

In-service Guide: ENACT: Enhanced Nutrition Assessment Certifier Training

Focus

Target Audience: WIC certifying staff

Goal: Enhance the quality of nutrition assessments that occur during participant certifications. Addresses needs identified as a priority for quality service delivery in Oregon during 2015.

Timeline:

- Train-the-trainer at the Training Supervisors Forum on May 5, 2015.
- Complete the in-service by August 1, 2015.
- Estimated total time: 2 hours

Key Content Points:

- Point 1: Discuss components of WIC assessment.
- Point 2: Review skills needed to complete a full assessment during a certification.
- Point 3: Identify changes to TWIST questionnaires.

Objectives: By the end of the session...

- 1) Certifiers will list key components of a complete assessment.
- 2) Certifiers will practice one new strategy for engaging participants.
- 3) Certifiers will describe how to use PCE skills to gather information for assessment.
- 4) Certifiers will identify changes on the updated TWIST questionnaires.



Planning

Materials:

- LCD, Laptop with internet access



- Flip chart or white board and markers
- ENACT power point
- ENACT Session Guide
- Arizona training video: https://www.youtube.com/watch?v=ILEh5SIH_4w&index=2&list=PLDD1C70B55714C447
- In-service packet for each certifier
 - Handout: Ask Before You Assign
 - Two sets of cards for children’s Card Sort activity
 - Handout: Diet Assessment Script
 - Handouts: Completing a Diet Assessment
 - 4 job aids: prenatal, postpartum, infant, child
 - Updated TWIST Health History Questionnaires
 - 4 job aids: prenatal, postpartum, infant, child
 - Updated TWIST Diet Assessment Questionnaires
 - 8 job aids: prenatal, postpartum, infant birth to 5 months, infant 6 to 9 months, infant 10 to 12 months, child 13 to 23 months, child 24 to 35 months, child 36 to 60 months



References:

- Materials will be posted on the Oregon WIC website:
<http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/training.aspx>
- Dietary Risk training module: Chapter 1
- “Getting to the Heart of the Matter” website: <http://www.gettingtotheheartofthematter.com/>
- FNS Nutrition Services Standards: section #6
- Continuing Education Lessons for Participant Centered Services on the Oregon WIC website:
<http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/orwl.aspx>
- Molly Kellogg tip sheets: <http://www.mollykellogg.com/counseling-tips/>
- Steve Berg- Smith: Aim for Change website at <http://berg-smithtraining.com/> materials on setting the stage and engaging people. Sample training materials are at
<http://berg-smithtraining.com/pdf/Master%20Handout%202008.pdf>



Time	Learning activity	Objective covered
	<p>Since completing a full assessment happens prior to offering nutrition education, the plan is to address enhanced nutrition assessment in 2015 and then work on enhancing nutrition education in 2016.</p> <p>To complete this in-service, we will work through several activities to help us understand the assessment process and use our participant centered skills to gather the assessment information that we need.</p>	
<p>10 min Slide 3</p>	<p>Activity 1: Large group discussion...Ask bolded questions and write responses on white board or flip chart.</p> <p>What is assessment? The process of gathering information for evaluation.</p> <p>Why is assessment important during a WIC certification?</p> <ul style="list-style-type: none"> • Finding out about a participant’s needs and interests • Identifying potential topics for education and use of anticipatory guidance • Food package assignment • Guiding appropriate referrals • Risk assignment <p>The value of completing thorough assessments during WIC certifications cannot be underestimated! Risk assignment, food package assignment, anticipatory guidance and nutrition education are based on the outcome of the assessment. Health care providers rarely have time to discuss details of intake and feeding relationships with their patients. Other assistance programs are unable to educate on nutrition topics as they do not have the nutrition expertise of WIC staff. This is an area where WIC staff can excel!</p>	<p>1</p> 



