High Risk Care
2-Day Training

Trainer's Manual

Developed
NYS WIC

2019

TABLE OF CONTENTS

TRAINING DESCRIPTION

Description:

Working with high risk participants requires specialized skills, knowledge, and the ability to work effectively with the most vulnerable WIC participants. This two-day program will emphasize the Qualified Nutritionist/CPA+ and CPA's role in the nutrition assessment and care of high risk participants. Applying participant-centered skills, communication techniques, critical thinking, setting SMART goals, documenting care plans, and incorporating professional judgment when making decisions on a high risk participants' care will all be part of this dynamic 2-day event.

Target Audience:

WIC Coordinators, Qualified Nutritionists, CPA+s, CPAs

Prerequisite:

This is an advanced level training. Attendees must have taken and have basic proficiency in the online trainings, *Participant-Centered Communication Skills* and *Advanced Participant-Centered Communication Skills,* and the classroom training, *Communication Skills Lab for QN/CPAs*. Attendees are also expected to be familiar with the High Risk Care policy (WPM #1216) and the Nutrition Risk Criteria and Priority System Policy Supplement (WPM#1136).

Continuing Education:

12.0 CPEUs
12.0 CEUs

TRAINING GOAL AND OBJECTIVES

Goal:

To provide updates on NYS WIC policies, requirements, guidance, and skills practice in delivering high risk care to participants.

Learning Objectives:

After attending this program, participants will be able to:

- Describe why critical thinking is essential and how to use critical thinking skills for assessing risks, needs, and concerns with high risk participants
- Apply advanced level participant-centered skills while developing a care plan with high risk participants
- Facilitate the development of SMART goals with high risk participants
- Document Individual Care Plans and follow-up to ensure continuity of care

MATERIALS

To conduct this training, you will require the following materials:

Equipment:

- Laptop
- Projector
- Projector screen
- PowerPoint slides
- Markers
- Tape
- Newsprint
- Self-stick notes

Trainer's Materials:

- Trainee folders
- *Parking Lot* prepared newsprint
- *Ground Rules* prepared newsprint
- *Cash Register* worksheet
- *Cash Register Answer Key*
- *Critical Thinking Cards* (one set per trainee)
- *OARS Review* handout
- *The Question Is…?* Handout
- *The Question Is…? Answer Key*
- *High Risk Care Workbook* (one per trainee)
    - *Jayla and Demarco Case Study*
    - *Medical Referral Form*
    - *Medical Documentation Form*
    - *Fenton Growth Chart*
        - First data point (34 weeks' gestation)
        - Second data point (41 weeks' gestation) - 7 weeks before the date of training
        - Third data point (43 weeks' gestation) - 9 weeks before the date of training
    - *Jayla and Demarco Case Study Questions*
- *High Risk Care Workbook Trainer's Answer Guide*
- *Talking About Risk* worksheet
- *Talking About Risk Answer Key*

- *Pros and Cons* worksheet
- *Behavior Change* worksheet
- *High Risk Activity* prepared newsprints
- *Individual Care Plan 1 Documentation* worksheet
- *Individual Care Plan 1 Documentation Answer Key*
- *Checklist for Individual Care Plan Documentation*
- *Individual Care Plan 2: Documentation for Demarco* worksheet
- *Change Talk: Can You Hear It?*
- *Change Talk: Can You Hear It? Answer Key*
- *Evoke Change Talk*
- *Evoke Change Talk Answer Key*
- *Role Play Skills Practice – Case Study 1 QN/CPA* handout
- *Role Play Skills Practice – Case Study 1 Participant* handout
- *Observer Sheet (three per trainee)*
- *Role Play Skills Practice – Case Study 2 QN/CPA* handout
- *Role Play Skills Practice – Case Study 2 Participant* handout
- *Role Play Skills Practice – Case Study 3 QN/CPA* handout
- *Role Play Skills Practice – Case Study 3 Participant* handout
- *Evaluation*

Materials for Trainee Folder:

- Day 1 at-a-Glance
- Day 2 at-a-Glance
- *Sample Open-Ended Assessment Questions* Handout
- *High Risk List* Handout (Revised October, 2019)
- PowerPoint slides handout

High Risk Care

Day 1 at-a-Glance

9:00 AM – 4:30 PM

Time	Activity	Time Required
9:00AM – 9:45AM	Welcome, Introductions, and Icebreaker	45 minutes
9:45AM – 10:15AM	Cash Register	30 minutes
10:15AM – 10:30AM	Break	15 minutes
10:30AM – 11:00AM	Quick vs. Slow	30 minutes
11:00AM – 12:00PM	Participant-Centered Nutrition Assessment	60 minutes
12:00PM – 1:00PM	Lunch	60 minutes
1:00PM – 2:00PM	PCNA Practice	60 minutes
2:00PM – 2:45PM	A Key to More Information	45 minutes
2:45PM – 3:00PM	Break	15 minutes
3:00PM-4:00PM	Providing Tailored Information	60 minutes
4:00PM-4:30PM	Wrap Up, Pros and Cons	30 minutes

High Risk Care

Day 2 at-a-Glance

9:00 AM – 4:30 PM

Time	Activity	Time Required
9:00AM – 9:30AM	Welcome Back and Review of Pros and Cons	30 minutes
9:30AM – 10:15AM	Set the Stage for Success: Identifying Actions	45 minutes
10:15AM – 10:45 AM	High Risk Care Options	30 minutes
10:45AM – 11:00AM	Break	15 minutes
11:00AM-11:30AM	Creating SMART Goals	30 minutes
11:30AM-12:15PM	Building a Plan Together: SMART Goals	45 minutes
12:15PM-1:15PM	Lunch	60 minutes
1:15PM-1:45PM	Documentation of Individual Care Plans	30 minutes
1:45PM-2:15PM	Documentation Practice	30 minutes
2:15PM-3:00PM	Change Talk	45 minutes
3:00PM-3:15PM	Break	15 minutes
3:15PM-4:15PM	Role Play: Skills Practice	60 minutes
4:15PM-4:30PM	Wrap Up and Closing	15 minutes

HIGH RISK CARE FACILITATOR'S GUIDE DAY 1

9:00AM – 9:45AM

WELCOME, INTRODUCTIONS, AND ICEBREAKER

TIME REQUIRED: 45 minutes

SECTION PURPOSE: To welcome trainees to the training session and introduce the trainers, training goal and objectives, agenda, ground rules, and purpose of the training.

LEARNING METHODOLOGIES:

- Small group discussion
- Large group discussion

MATERIALS NEEDED:

- Laptop
- Projector
- Projector screen
- PowerPoint slides
- Markers
- Tape
- Newsprint
- Self-stick notes
- Trainee folders
- *Day 1 at-a-Glance*
- *Parking Lot* prepared newsprint
- *Ground Rules* prepared newsprint

DESCRIPTION

Step 1: Welcome Trainees

- Provide brief introduction of CAI, NYS WICTC, and trainer backgrounds.
- Ask trainees to share their name, agency, role, and length of time with WIC.

Step 2: Review Goals, Objectives, and Training Agenda

- Review the training goal and objectives for the day.
- Go over *Day 1 at-a-Glance*, including lunch and breaks.

Step 3: Review the Parking Lot Newsprint

- Display the *Parking Lot* prepared newsprint and explain that any questions or comments that come up and are not related to the training topic or topic at hand can be written on a self-stick note and placed on the newsprint.
- Pass around self-stick notes to each group.
- Address questions and comments written on self-stick notes and placed on *Parking Lot* prepared newsprint throughout the training.

