

Iowa WIC Staff Observation and Assessment Toolkit



**This assessment tool is a modified version of the Mid-Atlantic WIC Services Toolkit and the Western Region WIC PCE Assessment Tools for Participant-Centered Nutrition Education and Services created by Altarum Institute.*

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Introduction:

The goal of conducting staff observations and assessments with these tools is to strengthen the participant centered services model. In order to have the highest impact on the clinic, it is recommended that the tools be used in a participant-centered manner. These tools allow you to approach the assessment from the eyes of a WIC participant in order to help staff make changes to their work style that will provide a more positive and welcoming experience for WIC participants.

Participant-centered services (PCS) are a part of every interaction between WIC staff and WIC participants, from intake, to collecting anthropometric measurements, to counseling and providing nutrition education. Within this toolkit you will find a variety of assessment and observation tools. Some can be used for all staff members and some are meant to be used for a staff member who plays a particular role during a client's WIC experience. WIC Coordinators and lead staff can use any combination of the tools depending on who they are observing.

It is our hope you will use these tools to ensure implementation of the participant-centered service model and to positively impact your staff's feelings of competency in applying participant-centered services.

Instructions for Use:

Prior to sitting in on the session, observers should:

- Familiarize themselves with the concepts covered in the observation tool.
- Describe the observation process to the staff member and what to expect from the observation.

When beginning the interaction with the WIC participant, staff or the observer should:

- Describe the purpose of the observation to the WIC participant, i.e. helping staff build skills and improve WIC clinic services.
- Reinforce confidentiality for the WIC participant.
- Ask permission from the WIC participant for the session to be observed.

While observing:

- Watch for the participant-centered skills staff use.
- Jot down quotes to be used during the feedback process.

After the observation session is over:

- Encourage self-assessment, use open-ended questions such as “How do you feel the appointment went?” “What do you think went well?” “What might you do differently next time?” “What did you experience (learn) in this appointment?”
- Observers should provide feedback to staff in a participant-centered manner such as:
 - Ask permission to share feedback, observations, and suggestions.
 - Affirm positive aspects of their counseling style. (i.e. “You made great eye contact with your client today.”)
 - Be clear, direct, and specific. (i.e. “Some examples I heard you say were.....”)
 - Use collaborative language when providing feedback. (i.e. “Have you considered....” “How would you feel about trying that?”)
 - Limit your points to go over to two or three, more than that can be overwhelming.
 - Balance the feedback and end on a positive note, affirm the staff in their efforts in applying participant-centered skills.
- Observers should summarize the feedback and encourage staff to reflect upon the feedback and set goals. (i.e. “What do you think of my comments/suggestions?” “What are one or two things you like to focus on in the future?”)
- Observers should help identify the next steps.
 - Summarize the one or two things identified by the staff member as desired focal points.
 - Assess need for further support. (i.e. “What can I do to help you reach your goal?”)
 - Arrange follow up if needed.
 - Show appreciation for the staff’s willingness to be observed and their receptiveness to the feedback you provided.

ALL STAFF ASSESSMENT CHECKLIST

Customer Service Skills Assessment

Staff Member Name _____ Date _____

INSTRUCTIONS

Evaluate each feature of customer service skills. Note areas of excellence and opportunities for improvement.

Features	Circle One	Notes
1. Does the staff member treat all participants with courtesy and respect?	YES NO	
2. Is the staff member consistently friendly and welcoming?	YES NO	
3. Does the staff member consistently introduce themselves to participants including their name and job role?	YES NO	
4. Does the staff member use body language that is warm, open, and engaging?	YES NO	
5. Does the staff member avoid WIC jargon or complicated language?	YES NO	
6. Does the staff member explain the expectations and steps of the appointment to participants?	YES NO	
7. Does the staff member limit phone interruptions and side conversations with coworkers when serving participants?	YES NO	
8. Does the staff member use appropriate phone etiquette?	YES NO	
9. Is the staff member able to communicate with difficult or angry participants appropriately?	YES NO	
10. Is the staff member able to explain the process for handling a participant complaint?	YES NO	
11. Is the staff member able to manage peak times without appearing overwhelmed?	YES NO	
12. Does the staff member focus on the participant rather than the computer?	YES NO	
13. Does the staff member ask the participant if they have any questions or concerns about their food package, use of WIC foods, or shopping experience?	YES NO	

NUTRITION EDUCATION PROVIDER ASSESSMENT CHECKLIST

Communication Skills Assessment

Staff Member Name _____ Date _____

INSTRUCTIONS

Evaluate each feature of communication skills. Note areas of excellence and opportunities for improvement.

