate being reminded about their patient's need for screenings.
BARRIER 6: DOESN'T LIKE TO GO TO THE DOCTOR	
<p>SHE MAY SAY</p> <p>I really don't like going to the doctor. I only go when I am sick.</p>	<p>SUGGESTED RESPONSE</p> <ul style="list-style-type: none"> • Some women think as long as they feel fine they don't need to go looking for trouble. • You're not alone in feeling that way. Many women feel the same way you do. Since you don't like going to doctors, taking good care of yourself and looking for little problems with screening tests before they become big problems is important. If you don't find problems when they are small, more time and attention and even more visits to the doctor may be needed to handle larger problems. • That's one reason why getting screened is so important. It's just like taking care of a car or house.

BARRIERS TO SCREENING AND SUGGESTED RESPONSES

BARRIER 7: NOT NEEDED	
<p>SHE MAY SAY</p> <p>I've never had a clinical breast exam/mammogram/breast ultrasound.</p>	<p>SUGGESTED RESPONSE</p> <ul style="list-style-type: none"> • A clinical breast exam (CBE) is a physical exam done by a health care provider as part of a regular medical check-up. • Screening tests are used to find breast cancer before it causes any problems or warning signs. Screening tests can find breast cancer early, when the chances of survival are highest. • Regular screening tests (along with follow-up tests and treatment if diagnosed) reduce your chance of dying from breast cancer. • The primary breast cancer screening test in China is the clinical breast exam. Breast ultrasound is also used as an imaging test, and mammography may be used in addition to other tests. • Clinical Breast Exam: This exam may include your personal health history and your family health history-to assess your risk for breast cancer. The doctor will check the appearance of your breasts, and then examine your breast and underarm areas • Breast ultrasound: A machine that uses sound waves to make images of the breasts. It is most often done using a hand-held ultrasound device. • Mammography: A test that uses X-rays to create images of the breast. It is the most effective screening tool used to find breast cancer today. It may also be used as a follow-up test on an abnormal finding (called a diagnostic mammogram).
<p>I really don't need to get screened.</p>	<ul style="list-style-type: none"> • Please tell me more about why you feel getting screened is not necessary. What are some reasons you think you do not need to get screened? • Some women I've talked to think they don't need to get screened because they're not having breast problems, or because they don't have a family history of breast cancer. • Do you think any of these reasons sound like you? • In fact the best time to get screened is when no symptoms are present. Screening tests can find breast cancer before a woman or her doctor would be able to feel it. • And most women who get breast cancer don't have a family history. The truth is, all women are at risk and the most common risk factors are being a woman and getting older. • Still some women think they don't need to get screened because they're too old or because they just don't think they'll get breast cancer. • However, among women in China, breast cancer is the 2nd most common cancer and the 6th leading cause of cancer death.



APPENDIX C: USING YOUR EDUCATIONAL MATERIALS

The Toolkit educational materials can be used as a takeaway to a presentation or can sometimes be used in lieu of a PowerPoint, as a visual aid, if necessary. As mentioned previously, sometimes you may have to be prepared to be unprepared, especially with technology. Each Toolkit educational material has a quick one pager that can help guide a discussion. It gives suggested venue for use, how much time is needed, key messages that are related to the content as well as learning/behavioral objectives.

BREAST HEALTH: LEARN THE FACTS

Target audience:

Women of any age

Purpose:

This booklet is an eight-page full color brochure which provides information about the four Breast Self-Awareness Key Messages.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

15 minutes

Key Messages:

- Know your risk
- Know what is normal for you
- Get screened
- Make healthy lifestyle choices

Learning/Behavioral Objectives:

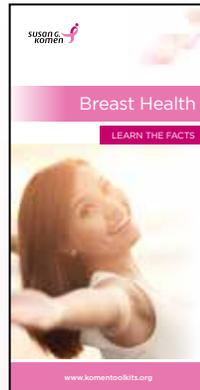
- Name the two most common risk factors for breast cancer,
- Name the four Breast Self-Awareness Key Messages, and
- Describe at least four changes in the breast that should be reported to the health care provider.