Step 4: Review the Ground Rules Newsprint

- Display the *Ground Rules* prepared newsprint.
- Explain that the ground rules build an atmosphere in which everyone can feel comfortable and gain as much knowledge and experience as possible.
- Ask trainees to suggest ground rules and record them on the newsprint.
- Suggest the following ground rules if they don't come up:
    - Keep side conversations to a minimum – If something's not clear to you, it's probably not clear to others, so please let us know!
    - Turn cell phones off or put them on vibrate – The more focused we can all be, the better, as we have a lot of information to cover.
    - Refrain from texting during training – If something comes up, please leave the room so as not to disturb others.
    - Respect others' opinions and points of view – Everyone is coming in with different experiences and opinions and the more we can be open to everyone, the more we all can learn from each other.
    - Have fun! – This training is designed to be interactive and engaging, so please participate and have fun with it!
- Check with the trainees to be sure that they agree on the ground rules, and make any changes as needed.

Post newsprint on the wall and refer to the ground rules throughout the training.

Step 5: Initiate Icebreaker Activity

- Tell trainees to discuss at their table:
    - What are challenges for you in working with high risk participants?
    - What are challenges for high risk participants in working with WIC?
- After 5 minutes, call time. Collect responses on newsprint.

Step 6: Process

- Ask: What did you notice?
    - What does this tell you about how you work with participants?
- Ask and collect responses on newsprint:
- What are some expectations you have for today's training?

Lead into the next activity.

9:45AM – 10:15AM

CASH REGISTER

TIME REQUIRED: 30 minutes

SECTION PURPOSE: To explore judgments and assumptions as our natural way of thinking and how that applies to working with participants in WIC.

LEARNING METHODOLOGIES:

- Individual activity
- Large group discussion

MATERIALS NEEDED:

- *Cash Register* worksheet
- *Cash Register Answer Key*

DESCRIPTION:

Step 1: Conduct *Cash Register* Activity

- Distribute *Cash Register* worksheet.
- Explain to trainees:
  - Please read the short story and the set of statements following the story.
  - Individually, determine if the statements are true, false, or if you do not have enough information to determine if the statement is true or false.
- After 2-3 minutes, call time.
- Using *Cash Register Answer Key,* go through each statement of the story with trainees and explain the answers.

Step 2: Process the Activity

- Ask:
  - What did you think of this activity?
  - What surprised you? How many felt the same/differently?
  - Was there anything that struck you?
  - How does this activity relate to other experiences?
  - How does this apply to our work with participants?

Step 3: Discuss "Quick Thinking"

- Explain to trainees:
  - Our natural way of moving through the day involves quick thinking based on judgments and assumptions of things we've learned or experienced. (For example: Deciding to go at a yellow light or getting dressed for a regular day at work.)
  - This is natural and not necessarily bad. There are times when it is important to have quick thinking. (For example: if we see everyone

screaming and running away, it is natural and perhaps can save our life to assume we are in danger and should run away as well.)

- However, quick thinking can also be problematic. As professionals, it's important to catch ourselves when we naturally make snap judgments. (For example, we might make assumptions about a participant that arrives late or a participant arrives with a designer bag.)
- When we think quickly during an appointment with a participant, our ability to develop a participant-centered plan is impacted.

Lead into the BREAK.

10:15AM – 10:30AM

BREAK

Lead into the next activity.

10:30AM – 11:00AM

QUICK VS. SLOW

TIME REQUIRED: 30 minutes

SECTION PURPOSE: To explore the concept of critical thinking and professional judgment when working with high risk participants.

LEARNING METHODOLOGIES:

- Individual activity
- Lecturette
- Small group activity
- Large group discussion

MATERIALS NEEDED:

- Laptop
- Projector
- Projector screen
- PowerPoint slides
- Newsprint
- Markers
- *Critical Thinking Cards* (one set per trainee)

DESCRIPTION:

Step 1: Conduct Activity to Introduce Concept of Critical Thinking:

- Tell trainees:
  - Let's see how you slow down your thinking.
  - Let's say you are watching TV and see a commercial for a new car and you think, "I love this car. Have to have it." Before buying it, what do you take into consideration? What information do you need?
- Divide participants into small groups.
- Distribute *Critical Thinking Cards*.
- Explain:
  - Everyone has received a set of cards that feature questions you may ask yourself when deciding what kind of car to purchase.
  - On your own, read each card and decide how important you think the feature is when making this decision.
  - Place the card into one of three piles: Very Important, Moderately Important, and Not Important. Do this with all of your cards.
- See Trainer's Note on next page for tip.
- After 5 minutes, call time and ask trainees to share with their small groups what cards they decided to include in their very important pile.

Trainer's Note: Using a piece of newsprint in the front of the room, create the same three categories in T-chart format; Very Important, Moderately Important and Not Important. Demonstrate reading one of the critical thinking cards and place it in the appropriate category according to trainer preference/opinion. Assists visual learners.

Step 2: Process

- Ask:
  - What was it like to do this individually?
  - How easy or difficult was it to do?
  - How did you determine in what pile to put the cards?
  - What was it like to do have the discussion with the group?
  - What did you notice?
  - Did you have any in common? Any different?
  - What do you make of this?
  - How does this apply to your work with participants?
- Emphasize the following:
  - What people considered important differed based on their experiences and life situation.
  - As you were deciding what factors were important in making your decision and then prioritizing which factors were most important, you were using your "slow thinking" skills.
  - Instead of acting impulsively and buying the car based on our initial impression, you should utilize critical thinking skills too:
    - Decide what car characteristics matter to most to you out of all the options
    - Analyze that information, weigh why you chose those characteristics and what their impact on the final decision may be
    - And evaluate and prioritize the information as appropriate to make an informed decision.
    - **NOTE:** This process of determining what matters most and why is also occurring for our participants. We will spend a great deal of time discussing how to link our concerns with the participants' concerns to build individualized care plans which optimize health outcomes

Step 3: Conduct the Lecturette Using the PowerPoint, emphasizing the following:

- Explain concept of critical thinking:
  - This activity is an example of how we slow down our thinking. This is called critical thinking.
  - Unlike quick thinking, critical thinking is the **objective analysis and evaluation** of an issue to form a judgment. It is a disciplined process of organizing and synthesizing information to evaluate and prioritize information appropriately.

    - Critical thinking is purposeful and reflective judgment about what to believe or what to do in response to observations, experience, verbal or written expressions, or arguments.
    - You already use critical thinking skills when you use your professional judgment to a situation. QNs/CPAs are required to use critical thinking when making a professional judgment in situations such as scheduling the frequency of future appointments, contacting the health care provider to clarify information on the participant's condition, noting if formula prescribed is inconsistent with the medical condition, making phone contact with participant when there is a high level of concern or deciding whether to close a care plan.
- Using the PowerPoint slides, discuss critical thinking skill as it relates to high risk participants:
    - Ask participants: What does critical thinking look like when working with a high risk participant?
    - As nutritional professionals, it is often easy to quickly identify the problem and the key behavior that participants need to change. With high risk participants, there may be more of a sense of urgency and in our attempt to help, we may be very directly share with participants what they "need to do" to solve the problem. (i.e. For a person with high blood pressure, we may inform them that they need to stop eating salt)
    - However, there may be many factors that are impacting the health of high risk participants. To develop a nutritional intervention that is most likely to be effective, we need to slow down our own thinking to capture the "full picture."
    - The critical thinking process provides us with the ability to:
        - Gather all relevant information including:
            - Factors influencing participant's high risk related behavior
            - Potential barriers to change
            - Participant's perception, concerns, and priorities
            - Information from assessment
            - Your own expertise and knowledge about the nutritional risk
        - Reach informed and **unbiased** conclusions.
        - Analyze and prioritize the information.
        - Guide the discussion to help the participant in choosing an intervention that best meets their needs.
        - Assist participants in achieving positive health outcomes.