Time	Learning activity	Objective covered
<p>Slide 4</p>	<p>What are the kinds of things you ask about during WIC Assessment? (List). These key components could be categorized as ABCDE. A = Anthropometrics (weights, heights, growth charts) B = Blood tests (hemoglobin) C = Clinical (health) D = Diet (nutrition and feeding) E = Environmental (smoking, substance use, safety, living situation, etc)</p> <ul style="list-style-type: none"> • Distribute handout: “Ask before you assign: Do a Complete Assessment” <p>“Ask before you assign” handout breaks down nutrition assessment into ABCs. Thinking about your experience, which of these components are the easiest to accomplish? Which are the most complicated?</p> <p>Based on observations during local agency reviews, the A, B, C and E aspects of the assessment are consistently addressed. Details about the D or diet element have often been missing since we stopped conducting 24 hour diet assessments. With the implementation with VENA, there was a further shift away from talking about diet. For 2015, it is the diet assessment aspect of the assessment process that we hope to enhance.</p>	
<p>15 min Slide 5</p>	<p>Activity 2: Small group discussion... Break into small groups (if needed) and talk about the bolded questions. Debrief afterwards: assure that key points regarding the complete assessment are covered and concerns about completing a full assessment are acknowledged.</p>	<p>1</p>



Time	Learning activity	Objective covered
Slide 6	<p>How do you know when a diet assessment is complete?</p> <ul style="list-style-type: none"> • Complete 5 steps from the “Ask before you assign” handout and Chapter 1-5 of the Dietary Risk Module <ul style="list-style-type: none"> ○ These are the actions that reviewers will be looking and listening for during local agency reviews to determine if an assessment is complete ○ Not related to the number of questions answered in TWIST ○ Focus on Step #1 as the key to a full assessment <ul style="list-style-type: none"> ▪ Explore the topics on the back of the handout to learn about what is happening in the family • Use critical thinking to assure that what you have seen and heard makes sense • Consider the possible dietary risks for the participant’s category and decide if you heard the parent or participant speak about those topics. • Gather enough information to help set “next steps” and identify nutrition education options to offer 	
Slide 7	<p>It can be difficult to know when you are done with a diet assessment and gathered all of the information that is needed, especially when there are few mandatory TWIST questions to complete. Think in terms of getting a complete picture of typical feeding behaviors for the family. Ask questions that help you probe deeper rather than just skim the surface.</p> <p>What can get in the way of completing a full diet assessment?</p> <ul style="list-style-type: none"> • Time, there is always pressure to get done with the appointment • TWIST, feeling the need to ask all of the questions on the questionnaire, the computer gets in the way of conversation, it is sometimes hard to navigate • Wanting to educate rather than explore what a parent or participant knows or has tried 	



Time	Learning activity	Objective covered
	<ul style="list-style-type: none"> • Knowing what questions to ask • Parents that do not want to talk <p>These are all valid concerns! We can't give more time but can try to use the time we have more effectively. In order to achieve that, let's talk more about engaging participants and using our participant centered skills to get the information we need in a timely manner. We will also talk about updated TWIST questionnaires to help support the assessment process.</p>	
<p>25 min Slide 8</p>	<p>Activity 3: Pair Share demonstration and discussion... Card sort. Debrief afterwards.</p> <p>One goal of VENA and Oregon WIC Listens is to improve the ability of certifiers to connect with participants in a meaningful way. We have seen the success of this practice in the quality of rapport that local agency staff have developed with participants. This rapport can help us gather adequate information for a complete assessment.</p> <p>One unintended consequence of this rapport is that sometimes certifiers hesitate to probe deeper into details about a participant's health and diet when a participant indicates that "everything is fine". It is sometimes difficult to engage WIC participants in conversation especially when they been on the program for a long period of time.</p> <p>Along with the use of participant centered counseling skills, some WIC programs are exploring the use of tools that can help certifiers engage with participants. One example of these tools is a "card sort" developed by "Getting to the Heart of the Matter" from Massachusetts. The card sort is a bundle of cards with topics in English and Spanish that address typical aspects of feeding experienced by participants in each WIC category. Since children are on the program for the longest period of time, let's explore using the</p>	<p>2</p> 