This material can be used:

- To reinforce the four Breast Self-Awareness Key Messages
- As a takeaway in a conversation or presentation

Tool format:

4" X 9" tri-fold



BREAST SELF-AWARENESS MESSAGES

Target audience:

Women of any age

Purpose:

This card highlights the four Breast Self-Awareness Key Messages — know your risk, know what is normal for you, get screened and make healthy lifestyle choices — and actions associated with each. It includes illustrations that represent the warning signs of breast cancer that should be reported to a doctor.

Suggested venues:

Can be used in nearly any venue

Minimal time needed for use:

10 minutes

Key Messages:

- Know your risk
- Know what is normal for you
- Get screened
- Make healthy lifestyle choices

Learning/Behavioral Objectives:

- Name the four Breast Self-Awareness Key Messages, and
- Name at least one action associated with each breast self-awareness message, and
- Describe the changes in the breast that should be reported to a doctor.

This material can be used:

- To reinforce the four Breast Self-Awareness Key Messages
- As a takeaway in a conversation or presentation

Tool format:

4 1/2" X 10" double-sided card



APPENDIX D: EVALUATION PARTICIPANT EVALUATION

AUDIENCE:

The purpose of the Participant Evaluation is to measure and gather feedback from the participants. The evaluation includes two components.

- Pre-test measures the baseline of the participants' breast self-awareness knowledge prior to the presentation.
- Post-test measures the participants' breast self-awareness knowledge based on the information presented, intent to take action and background information.

PRE-TEST

The pre-test is given to the participants prior to the delivery of the Breast Self-Awareness Community Outreach Presentation (presentation). It includes 10 content questions. The purpose of the pre-test is to measure the participants' knowledge of breast self-awareness prior to the presentation. The results will be compared to the post-test to measure increase in knowledge. Make sure the participant writes the number of correct answers in the top right corner of the pre-test.

POST-TEST

The post-test is given to the participants at the end of the presentation and includes the same 10 content questions from the pre-test. However, the order of the questions has changed. The purpose of the post-test is

to inform the Affiliate whether the participants increased their knowledge as a result of the presentation. The sum of the participant pre and post-test correct responses are compared to determine if the participants increased their knowledge of breast self-awareness. Make sure the participant writes the number of correct answers in the top right corner of the pre-test. You can let the participants keep the tests, however you must have another way of gathering their scores prior to them leaving.

The post-test also includes a question regarding the participant's intent to take action such as knowing their risks, talking to their doctor, getting screened, knowing what is normal for them and making healthy lifestyle choices. The participants are asked to review and check what they intend to do with the breast self-awareness messages after the presentation. This question is not compared to the pre-test and is used to see if the information resulted in the individual wanting to take action over the next year.

Three additional questions collect background information about the participant- age, which providence they reside in and annual disposable household income.

PRE-TEST

Number of correct answers _____

1. Breast cancer is a disease where the cells in the breast tissue divide and grow out of control. (Select only one answer)
 - a. True
 - b. False

2. Which breast changes should be reported to a doctor? (Select only one answer)
 - a. Swelling, warmth, redness or darkening of the breast
 - b. Itchy, scaly sore or rash on the nipple
 - c. Dimpling or puckering of the breast
 - d. All of the above

3. Two risk factors for breast cancer are being a woman and getting older. (Select only one answer)
 - a. True
 - b. False

4. In 2012, how many new cases of breast cancer were diagnosed among women in China? (Select only one answer)
 - a. 47,984
 - b. 187,213
 - c. 101,240
 - d. 1,852

5. The signs of breast cancer are the same for all women. (Select only one answer)
 - a. True
 - b. False

6. Drinking alcohol _____ a woman's risk of breast cancer. (Select only one answer)
 - a. Decreases
 - b. Increases
 - c. Has no affect on

7. For a woman to understand her risk of breast cancer, she needs to know only her mother's family health history?
(Select only one answer)
 - a. True
 - b. False

8. In China, the primary screening test for breast cancer is a clinical breast exam by a doctor. (Select only one answer)
 - a. True
 - b. False

9. Research has shown that being physically active may reduce the risk of breast cancer in both premenopausal and postmenopausal women. (Select only one answer)
 - a. True
 - b. False

10. Breast cancer is the 2nd most common cancer in China? (Select only one answer)
 - a. True
 - b. False

Please return the pre-test to the presenter.