Lead into the next activity.

11:00AM – 12:00PM

PARTICIPANT-CENTERED NUTRITION ASSESSMENT (PCNA)

TIME REQUIRED: 60 minutes

SECTION PURPOSE: To identify the steps of a participant-centered nutrition assessment (PCNA), determine nutrition risks, best practices, and skills to conduct a PCNA.

LEARNING METHODOLOGIES:

- Lecturette
- Small group activity
- Large group discussion

MATERIALS NEEDED:

- Laptop
- Projector
- Projector screen
- PowerPoint slides
- Tape
- Newsprint
- Markers
- *OARS Review* handout
- *The Question Is…?* handout
- *The Question Is…?* Answer Key

DESCRIPTION

Step 1: Conduct Lecturette using PowerPoint slides, emphasizing the following:

- Discuss using the assessment to gather information for the "big picture."
    - During an appointment with a participant, we go through the following steps: Conducting an assessment, performing nutrition education and counseling, prescribing tailored food package, summarizing, and documenting.
    - Let's focus first on the assessment segment. The assessment segment helps you get the "big picture" of the participant.
    - The QN or CPA conducts the nutrition assessment to determine nutrition risks, participant interests, concerns, and strengths.

    - When you perform the nutrition assessment, you will collect relevant information from the participant such as a participant's medical and diet history, height and weight measurements, and breastfeeding knowledge.
    - From the information collected during the nutrition assessment, you will clarify and process the information using the computer system as well as your professional judgment to identify and assign nutrition risks, concerns, and needs. These risks will help participants develop a personalized plan of action based on their prioritized nutritional needs.
    - In your folder is a list of the nutrition risks used in WIC.
    - You will then document the assessment and follow-up on any previous information provided in the notes.
- Using the PowerPoint slides, discuss the importance of using the assessment to establish rapport and a "trusting, safe environment" with high risk participants.
    - Given our discussion this morning on challenges in working with high risk participants, why would we want to hold off on providing nutrition education and counseling until <u>after</u> we've completed the nutrition assessment? (Answer: To get the big picture about the participant, establish a relationship of trust, and create a safe space to discuss high risk behaviors)
    - The assessment is designed to collect information. However, it is also important to use the assessment to develop the relationship. With high risk participants, it is essential that you use this opportunity to create an atmosphere of rapport, trust and safety BEFORE you start to address high risk related behaviors and/or make suggestions about behavior change. This will help to facilitate a more effective discussion during the nutritional education and counseling segment of the session.

Step 2: Initiate OARS Small Group Discussion

- Explain: During the assessment, using OARS can help you:
    - Gather more accurate information from the participant.
    - Build rapport, establish a "trusting" relationship and create a "safe space."
- Have trainees count off in fours.
- Provide each group with a piece of newsprint and markers.
- Assign each group an 'OARS' skill and ask them to discuss how they can use that skill to gather information and build rapport. Tell them to capture the information on newsprint by answering the following questions:
    - What is the skill?
    - How is it used when working with WIC participants?
    - What is one example of the skill?
- After 5 minutes, open the discussion.
- Ask each table how they used the assigned OARS to gather information and build rapport and provide review including the following tips:
    - Open-ended questions:

        - They should sound like you are having a conversation with a friend. For example: What physical activity have you done today? vs. What kinds of things do you do?
    - Affirmations:
        - It's a paraphrase of the strength and effort of what you see the other person doing well. It is not cheerleading or a compliment.
        - Affirmations help to develop self-efficacy which is key in being able to change one's behavior. (i.e. If I think I can do, then I am more likely to try to do it. It's a strategy to help build a person's confidence)
        - It makes people feel like you see them holistically (not just their "negative" behavior).
    - Reflective Listening:
        - Enables the speaker to see that you are listening.
        - Done effectively, it can demonstrate empathy.
        - It can help set a tone of understanding and concern.
    - Summarize:
        - Allows you to guide the conversation.
        - Can be used to transition or focus the conversation respectfully.
- Distribute *OARS Review* handout as a reference for trainees.

Step 3: Introduce Disarming Open-Ended Questions

- Using the PowerPoint slides, review disarming open-ended questions.
- Explain: Building on your existing OARS skills, we are going to introduce a new strategy: Disarming open-ended questions.
- For example, you ask a participant who smokes during pregnancy, "What's the best thing about having a cigarette?"
- Ask trainees:
    - What's the message?
        - Answer: I'm interested in <u>you</u> and we can talk about whatever you want in here.
    - What's the benefit of disarming questions?
        - Answer: It helps to inform both the provider and the participant about what is appealing about the "unhealthy" behavior and identify the barriers to changing that behavior. This can then be used to inform goal setting. It can help in developing a relationship of rapport and trust. It can break down defenses.

Step 4: Conduct Skills Practice Activity

- Distribute *The Question Is…* worksheet.
- Tell trainees to work in their group to develop disarming open-ended questions to each participant's comment.
- After 5 minutes, call time. Ask trainees to share the questions they wrote up.
- Use *The Question Is… Answer Key* to provide more examples if necessary.

Step 5: Process

- Ask:
  - What was it like to do this activity?
  - What was easy about disarming open-ended questions? What was difficult?
  - Do you feel like you can use disarming open-ended questions in your work?

Lead into LUNCH.

12:00PM – 1:00PM

LUNCH

1:00PM – 2:00PM

PCNA PRACTICE

TIME REQUIRED: 60 minutes

SECTION PURPOSE: To practice applying critical thinking when conducting a nutrition assessment with a high-risk participant.

LEARNING METHODOLOGIES:

- Individual activity
- Lecturette
- Small group activity
- Large group discussion

MATERIALS NEEDED:

- Laptop
- Projector
- Projector screen
- PowerPoint slides
- *High Risk Care Workbooks* (one per trainee)
    - *Jayla and Demarco Case Study*
    - *Medical Referral Form*
    - *Medical Documentation Form*
    - *Fenton Growth Charts*
    - *Jayla and Demarco Case Study Questions*
- *High Risk Care Workbook Trainer's Answer Guide*

DESCRIPTION:

Step 1: Introduce Case Study

- Break trainees up into small groups of 3-5 people.
- Tell trainees:
    - Using a case study, we will look at some key elements of conducting a nutrition assessment with a high-risk participant and continue to explore the role of critical thinking.
- Distribute *High Risk Care Workbooks.*
- Ask trainees to turn to the *Jayla and Demarco Case Study* in their workbooks, read the case study, and then look up when they are finished.
- Give trainees 2-3 minutes to read the case study.
- Introduce and review the definition of premature birth from the American College of Obstetricians and Gynecologists (ACOG):[X]

- The American College of Obstetricians and Gynecologists (ACOG) definition of preterm labor and birth is, "**When birth occurs between 20 and 37 weeks of pregnancy."**

- USDA and NYS WIC use this same definition.[1]
- Ask trainees: How do you assess an infant's growth if they are born prematurely?