Features	Circle One	Notes
1. Are nutrition and feeding issues discussed in the context of participants' culture, home environment, needs and interests?	YES NO	
2. Is nutrition assessment and nutrition education coordinated appropriately?	YES NO	
3. Is nutrition education focused on assisting participants in adopting health promoting behaviors?	YES NO	
4. Are goals (next steps) mainly guided by the participant?	YES NO	
5. Is time spent with nutrition staff adequate and efficient?	YES NO	
6. Are relevant nutrition education materials offered to the participant?	YES NO	
7. Does the staff member ask permission before sharing information and materials?	YES NO	
8. Are participants' ideas and solutions around behavior change encouraged?	YES NO	
9. Does the staff member follow up on participants' progress towards previously established goals?	YES NO	
10. Does the staff member demonstrate active listening skills through use of reflections?	YES NO	
11. Does the staff member use open-ended questions to engage participants?	YES NO	
12. Does the staff member affirm what participants are doing well, emphasizing strengths and positive behaviors?	YES NO	

Nutrition Services Observation Tool

Time Start _____ Time Finish _____ Total Time _____

PART I COUNSELING SPACE		COMMENTS
The office arrangement encourages and supports conversation?	Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/>	
PART II COUNSELING SKILLS		EXAMPLES
Opens conversation warmly/sets agenda	Used skill <input type="checkbox"/> Used skill well <input type="checkbox"/> Did not use skill <input type="checkbox"/>	
Asks open ended questions	Used skill <input type="checkbox"/> Used skill well <input type="checkbox"/> Did not use skill <input type="checkbox"/>	
Affirms	Used skill <input type="checkbox"/> Used skill well <input type="checkbox"/> Did not use skill <input type="checkbox"/>	
Uses reflections	Used skill <input type="checkbox"/> Used skill well <input type="checkbox"/> Did not use skill <input type="checkbox"/>	
Probes to clarify information	Used skill <input type="checkbox"/> Used skill well <input type="checkbox"/> Did not use skill <input type="checkbox"/>	
Actively listens /allows appropriate silence	Used skill <input type="checkbox"/> Used skill well <input type="checkbox"/> Did not use skill <input type="checkbox"/>	
Asks permission	Used skill <input type="checkbox"/> Used skill well <input type="checkbox"/> Did not use skill <input type="checkbox"/>	
Explores what participant already knows	Used skill <input type="checkbox"/> Used skill well <input type="checkbox"/> Did not use skill <input type="checkbox"/>	
Summarizes	Used skill <input type="checkbox"/> Used skill well <input type="checkbox"/> Did not use skill <input type="checkbox"/>	

Examples/brief description of advanced counseling skills used:

PART III OVERALL IMPRESSIONS		COMMENTS
The session was tailored to participant's questions and needs	Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/>	
Talk time was balanced	Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/>	
Nutrition education materials were incorporated into the session appropriately	Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/>	
Anthropometric and hematologic assessment data was incorporated into the session appropriately	Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/>	
Counselor focused on the participant and not on the computer	Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/>	
Recognizes and supports the participant's culture and how it may impact dietary practices	Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/>	
Next steps (goals) were predominantly guided by the participant (not chosen/assigned by CPA)	Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/>	
The counselor helped to increase participant's confidence in her ability to meet her goal(s)	Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/>	
Assessment and education were appropriately coordinated	Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/>	

Overall Impressions:

Did the counseling session reflect the spirit of participant-centered services (e.g., counselor was engaged in communication; participant appeared to be interested and motivated.) Yes No Somewhat

Comments: _____

The session was: Too long Too short Just right

Comments:

PART IV REVIEW OF NUTRITION EDUCATION MATERIALS (HANDOUTS)

1. Did the CPA ask the participant for permission before sharing any materials?
 Yes No
2. Did the participant appear to want the materials?
 Yes No
3. How many handouts/materials were provided to the participant? _____
4. Were the materials provided appropriate for the topics that were discussed and for the participants needs?
 Yes No

Height, Weight, and Blood work Collection Observation Tool

PARTICIPANT-CENTERED SKILLS		COMMENTS /EXAMPLES
Opens the session in an engaging way and lets the participant know what to expect during the process	Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/>	
Explains purpose of height, weight, and blood work collection and how the information collected will be used	Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/>	
Asks permission to collect height, weight, and blood work	Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/>	
Uses body language that is warm, open and engaging	Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/>	
Explores knowledge and awareness of participant's weight/height/blood work and child's growth	Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/>	
Tailors the interaction to the participant's questions, awareness and knowledge	Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/>	
Explains when the next collection of height, weight and blood work will be needed	Yes <input type="checkbox"/> No <input type="checkbox"/> Somewhat <input type="checkbox"/>	

Overall Impressions:

COORDINATOR/LEAD STAFF ASSESSMENT CHECKLIST

Mentoring Assessment

Clinic Name _____ Date _____

INSTRUCTIONS

Evaluate each feature of best practices in mentoring. Note areas of excellence and opportunities for improvement.

Features/Indicators	Circle One	Notes
1. Do staff members receive the necessary training to do their jobs effectively?	YES NO	
2. Are staff members able to apply new skills learned in training to their daily routine?	YES NO	
3. Are there opportunities for ongoing staff development?	YES NO	
4. Are there opportunities for regularly-scheduled staff observation or mentoring sessions apart from the management evaluation process or performance review?	YES NO	
5. Are you provided with the training necessary to mentor your local staff in participant-centered communication skills?	YES NO	
6. Do you have the resources necessary to help staff learn and practice new skills?	YES NO	
7. Do multiple members of the staff assist in ongoing staff development?	YES NO	
8. Do staff members have the opportunity to observe their coworkers providing WIC services?	YES NO	
9. Is there a mechanism for all staff to offer suggestions for improvements to WIC service delivery?	YES NO	
10. Do clear communication systems exist to keep staff updated on policies and procedures?	YES NO	
11. Do staff members display teamwork and support each other?	YES NO	

ALL STAFF CUSTOMER SERVICE ASSESSMENT CHECKLIST

Skills and Practices – Self Assessment

Staff Member Name _____ Date _____

INSTRUCTIONS

For the following statements, please indicate if you disagree, are neutral (neither agree nor disagree), or agree.

Features/Indicators	Circle One			Notes
1. I am knowledgeable about WIC procedures and services.	Disagree	Neutral	Agree	
2. I am able to respond to questions and work with participants for a positive resolution.	Disagree	Neutral	Agree	
3. I am observed and receive feedback regularly.	Disagree	Neutral	Agree	
4. I am provided training and educational opportunities.	Disagree	Neutral	Agree	
5. My coworkers and I communicate effectively and respectfully with each other.	Disagree	Neutral	Agree	
6. My coworkers and I display teamwork and support each other.	Disagree	Neutral	Agree	
7. There are systems of communication in place that keep me updated on policies and procedures.	Disagree	Neutral	Agree	
8. Feedback from staff and participants is collected and utilized for program improvements.	Disagree	Neutral	Agree	
9. The words I choose and the body language I use conveys the message of respect, sincerity, and engagement.	Disagree	Neutral	Agree	
10. I explain what I am doing to participants and what to expect during their interaction with me.	Disagree	Neutral	Agree	
11. When I'm working with a participant I am 100% focused on them and identifying how I can best serve them in their unique situations based upon their needs and concerns.	Disagree	Neutral	Agree	