Time	Learning activity	Objective covered
Slide 9	<p>card sort to help parents elaborate about feeding their children.</p> <ul style="list-style-type: none"> • Distribute cards: Here are two sets of cards for children: one set is for younger children from 1 to 2 years of age (pink) and one set is designed for older children, from 2 to 5 years of age (blue) <p>Instructions for use:</p> <ul style="list-style-type: none"> • Set the stage by acknowledging that feeding children can be both challenging and rewarding • Offer a set of cards to the parent stating that these cards contain some of the concerns that we often hear from parents of children that are the same age as their child • Ask the parent to sort the cards into two piles, one for areas where they feel challenged and one for things that are going well for them at this time • Start with the “no concerns” pile and celebrate the successes, affirm what is going well • Ask which of the cards in the “concerns” pile have been the greatest challenge • Use that information to ask clarifying questions and guide potential nutrition education • Explore what is needed to move one card from the “concerns” pile to the pile of things that are going well. 	
Slide 10	<p>Select a partner. Practice using the card sort by role playing, one person as the certifier and one person as the participant. The certifier will provide the instructions for the activity then the participant will sort the cards. Discuss the outcome together. Switch roles and repeat.</p> <p>Coming back together as a large group, discuss together:</p>	

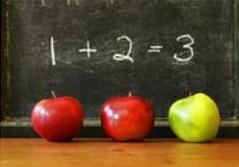


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	<ul style="list-style-type: none"> Using open ended questions, no right or wrong answers, helps participants tell their story, “Tell me more about that” Explores participant’s interests, “What would you want to talk about today?” Avoided question/answer/educate approach <p>How did those PCE skills help with assessment?</p> <ul style="list-style-type: none"> Used affirmations and reflections to encourage conversation No educating after each question Asked what the parent knows or has tried Finding out what the parent cares about Expressed curiosity Stayed on track, used parking lot technique <p>From a participant point of view, what do you think that parent might say went well or did not go well? After that interaction, would the parent be open to NE? Would they want to come back to WIC in the future? Why or why not?</p> <p>Now that we have seen one demonstration of using PCE skills for assessment, let’s look more closely at where specific OARS fits into the assessment process...</p>	
20 min Slide 13	<p>Activity 5: Individual OARS review... identify OARS using a diet assessment script (answer key provided) (modify time spent on this activity based on staff skills)(for additional practice, there is a link to continuing education lessons on reflections and summaries in the references)</p> <ul style="list-style-type: none"> Distribute handout: Diet assessment script 	<p>3</p>  <p><small>© topendsports.com</small></p>



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Slide 14	<p>Here is a script of a sample diet assessment interaction. Individually, please review this script for OARS and do the following:</p> <ul style="list-style-type: none"> • Underline Open ended questions that encourage conversation <ul style="list-style-type: none"> ○ Circle probing questions that help the certifier go deeper on a specific subject • Checkmark Affirmations that reinforce a specific behavior • Place a star next to Reflections that help clarify a situation and show that the certifier is listening • Place a box around Summaries that redirect the conversation or bring closure <p><u>Debrief the activity:</u></p> <ul style="list-style-type: none"> • Which questions were open ended? Which would you consider as probing? • Where were the affirmations? • Where were the reflections? How effective were these statements? • How many summaries did you identify? What role did they play? <p>Based on observations from local agency reviews, reflections and summaries are the OARS skills that are the least frequently used during diet assessment.</p> <p>What are the advantages of using reflections during assessment? Reflections can be used to add clarity to a conversation. They are a characteristic of active listening and are a result of being in the moment during the certification. We can hear the participant's or parent's emotion behind the statements that are made. This helps frame the reflection and lets the speaker feel heard.</p>	