Step 2: Discuss Corrected Age

- Use the PowerPoint slides to discuss corrected age for premature infants and how it is calculated, making the following points:
  - When assessing an infant's development, we must consider the appropriate behavior and skill typical for an infant **of that particular age**. Corrected age helps to determine where the infant should be developmentally.
  - When babies are born early, their brain and the rest of their neurological system has not developed or matured to the same degree as a baby born full term. We cannot expect premature infants to behave and be able to achieve developmental milestones in the same way that a full-term infant would.
  - To account for this developmental difference, NYWIC calculates corrected age for babies at or less than 36 completed weeks gestation (preterm) and plots the growth chart accordingly.
  - As an example, an infant born at 36 weeks and 6 days is still considered premature.
  - Corrected age is used until 2 years of age[2] and is also known as adjusted age (the terms are synonymous).
- Determine Demarco's corrected age.[3]
  - Demarco's corrected age:
    - Actual age in weeks (number of weeks since DOB) = 9
    - Actual age 9 - Number of weeks preterm 6 = 3
    - Demarco's corrected age is 3 weeks.
- Ask participants to look at the NYWIC generated growth chart and notice how the corrected age makes it difficult to assess Demarco's growth.

Step 3: Discuss the Fenton Growth Chart

- Using the appropriate PowerPoint slides on the Fenton Growth Charts, make the following points:

[1] WPM 1136 policy supplement, October 2019
[2] USDA Nutrition Risk Write Up 142 Preterm or Early Term Delivery, May 2017, WIC Library
[3] 1136 policy supplement, October 2019
[3]USDA Nutrition Risk Write Up 142 Preterm or Early Term Delivery, May 2017, WIC Library

- It is best practice to use the Fenton Growth Chart when working with premature infants.
- The Fenton Growth Charts provide a more precise growth assessment for a premature infant by allowing the nutritionist to **evaluate growth patterns which more accurately reflect that infant's growth**.
  - Preterm infants who have not yet reached their due dates will not plot on the WHO charts (NYWIC charts utilize WHO until 2 years of age) for weight for age and length for age since their adjusted age is not yet at term
  - Increments of time on the horizontal axis are smaller, so it is easier to see how the baby is trending on the chart.
- The Fenton growth chart is labeled in NYWIC as, "Fenton," previously labeled as, "VLBW".
  - The, "Fenton," button is enabled any time the active participant has a value in the, 'Weeks Gestation,' field which is <=36 completed weeks gestation (regardless of the birth weight).[4]
    - When entering weeks gestation into NYWIC**, users should not round up.** For example, 36 6/7 weeks should be entered as 36 weeks because 36 weeks have been completed. The 37th week was not completed.
  - As with all growth charts, growth screening provides a way to help identify potential medical issues. This is especially crucial for vulnerable preterm infants, who have an increased incidence of complications and mortality roughly proportional to the degree of prematurity [5]
  - The Fenton charts can be used until babies are 50 weeks gestation, or 10 weeks past their due dates.[6]
    - Note that the NYWIC chart goes to 52 weeks.
    - Most growth charts use chronological/actual age on the horizontal axis, that is they are plotted based on the amount of time since a person's birth. The Fenton chart does not use chronological age. It ignores the baby's birth. It continues counting in weeks of gestation, just as when the baby was a fetus in utero. The goal is to mimic normal intrauterine growth even though the baby is now in the external environment.
  - Risks will not be generated from the Fenton chart[7] .

NYWIC Release 1.7 Summary

[5] Merck Manual Professional Version. Retrieved from https://www.merckmanuals.com/professional/pediatrics/perinatal-problems/growth-parameters-in-neonates

[6] 2013 Fenton growth charts

[7] WICSIS Wanes and NYWIC Reigns: Policy Changes You Need to Know!, Interim NYWIC Policy PPT, posted to WIC Library on 1/18/19

- WHO Growth charts begin at term (NYWIC charts utilize WHO until 2 years of age).

Trainer's Note: Encourage trainees to keep their calculations in kg and cm (metric) when answering workbook questions in Step 4 because the following calculations to be demonstrated are in metric and toggle ability in NYWIC will be reviewed.

Step 4: Practice Using the Fenton Growth Chart and Complete the Assessment

- Instruct trainees to use the Fenton growth chart to complete Demarco's assessment by answering the questions in the *Jayla and Demarco Case Study*.
- After 20 minutes, call time.

Trainer's Note: In their workbook, trainees have the three standard NYWIC generated growth charts for Demarco as well as one Fenton Growth chart which is last in the packet. Only one Fenton chart is generated in NYWIC which utilizes head circumference (and will not have data plotted since this information is not collected). If needed, walk trainees through the growth charts. Note for trainees that the NYWIC growth charts indicate first the actual age of Demarco in a circle shape on the right and then the corrected age of Demarco immediately to the left in a square shape. This may assist trainees in answering the questions in the workbook

Step 5: Conduct an Interactive Large Group Discussion

- Using the *High Risk Care Workbook Trainer's Answer Guide* and appropriate PowerPoint slides, conduct an interactive discussion to review the questions.
    - This includes: assessment of Demarco's growth, weight Demarco has lost, concerns, nutrition risks met, failure to thrive criteria/diagnosis, contributing factors, information needed to complete assessment and identification of next steps
    - Walk trainees through determination of IBW calculation for Demarco when prompted by the questions in the Case Study in reference to FTT criteria
        - The two formulas to calculate IBW for under two and over two years of age are currently located in Supplement #1136 beginning on page 11 which trainees do not have in their folders today, (formula for IBW determination for under two years' old located on PowerPoint for this training).
        - Since Demarco meets other FTT criteria, IBW (criteria #2 in the list on the next page) does **not** have to be assessed in this specific case study as the participant is required to meet only **one** of the

criteria to be considered --but nutritionists should know how to calculate, especially for high risk participants.

- Comes up most often when MD cites FTT as diagnosis on medical documentation form and other three criteria are <u>not</u> met—nutritionist must then be able to disprove or support that the infant/child's *weight is less than 80% of ideal weight for height/age* to provide appropriate care

The following chart is an excerpt from page two of the Medical Documentation Form[X] available in the NYWIC library for trainer reference:

Failure to Thrive (FTT) is a severe condition that the NYS WIC Program takes seriously. The patient must meet at least one of the criteria below that WIC uses to define Failure to Thrive:

- Weight consistently below the 3rd percentile for age;
- Weight less than 80% of ideal weight for height/age;
- Progressive fall-off in weight to below the 3rd percentile; or
- A decrease in expected rate of growth along the child's previously defined growth curve irrespective of its relationship to the 3rd percentile.

WIC measures heights and weights on participants to monitor their growth. Copies of CDC growth charts used by WIC can be found at: **http://www.cdc.gov/growthcharts.**

- After reviewing what more information is needed to properly assess Demarco and what additional questions need to be asked, highlight the following points:
  - It is important to assess the infant's breastmilk and/or formula intake to determine calories currently provided:
    - Remember, best practice is to breastfeed on demand or at least every 2 hours. Look for signs of hunger and wake the infant for feedings as needed. We must assess if this is happening and be able to estimate the calories Demarco is currently receiving.
    - The nutritional goal for preterm babies is to provide for **catch up growth.**

- To calculate the calories needed for catch up growth, and amount of formula which would best match that estimation--walk trainees through the appropriate calculation for this specific scenario using the PowerPoint slides:
  - Formula for catch-up growth[8]:
  - Note to trainees that this formula is adapted from the American Family Physician, "Failure to Thrive, A Practical Guide," e Table B, and is utilized here because Demarco's corrected age can be calculated. Other resources also exist to help you determine calories needed for catch up growth which may be utilized in situations when a preterm infant you are

[8] https://www.aafp.org/afp/2016/0815/p295.html

working with has not yet reached 40 weeks gestational age like the Pediatric Nutrition Reference Guide from Texas Children's Hospital—however the likelihood that a preterm infant will be discharged to a WIC clinic prior to achieving gestational age is low