_____END_____

POST-TEST

Number of correct answers _____

1. Which breast changes should be reported to a doctor? (Select only one answer)
 - a. Swelling, warmth, redness or darkening of the breast
 - b. Itchy, scaly sore or rash on the nipple
 - c. Dimpling or puckering of the breast
 - d. All of the above

2. Two risk factors for breast cancer are being a woman and getting older. (Select only one answer)
 - a. True
 - b. False

3. In 2012, how many new cases of breast cancer were diagnosed among women in China? (Select only one answer)
 - a. 47,984
 - b. 187,213
 - c. 101,240
 - d. 1,850

4. The signs of breast cancer are the same for all women. (Select only one answer)
 - a. True
 - b. False

5. Drinking alcohol _____ a woman's risk of breast cancer. (Select only one answer)
 - a. Decreases
 - b. Increases
 - c. Has no affect on

6. Breast cancer is the 2nd most common cancer in China? (Select only one answer)
 - a. True
 - b. False

7. Research has shown that being physically active may reduce the risk of breast cancer in both premenopausal and postmenopausal women. (Select only one answer)
 - a. True
 - b. False

8. For a woman to understand her risk of breast cancer, she needs to know only her mother's family health history? (Select only one answer)
 - a. True
 - b. False

9. In China, the primary screening test for breast cancer is a clinical breast exam by a doctor. (Select only one answer)
 - a. True
 - b. False

10. Breast cancer is a disease where the cells in the breast tissue divide and grow out of control. (Select only one answer)
 - a. True
 - b. False

11. Based on what I learned today, I plan to do the following within the next year. (Select all that apply)

- Talk to my family to learn more about my family health history
- Talk to my doctor about my personal risk of breast cancer
- Get a clinical breast exam
- If I notice a change in my breast, I will report it to a doctor.
- Maintain a healthy weight
- Add exercise into my routine
- Limit alcohol intake
- Limit menopausal hormone use
- Breastfeed, if I can
- Share something I learned today with a person I care about
- I do not plan on taking any additional actions based on the presentation.

Please provide the following background information so we know more about the women that participated in the educational session.

What is your age? (Select only one answer)

- ___ 18-39 years old
- ___ 40-49 years old
- ___ 50-64 years old
- ___ 65 years and older

What providence do you currently reside in? _____

Please return the post-test to the presenter.
Thank you for completing the educational session.

_____END_____



APPENDIX E: EXAMPLE STORY



A PERSONAL STORY

Rene is a 62-year-old woman who has seen many changes in her body over the years, mostly due to pregnancy and age. She has welcomed all those changes as signs of a life well-lived. She has always known her body well. Rene puts her bra on in front of a mirror every morning. She had noticed some changes in her left breast — that breast seemed larger than normal and had a slightly puckered spot along the side near her armpit. She thought it seemed odd, but decided it must be another change that comes along with getting older. She was busy helping her daughter with her new baby boy and didn't pay much attention to it, but it kept nagging her in the back of her mind for the next few days. Then one day about a week later, she asked her partner if he thought it looked different and he agreed that it did. He encouraged her to trust her instincts and call her doctor to talk about it. Rene called her doctor and described the changes she saw and her doctor linked her with a mammography facility that could get her in for a screening the next day. Rene's mammogram found an abnormal growth and follow-up tests confirmed that she had a malignant (cancerous) tumor. She was diagnosed with stage 3 invasive breast cancer.

Over the coming months she underwent treatment, including a mastectomy, radiation and chemotherapy. It was a long road to recovery for Ronnie. Her support system was invaluable to her during that time. She credits her partner for urging her to follow her gut and call the doctor when she did.

At her grandson's fifth birthday party, she was surprised with a picture tribute from her family to celebrate her life and health. The first picture was one of her holding her newborn grandson 5 years ago to the day, which was just two weeks before her diagnosis. Remembering how she felt that day, she thought about all the things she could have missed out on if she hadn't listened to that nagging voice in the back of her head to find the breast cancer in a timely manner.