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	<p>Here are some statements from actual certifications. Please give examples of reflections that could be used to respond to these statements, (Consider portraying possible emotions that might be behind these statements) (Sample responses are in parentheses)</p> <ul style="list-style-type: none"> • The doctor said my child was overweight. <ul style="list-style-type: none"> ○ (It sounds like that surprised you.) • I don't know much about prenatal nutrition. <ul style="list-style-type: none"> ○ (You'd like to hear more about eating while you're pregnant.) • I didn't think mealtime would be like this. <ul style="list-style-type: none"> ○ (You're having some frustrations around mealtime.) • My baby is really picky. <ul style="list-style-type: none"> ○ (Feeding your baby is challenging.) 	
Slide 15	<p>Many times, the inclination is to begin to educate rather than to probe further or reflect when we hear a statement. Reflections and waiting to educate gives you time to learn more about the participant so education and referrals can be on target. It takes practice, as noted on this quote from Molly Kellogg, but can reap big rewards toward assuring a successful interaction (there is a link to Molly Kellogg tip sheets in the references).</p>	
Slide 16	<p>What are the advantages of including summaries in the assessment process? Summaries can be used during assessment to check-in on what more needs to be covered</p> <ul style="list-style-type: none"> • "...did I get it all?" or "...did I get that right?" <p>Summaries can help direct the conversation in order to stay on track</p> <ul style="list-style-type: none"> • "We've talk about...now I am wondering about...?" <p>Summaries can also be used to bridge the transition from assessment to education.</p>	



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	<p>When wrapping up the assessment, summarize the key points that you want to emphasize that will lead to appropriate education, a health outcome statement and next steps.</p> <ul style="list-style-type: none"> • Use critical thinking to know what needs to be addressed <p>If you were going to summarize the most important points of this in-service so far, what would they be? (For example: key components of assessment, completing a full assessment, engaging participants, using PCE skills)</p> <p>How could those key points be used to identify what more needs to be addressed and help us make a transition? (For example: How will all of this work in the “real world”?).</p> <p>So a summary of this in-service so far might be: We talked about the importance of nutrition assessment and what it would look like to complete a full assessment using a card sort activity and PCE skills to engage the participant. Now it looks like we will want to address how TWIST fits into assessment. How does that sound?</p> <p>Summaries can be instrumental in digging deeper as well as moving the process along!</p>	
<p>5 min Slide 17</p>	<p>Activity 6 Planning for observations and practice</p> <p>Now let’s talk about putting it all together...</p> <ul style="list-style-type: none"> • Distribute handouts: Completing a diet assessment job aids from our current Dietary Risk training module <ul style="list-style-type: none"> ○ These documents combine the 5 steps for completing an assessment with current TWIST questions and sample probing questions for each category 	



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	<ul style="list-style-type: none"> ○ These job aids can be used as a reference for individual practice of assessment skills ○ These tools have been adapted for use when observing the assessment process <p>Practice and Observations</p> <p>Ongoing practice is the best way to enhance assessment skills and assure that a complete diet assessment is consistently accomplished. Observations are a great way to receive feedback and support.</p> <p>Consider this opportunity! Training supervisors have been working on mentoring and coaching skills. Now they will use these skills to observe at least one certification observation with each certifier. They will focus on the assessment process and use of PCE during a typical WIC encounter.</p> <p>Ideally, observations would occur before TWIST questionnaires change to increase the comfort of the staff being observed. Additional observations following the implementation of new questionnaires are recommended.</p> <p>(Training Supervisors work on scheduling observations. Structure observations in a way that works best for staff. Consider offering to have other certifying staff observe you in order to be included in the process).</p> <p>So let's talk about what those TWIST changes will look like...</p>	
30 min Slide 18	Activity 7: Review updated questionnaires as a group.	4



Time	Learning activity	Objective covered
<p>Slide 19</p> <p>Slide 20</p>	<p>Earlier this year, 33 certifiers from 22 agencies participated on 2 conference calls to give suggestions and insights into improving the assessment process. One recommendation was to make some changes to the TWIST questionnaires. A smaller workgroup representing 6 agencies assisted with the development of updated questionnaires. A few changes were made to the health history questionnaires but the majority of emphasis was on updating the diet assessment questions.</p> <p>It is worth noting that even with these changes, it is still not a requirement to ask every question in TWIST or ask the questions verbatim in the exactly the way they appear on the screen. TWIST is meant as a guide not a script for the conversations that we have with participants.</p> <ul style="list-style-type: none"> • Distribute handouts: Job Aids for TWIST questionnaire updates <p>Health History Questionnaires: What is the same?</p> <ul style="list-style-type: none"> • One questionnaire for each category • Many questions stay the same <p>What is new? Find examples of these changes on the job aides. Mandatory questions are bolded. For All:</p> <ul style="list-style-type: none"> • On all questionnaires in TWIST, the risk number will be added after each question that could potentially generate risk. This is to help identify key questions to cover in the assessment and help limit the use presumed eligibility. The risk number can also be used as a reference when looking up additional information in the risk training modules. 	