- In this case, we can use the following formula to give us an idea of the minimum number of calories needed for catch-up growth so that we can compare this number to the actual calories being provided to Demarco when we get that additional information on day two of the training.
- Looking at the DRI chart provided, we can use 108 kcal/kg/day, multiplied by Demarco's IBW to determine minimum calories needed for catch up growth
    - Kcal/day required for catch-up = DRI for age (kcal per kg per day) × ideal weight for height (already reviewed IBW calculation)

Dietary Reference Intake for Young Children

AGE	***KCAL PER KG PER DAY***
0 to 6 months	108
6 to 12 months	98[9]
1 to 3 years	102

    - DRI for age = 108 kcal/kg/day (from the chart)
    - DeMarco's IBW = 3 kg
    - 108 kcal/kg/day x 3 kg IBW = 324 kcal/day
    - Demarco should receive at least 324 kcal/day for catch-up growth

- Standard formula concentration is 20 kcal/oz. Most HCP will recommend a formula that is 22 kcal/oz to achieve catch-up growth (until catch-up growth achieved or infant reaches 9-12 months corrected age).[10]
    - *Per Basic Formula & Infant Feeding July 2017 in the NYWIC Library*
    - 324 kcal/day / 22 kcal/oz of formula =15 oz/day at least for catch-up growth
    - Trainees will discover an estimate of how many ounces of formula Demarco is receiving on day two of this training.

[9] https://www.aafp.org/afp/2016/0815/p295.html
[10] Basic Formula & Infant Feeding PPT, July 2017

- Highlight to trainees that being able to determine the minimum amount of formula (and calories) that must be provided to get Demarco back on track will provide a foundation for forming conclusions and determining next steps

> **Trainer's Note:** Trainees are often stuck on the notion that strengthening or reestablishing the breastfeeding relationship is the priority for this case study. By calculating the minimum calories per day and formula needed for catch-up growth, trainees may see more clearly that the priority for this case is to assure the HCP has up to date information on Demarco's progress and provides the appropriate formula in recommended caloric density and amounts. More to come on day two.

- Review conversion toggle slide in PowerPoint to educate trainees that switching between the measurements is automatic in the NYWIC program. Note to trainees that the screen must first be saved in either Metric or English measurement before the toggle button may be used to switch between the two measurement standards.

Step 6: Process

- Ask:
  - What was it like doing this activity?
  - What was easy? What was challenging?
- Highlight: To create the big picture of Jayla and Demarco, we would need to gather more information through conversation.

Lead into the next activity.

2:00PM – 2:45PM

A KEY TO MORE INFORMATION

TIME REQUIRED: 45 minutes

SECTION PURPOSE: To practice using reflective listening to gather more information.

LEARNING METHODOLOGIES:

- Lecturette
- Paired activity
- Large group discussion

MATERIALS NEEDED:

- Laptop
- Projector
- Projector screen
- PowerPoint slides

DESCRIPTION:

Step 1: Conduct a lecturette using PowerPoint slides, emphasizing the following:

- Review how to use reflective listening as a means of gathering more information.
    - Highlight they can use reflective listening instead of questions.
    - Discuss the question-answer trap:
        - When a helping professional person, in an effort to gather information, asks too many questions, which may push client into a passive role. This can increase discord between a participant and helping professional.
    - Explain how you can use reflective listening to encourage a participant to share more information:
        - When you are speaking to a person and you paraphrase a segment of what he or she has said to you, the tendency is for that person to speak more about whatever you paraphrased.
        - Therefore, if you want to use reflective listening (rather than questions) to get more information:
            - Think about what you want to know more about,
            - And paraphrase that segment.
    - For example:
        - A friend says she went to a party where she saw a lot of friends, danced to some old disco songs, met someone, and then went home with him. As a friend, I might want to know more about this person she took home, what happened, was she at risk, etc.
        - So rather than asking (e.g. “who was this guy you met?” or “tell me about the guy you took home?”) you could paraphrase the content you want to know more about (e.g. so you met someone; sounds

like you're very excited about the person you met; sounds like you wanted to get to know this guy better, etc.)
    - Provide some tips on how to do this effectively:
        - Make sure your reflective statement is concise. If it's long, it can feel more like a summary and might not encourage the participant to expand on what he or she had said before. (e.g., if I say to my friend, "sounds like you went to a party, had a great time, met someone and then took him home" the friend might confirm that your summary is correct, but not necessarily expand on the information).
        - Watch your tone/inflection. Ensure that your inflection does not go up at the end of the sentence, like the inflection used when you're asking a question.
        - According to Motivational Interviewing, it is recommended you use 4-5 reflective statements for every question asked during a discussion with a client. Sometimes, people are concerned that if they use too many reflections it will sound repetitive. In order to avoid this, it is important to remember to start with reflections that closely relate to what was said and then use more complex reflections as the conversation continues. For example. in the beginning of the conversation, you might say something like, "you met someone," and as the conversation progresses, you might reflect something more insightful like, "it sounds like you like this person.", "you wanted to discard the rules a little." Complex reflections like this will help "deepen" the conversation.

Step 2: Initiate Skills Practice

- Have trainees pair up with someone they have not yet worked with.
- Tell trainees:
    - Think of a behavior they should change but have not.
    - Decide who is "1" and who is "2."
- Ask all 2s to raise their hand. Number 2 is the nutritionist first. The Number 1s will be the client first.
- Explain:
    - The nutritionist will ask one question to begin the conversation. For example, "Tell me what you want to change," or, "Tell me about your behavior". The Number 1s will share. After Number 1 shares, the nutritionist can only use reflective listening to gather more information.
    - Each Number 1 will have 2-3 minutes to speak with the nutritionist.
- After 2-3 minutes, call time and instruct trainees to switch roles.

Step 3: Process

- Ask:
    - What was it like to do this activity?
    - Think of when you were the "client":
        - What was it like when someone reflected you?

        - What did you notice?
    - Think of when you were playing the nutritionist.
        - Were you able to gather more information without asking a question?
    - How might this be helpful when working with someone who is struggling with trying to change a behavior?
    - How might this be helpful in gathering information related to high risk behaviors?
    - How can you apply this to the assessment section with a participant?

Lead into the BREAK.

2:45PM – 3:00PM

BREAK

3:00PM – 4:00PM

PROVIDING TAILORED INFORMATION

TIME REQUIRED: 60 minutes

SECTION PURPOSE: To learn how to provide participants with nutrition risk information in a participant-centered manner based on the nutrition assessment so they may make informed decisions.

LEARNING METHODOLOGIES:

- Lecturette
- Small group activity
- Large group discussion

MATERIALS NEEDED:

- Laptop
- Projector
- Projector Screen
- PowerPoint slides
- *Talking About Risk* worksheet
- *Talking About Risk Answer Key*
- Newsprint
- Markers

DESCRIPTION:

Step 1: Conduct a lecturette using PowerPoint slides, emphasizing the following:

- Explain the importance of sharing information effectively:
    - While it is important that all participants are aware of nutrition risks which may pose a threat to their (or their child's) health, participants with nutrition risks that place them in the *high risk* category are especially vulnerable.
    - As nutrition professionals, we are obligated to inform participants of factors which place them at heightened or even critical health risk.
        - How that information is shared with the participant can impact its effectiveness as a motivating factor of behavior change.
    - There are two main steps to take when discussing risks effectively:
        1. Identifying what information to share.
        2. Sharing that information in a participant centered manner.
- Explain how to identify information you will share with participants:
    - Identifying risks:
        - Select the one, two or three most important pieces of information to bring to the mother's attention.
            - When participants have multiple high risk criteria/risk criteria, it may not be helpful to counsel on every risk.

        - Counseling on every risk can be overwhelming and discouraging to the participant.
        - It is important to be strategic about what information to share with the participant, for example, when addressing the most severe risk or responding to participant's needs and concerns.
    - Think about the participant's concerns, interests, or needs. What's on **their** mind? Remember that the car characteristics which were important to you are not the same as the participants.
    - Make the connection between the risk and their interests to highlight the importance.
        - How will the risk impact what they have shared as interest or concerns?
        - How do their concerns or interests relate to the risks?
- For example: Monica is pregnant with her first child. She's concerned about her lack of appetite and weight gain. Her hemoglobin (Hgb) is 9.2g/dL.
    - **Identified risks**:
        - Low iron levels (Hgb – 9.2g/dl).
        - Impact it could have on her pregnancy.
            - During your assessment, begin to identify what information is going to be important for you to share, in this case you'll want to share with Monic that her iron levels are low and low iron may negatively impact her pregnancy.
    - **Monica's concern**:
        - Lack of appetite.
        - Slow weight gain (which she sees as a problem with because she wants to have a healthy pregnancy).
            - Keep in mind that Monica's concerns are not the same concerns as the nutritionists—but that does not mean there is no connection between the two concerns.
    - **The connection**:
        - If a person does not eat a lot, chances are they are not eating a lot of iron-rich foods.
        - If a person does not eat iron rich foods, they can have low iron.
        - Low-iron levels can be a risk for pregnant women.
    - Be ready to overtly state the connection between the nutritionists concerns and the participants concerns—as this connection is critical to a cohesive, individualized care plan between both parties and is NOT as obvious to the participant as it may be to the nutritionist.
- Explain how to share information in a participant-centered manner:
    - Using the OARS skills, share the information with participant by:
        - Starting with an OARS statement.
        - Stating the connection between the participant's concerns/interest and the identified risks.
        - Lead to the discussion.

- Here are some examples of OARS statement you could use in the case with Monica to initiate sharing the information (you may not need to use more than one)
  - Open-ended question: "Tell me more about your concern about eating enough?"
  - Affirm: "It's great that you are concerned about your appetite."
  - Reflect: "It sounds like you want to make sure you are eating enough."
  - Summarize: "We talked about your concerns around your pregnancy and lack of appetite."
- The following could be said to Monica:
  - *"It sounds like you're concerned about your appetite and trying to make sure you take care of yourself which is really smart. One of the things we know is that iron level, which plays an important role in pregnancy, can become low in pregnant women who don't have an appetite. We noticed your iron levels were on the low side. Would it be ok if we talked about it a bit more?"*
- Or you could say the following to Monica:
  - *"You said that you have not been eating well. One thing that could happen when a pregnant woman doesn't have much of an appetite is that she ends up not eating enough iron rich food. We noticed that your iron levels were on the low side. While this is common, especially in pregnant women who do not have an appetite, it is a concern because iron plays a very important role in pregnancy. Would it be ok if we talked about this a bit more?"*

- Explain and emphasize:
  - It is important to note that for nutritionist the connection between the participant's concerns and the risks may be obvious and clear. Often, the connection is not clear for a participant who is unaware of their risk. Therefore, it is important to overtly state the connection.

Step 2: Conduct Skills Practice Activity

- Distribute *Talking About Risks* worksheet.
- Tell participants to work with the people sitting at their table to identify Jayla's concerns.
- After a few minutes, ask groups to report out the concerns, recording responses on newsprint.
  - Use the *Talking About Risks Answer Key* to ensure the group shares the following: She is concerned that Demarco is unable to latch and that he is not receiving the benefits of breastfeeding such as bonding.
- Tell participants to work with those sitting at their table again to link her concern with the nutritional risk (underweight for age).
- After a few minutes, ask groups to report out how to link he concern to nutritional risk, recording responses on newsprint.
  - Use the *Talking About Risks Answer Key* to ensure the group shares the following:
    - No latching = not enough food

        - Not enough food= not enough calories
    - Demarco's inability to latch may result in him not receiving enough food leading to his being underweight for his age.
- Tell participants to work with those sitting at their table again to discuss using OARS to bridge Jayla's concern and the linking information. Trainee's may use one OARS skill or multiple skills.
- After a few minutes, ask groups to report out.
    - Use the *Talking About Risks Answer Key* to guide the discussion.

Step 3: Process

- Ask:
    - What was it like creating statements to talk about risks?
    - How did you decide what the message would be?
    - How might this facilitate a discussion on risks?
    - How might you apply this to the work you do?

Lead into the next activity.

4:00PM – 4:30PM

WRAP UP, PROS AND CONS

TIME REQUIRED: 30 minutes

SECTION PURPOSE: To provide closure for the day and get feedback on day 1 of the High Risk Care Training.

LEARNING METHODOLOGIES:

- Large group discussion
- Self-reflection

MATERIALS NEEDED:

- *Pros and Cons* worksheet

DESCRIPTION:

Step 1: Ask Trainees to Share Takeaways

- Thank the trainees for their participation during the day.
- Ask trainees to report out one lesson learned, highlight, or "aha" moment from the day's events.

Step 2: Brainstorm Pros and Cons

- Distribute the *Pros and Cons* worksheet to trainees.
- Explain that pros and cons help the trainers learn what trainees particularly enjoy to keep doing on day 2, and what could be improved. It could be anything from training style to the temperature in the room.
- Tell trainees they don't have to record their names on the form.
- Let them know results will be shared on day 2.
- Collect *Pros and Cons* from trainees.

Step 3: Close the Training

- Thank trainees for attending.
- Remind trainees that the training starts at 9:00AM tomorrow morning.

> **Trainer's Note:** Trainers should review and summarize the pros and cons to present on the morning of Day 2 ahead of start time.

HIGH RISK CARE
FACILITATOR'S GUIDE
DAY 2

9:00AM – 9:30AM

WELCOME BACK AND REVIEW OF PROS AND CONS

TIME REQUIRED: 30 minutes

SECTION PURPOSE: To welcome trainees back to the training day 2, review the day 2 agenda as well as the pros and cons from day 1.

LEARNING METHODOLOGIES:

- Large group discussion

MATERIALS NEEDED:

- *Day 2 at-a-Glance*

DESCRIPTION:

Step 1: Welcome Trainees Back for the Second Day of Training

- Welcome the trainees back.
- Review the *Day 2 at-a-Glance* in the trainee folders.

Step 2: Review Pros and Cons from Day 1

- Review pros and cons from day 1 based on the summary of the trainees' responses.
- Highlight the commonalities in comments and items that need to be addressed.

Lead into the next activity.

9:30AM – 10:15AM

SET THE STAGE FOR SUCCESS: IDENTIFYING ACTIONS

TIME REQUIRED: 45 minutes

SECTION PURPOSE: To demonstrate the many paths one may take to achieve a goal by identifying possible actions for behavior change.