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	<ul style="list-style-type: none"> • Several existing questions were reworded for clarity. • The “medical conditions” question is now mandatory on all questionnaires. • The “smoking inside of your home” question is no longer mandatory. The frequency of affirmative responses is low, the accuracy of the negative responses is questionable and WIC interventions are limited even when the response is “yes”. <p>For Women:</p> <ul style="list-style-type: none"> • The confusing “previous pregnancy” questions on the prenatal and postpartum questionnaires were removed. They did not generate risk and the discussion of previous pregnancies can be included in the conversation in other ways. • Screening for drugs and alcohol for women is now mandatory for a more thorough assessment. <p>For Infants and Children:</p> <ul style="list-style-type: none"> • An additional question on dental health was added to the child’s questionnaire as this is a common concern and will assist with capturing oral health problems separate from medical conditions. • A question about infant growth was added on the infant’s questionnaire to check in with parents about their feelings/attitude toward their infant’s progress. <p>What questions do you have regarding the updated health history questionnaires? (Refer any questions that cannot be answered at the in-service to your state nutrition consultant)</p>	



Time	Learning activity	Objective covered
Slide 21	<p>Diet Assessment Questionnaires: What is the same?</p> <ul style="list-style-type: none"> Breastfeeding questions are still mandatory. These are the primary source of our breastfeeding duration and exclusivity data. Since TWIST cannot carry answers forward to future certifications, the answers to the questions need to be completed at each appointment to 18 months of age. It is acceptable for certifiers to check answers from previous certifications and manually add it to the current certification if they are confident that the information is correct. 	
Slide 22	<p>What is new? Find examples of these changes on the job aides. Mandatory questions are bolded.</p> <p>For Infants and children:</p> <ul style="list-style-type: none"> Age appropriate questionnaires have been added to address specific needs at different ages from birth to five years. New questions have been added to each questionnaire. Certifiers will select the appropriate questionnaire to use based on the participant's age and category. <ul style="list-style-type: none"> For Infants: Birth to 5 months, 6 to 9 months and 10 to 12 months For Children: 13 to 23 months, 24 to 35 months, 36 to 60 months Topic categories called "Prompts" have been added to the children's questionnaires to help guide conversation. Sample questions under each prompt are related to the age of child. Again, TWIST was not designed to be a script but rather a guide for the conversation that you want to have with a participant. An option to indicate the screening and offering of the Infant Fruit and Veggie Voucher (FVV) has been added to the Infant 6 to 9 month questionnaire. The question can be answered "yes" when that discussion occurs even if the parent chooses not to opt for the FVV. 	



Time	Learning activity	Objective covered
	<p>For All:</p> <ul style="list-style-type: none"> • The “Risks assigned?” question has been removed and the first question on each questionnaire will be mandatory in addition to the breastfeeding questionnaires. This will give the user maximum flexibility to move between screens while allowing the system to produce a checkmark on the diet assessment tab. This answer to the first question is free form and can be kept brief such as “discussed”, “see notes” or a phrase that represents the response given by the parent or participant. Additional information can be added to the questionnaire notes field or progress notes as needed. • A food safety question has been added for women and children to assist with screening for unsafe food consumption. The term “unpasteurized dairy products” refers to unpasteurized or “raw” milk or fresh cheese (queso fresco) made with unpasteurized milk. • Several existing questions were reworded for clarity. <p>As you look over these diet assessment questionnaire job aides, what questions come to mind? (Refer any questions that cannot be answered at the in-service to your state nutrition consultant)</p>	
<p>2 min Slide 23</p> <p>Slide 24</p>	<p>Summary: The updated TWIST questionnaires will be implemented on August 1, 2015 following completion of the ENACT in-service. The training and the questionnaire changes are designed to support enhanced nutrition assessments through use of our participant centered skills. In Oregon, this is part of our commitment to continued provision of quality WIC services. Next year, our focus will turn to providing nutrition education but for now, it is time to assess! (State staff are available as a resource as needed)</p>	