LEARNING METHODOLOGIES:

- Individual activity
- Paired activity
- Large group discussion

MATERIALS NEEDED:

- *Behavior Change* worksheet

DESCRIPTION:

Step 1: Conduct Behavior Change Activity

- Distribute the *Behavior Change* worksheet.
- Explain:
    - Individually, write the behavior down that you want to change. You can use the one that you spoke about yesterday or feel free to write a different behavior you would like to change (use example on PowerPoint: I want to exercise more).
    - Next, identify one potential risk if you do not make this behavior change. (use example on PowerPoint: I might have a heart attack).
- Instruct trainees to return to the partner they worked with yesterday.
- Explain:
    - Decide who is person 1 and who is person 2.
    - Person 1 is the nutritionist first. Person 2 will be the client.
    - Together, role playing the nutritionist and the client having a conversation, brainstorm a list of possible actions you can take to REDUCE THE RISK of the behavior you identified (use example on PowerPoint: All the things I could do to lessen my risks of having a heart attack).
    - List all the possible actions you come up with on your worksheet.
    - Remember:
        - This is not how to change the behavior but rather ways that you can reduce the risk.
        - **You are not trying to help the person find a solution or give advice.** The task is to brainstorm a list of possible actions without

judgment or discussion regarding how feasible this action is for you as an individual.
        - We want to think all types of possible actions—even crazy ones (ex. Actions to lose weight = stop eating, walk 5 steps a day, log food, join weight watchers, etc.)
- After 5 minutes, call time and tell partners to switch roles.
- After 5 minutes, call time.
- Instruct trainees to:
    - Individually, rate each action from 1 to 5 in terms of your level of readiness where 1 is the least likely to implement and 5 is the most likely to implement.
- Once all have finished:
    - Ask trainees to note the actions rated 4 and 5. These are actions they might choose to implement if they wanted to do something immediately about this risk.
    - Thank trainees and ask them to return to their seats.

Step 2: Process

- Ask:
    - How was this activity? What did you notice?
    - What can you learn from this activity? How can you use this when thinking about behavior change related to risks?
    - How does this apply to your work with high risk participants?
- Highlight the following points:
    - Assisting people to change behavior can be challenging. People often try to provide advice or instruct people on what they "should" do. This is challenging because:
        - You can end up in a role in which you make suggestions and the person keeps knocking down the suggestions (i.e. "yes, but…").
        - People's ideas on how to solve a problem can be very limited.
        - Giving people advice is a means of finding a solution for them. This is not effective in motivating behavior change.
    - You brainstormed with an individual about **all** possible actions without judgment. There is no opportunity for a "yes, but…" conversation. It expands the perceived options of possibilities.
    - The participant chooses what is most realistic for them.
    - When the participant identifies actions that they can do, it builds confidence in their ability to achieve their goal.

Lead into the next activity.

10:15AM – 10:45AM

HIGH RISK CARE OPTIONS

TIME REQUIRED: 30 minutes

SECTION PURPOSE: To discuss high risk and potential actions steps to address them.

LEARNING METHODOLOGIES:

- Small group activity
- Large group discussion

MATERIALS NEEDED:

- *High Risk Activity* prepared newsprints
- Markers

DESCRIPTION:

Step 1: Introduce Activity

- Using PPT, show the list of NYS High Risk Criteria.
- Ask trainees: What is the "prescription" for some of these high risks such as diabetes? What is a nutritionist's/dietitian's goal for the participant?
- Highlight the following point:
    - Academic training provides nutritionists/dietitians with the most effective methods for addressing diet-related conditions. For example, the goal with diabetes is to carbohydrate control and blood glucose. This may be achieved in many ways.

Step 2: Conduct High Risk Actions Carousel Activity

- Hang *High Risk Activity* prepared newsprints with six different high risks around the room and such that the risk is hidden. Label each newsprint 1-6. Distribute markers.
- Divide trainees into six groups by having them count off. Tell each group to stand near the newsprint corresponding to their number.
- Instruct trainees that they will have to list possible actions one could take **to reduce** the behavior(s), lifestyle, or nutrition habit(s) **which contribute** to the high risk.
- After two minutes, call time.
- Tell trainees to move on to the next newsprint. After two minutes, trainees move again. Continue until they have reached each newsprint.

Trainer's Note: Trainees may have a hard time coming up with risk reduction ideas and may only be able to come up with professional advice or other educational rhetoric to directly impact the high risk itself. During this activity it is helpful to walk around the room and encourage trainees to think and record only ways which may **reduce** the negative health outcome of the assigned high risk status.

Step 3: Process the Activity

- What was that activity like?
- What was easy? What was challenging?
- What does it tell you?
- How can this be helpful when working with a high risk participant?
- Include the following points and refer to the appropriate PowerPoint slides as needed:
    - There is a list of high risk criteria in the trainee folder.
    - New York State's High Risk Criteria are designated in WIC Program Manual Section 1136 Nutritional Risk Criteria and Priority System (WPM 1136). Local agencies may establish additional high risk criteria.
        - The policy supplement for WPM 1136 may be found in the WIC library and by clicking the Risk Help button on a participant's Nutrition Risk screen in NYWIC
    - USDA Nutrition Risk Write-Ups are available in the WIC Library and give more information on all risks (not just HR)
    - To help a participant limit their risk, you must support any number of small steps a participant is ready and willing to take.

Lead into the BREAK.

10:45AM – 11:00AM

BREAK

11:00AM-11:30AM

CREATING SMART GOALS

TIME REQUIRED: 30 minutes

SECTION PURPOSE: To define the framework for developing SMART Goals for high risk participants.

LEARNING METHODOLOGIES:

- Small group activity
- Large group discussion

MATERIALS NEEDED:

- Laptop
- Projector
- Projector Screen
- PowerPoint slides
- Newsprint
- Markers

DESCRIPTION:

Step 1: Conduct lecturette using PowerPoint slides, emphasizing the following:

- Explain the following terminology related to SMART goals[11][12][13]:
    - Goals: Are the desired outcome(s) for each nutritional risk (e.g. to achieve an appropriate weight or to decrease high blood pressure).
    - Action Steps: Are the specific tasks and activities needed/identified to attain a goal. These are the baby steps that contribute to achievement of the desired outcome.
    - Identified goal(s):
        - As we saw in the previous activity, there are many possible action steps one can take to reduce the negative health outcome(s) of a high risk status/behavior.
        - The SMART goal should be created around an action not a desired outcome. Examples:
            - Eating more vegetables (action) vs. losing weight (desired outcome)
            - Working out (action) vs. decreasing high blood pressure (desired outcome)
        - Vague goals have a low probability of achievement.
    - SMART goals:

[11] FFY 2020 NYS WIC LACASA Guidance Manual
[12] LACASA SMART Goal Evaluation Rubric
[13] Process Goals Examples for LACASA

        - Review SMART acronym using the appropriate PowerPoint slides.
            - S: Specific
                - Who, What, Where, Why?
                - Is the goal clearly defined or is it vague?
                - Who is involved?
                - What will be accomplished?
                - Where will it be done?
                - Why do this?
            - M: Measurable
                - Can you track the progress and measure the outcome?
                - Define how you will know when the goal is accomplished by indicating how much or how many
                - Spelling out how to achieve the goals and action steps leads to the greatest probability of achievement.
            - A: Attainable
                - Can the goal be accomplished?
                - How so?
                - Make sure the goal is not out of reach or below standard of performance
            - R: Realistic
                - Is the goal worthwhile and reasonable?
                - Is the goal consistent with other roles and responsibilities? Do you have the resources to achieve the goal?
            - T: Time-Bound
                - When will the goal be accomplished?
                - Indicate a target date for achieving the goal.
        - Goals that are SMART increase the probability that the participant will achieve them.
    - After this training, best practice will be to support the participant in identifying at least 1-2 action steps that may reduce the negative health outcome of a high risk status or behavior in the form of a SMART goal. (It may also be possible to negate the high risk itself through one or two action steps, depending on the high risk—but it is important to remember that behavior change is difficult and often multiple action steps must first be completed to reach the desired outcome).
- Go over the example of the desired outcome of losing 10 pounds:
    - Review possible goals (actions).
    - Discuss how we can break possible goals down into SMART goals.
    - Examples may include:
        - SMART goals for walking (**each of the following statements represent separate SMART goals**):
            - Cynthia will buy walking shoes within one week.

        - Cynthia will plot her walking route within one week.
        - Cynthia will determine the best time to walk within one week.
    - SMART goals for eating fruits:
        - Cynthia will purchase fruit to have on hand within the next week.
        - Cynthia will cut up and prepare fruit daily.
    - SMART goals for eating vegetables:
        - Cynthia will purchase vegetables within the next week
        - Cynthia will prepare the vegetables in advance (cut up carrots, celery, etc.).
- Highlight the following points:
    - Listen for topics of concern throughout the assessment.
    - Capture them on paper or a circle chart.
    - Use them to dig deeper and create goals and action steps.

Step 2: Conduct Activity: Practice Creating Effective SMART Goals

- Divide participants into small groups.
- Distribute newsprint and markers to each table.
- Explain to trainees that they will now have the opportunity to create a SMART goal for Jayla and Demarco from yesterday.
- Refer to the appropriate slide in the PowerPoint and allow trainees to review the additional information obtained from further conversation with Jayla prior to setting SMART goals.
- After 3 minutes, call time and tell trainees:
    - Trade newsprint with the table behind you.
    - You have 2 minutes to decide if the goal is SMART and if it is not, indicate why and how it can be a SMART goal.
- After 2 minutes, call time.
- Ask each group to share their SMART goals.

Step 3: Process

- Ask:
    - How was it to develop the SMART goals?
    - What makes it easy? What makes it difficult?
    - How does SMART goals help in making behavior change?
    - How can this be helpful in developing a plan with high risk participants?

Lead into the next activity.

11:30AM-12:15PM

BUILDING A PLAN TOGETHER: SMART GOALS

TIME REQUIRED: 45 minutes

SECTION PURPOSE: To explore and practice developing SMART goals collaboratively with a high risk participants.

LEARNING METHODOLOGIES:

- Lecturette
- Small group activity
- Large group discussion

MATERIALS NEEDED:

- Laptop
- Projector
- Projector Screen
- PowerPoint slides
- Newsprint
- Markers

DESCRIPTION:

Step 1: Conduct a lecturette using appropriate PowerPoint slides, emphasizing the following:

- Discuss explaining the concept of goal setting with participants by stating:
    - Think about a previous goal you have set for yourself in your lifetime, why do you/did you do it?
- Prior to setting a goal with a participant you must first complete the assessment portion of your appointment to gather the appropriate information and begin building rapport an establishing the relationship. You'll also need to complete a portion of the education and counseling piece of the appointment in order to determine where the participant seems most inclined to develop a goal. As we have discussed and reviewed up to this point in the training it is the responsibility of the nutritionist to convey high risk information (no more than one or two at a time, prioritized) **and** overtly state the link between the high risk concern and the participants interest/perceived ability. If a participant states they cannot do anything about their diet at this time they are not ready to set a goal about their diet—perhaps instead they are interested in setting a goal about exercise which may not eliminate the risk but may **reduce** the risk and lay a solid foundation for the next WIC appointment.

    - Goal setting is something you do for yourself. How you frame goal setting with a participant can influence their level of motivation to set a goal with you rather than to passively "accept" the goal you set for them.
    - You can frame goal setting as:
        - An intention of what you would like for yourself.
        - An opportunity to identify **one or two things** that you can do that will help reduce your risks and **are doable, realistic for you.**
- Discuss the importance of making sure the participant knows you hear their reality and work with them to make their goal realistic and doable by overtly acknowledging and considering:
    - Barriers - Use OARS to acknowledge them
    - Strategies to address/minimize barriers – Identify them
    - Influencing individuals and social support – Identify and incorporate them

Step 2: Initiate Skills Practice

- Instruct trainees to pair up with the same partner as earlier.
- Explain:
    - You are going to set a goal with your partner. You will have a turn to play the client, and then a turn to be the nutritionist.
    - First, the person playing the nutritionist will describe what a goal is.
    - Then lead into setting a SMART goal. Remember to:
        - Use OARS.
        - Identify social support.
    - Decide who is person A and who is person B.
    - Person B, raise your hand.
    - Person B is the nutritionist.
    - You have 5 minutes to do this roleplay.
- After 5 minutes, call time and tell partners to change roles.

Step 3: Process

- Ask:
    - As the participant, how did it feel to work with the nutritionist/dietitian?
    - How was it helpful for behavior change?
    - As the nutritionist/dietitian, how was it to develop the SMART goal with your client?
    - How can this be helpful in developing a plan with high risk participants?

Lead into LUNCH.

12:15PM-1:15PM

LUNCH

1:15PM-1:45PM

DOCUMENTATION OF INDIVIDUAL CARE PLANS

TIME REQUIRED: 30 minutes

SECTION PURPOSE: To review documentation policies, NYS WIC Policies on high risk criteria (WPM #1216 and WPM #1136) and staff roles related to high risk participants (WPM #1460).

LEARNING METHODOLOGIES:

- Lecturette

MATERIALS NEEDED:

- Laptop
- Projector
- Projector Screen
- PowerPoint slides

DESCRIPTION:

Step 1: Conduct a lecturette using PowerPoint slides, emphasizing the following:

- Explain what an Individual Care Plan is.
    - "A documented strategy that addresses identified high risk criteria and is based on an agreement developed between the QN and the participant."[14]
    - Defines goals, interventions, and follow-ups.
- Why an individual care plan is used:
    - This allows QNs/CPAs to maintain a clear picture of what happened with the participant during previous visits and allows staff to provide continuity of care like:
        - ☐ Following through with planned interventions.
        - ☐ Checking on the progress of goals.
        - ☐ Working most efficiently towards serving the participant in a professional manner.
        - ☐ Letting participants know that you are familiar with their information.
- NYS WPM Policy #1216 outlines documentation of an individual care plan. During the NYWIC transition, changes to this policy can be found in the Interim Policy Guidance document in the WIC Library. Details on documentation in NYWIC can be found in the document Guidance for Documenting Individual Care Plan in NYWIC, in the trainees' folders and in the WIC Library.

[14] NYSWPM Policy #1101 Acronyms and Definitions

- WIC participants determined to have high risk criteria must be assessed by the QN to determine if a care plan should be initiated.[15][16]
- Individual care plans may be initiated for non-HR participants at the QN/CPA's discretion
- High risk status may be manually assigned at the QN/CPA's discretion
- Requirements: Content
    - A completely documented Individual Care Plan includes two sections:
        - ☐ Subjective
            - Includes information and details the participant verbally reports
            - May include information on previously set goals for recertifying participants
        - ☐ Assessment/Plan
            - Analysis/interpretation of the subjective and objective data, and conclusions drawn
            - Participant's stage of change
            - Information on care from other health care professionals
            - SMART goals
            - PES statements may be included
            - Data captured elsewhere in NYWIC should not be repeated unless necessary for continuity of care
- Requirements: Follow-Up
    - The Individual Care Plan must be updated at each visit.
        - ☐ Follow-up should include:
            - Progress updates on previously identified risks, needs, concerns
            - Monitoring and modifying progress of SMART goal(s) with the participant/caretaker.
    - In addition, follow-up notes should:
        - ☐ Reflect the content of the follow-up visit.
        - ☐ Maintain a clear picture of the participant's health and nutrition status.
        - ☐ Help QNs/CPAs maintain continuity of care for the participant as long as the Individual Care Plan remains open.
- Requirements: Ending the Plan
    - QN/CPAs should use professional judgment when making this decision. Once an Individual Care Plan is determined to no longer be needed/warranted and/or the care plan no longer applies during the

[15] NYS WPM Policy #1216 High Risk Care
[16] Guidance for Documenting Individual Care Plans in NYWIC

certification period, the QN/CPA must document within the Follow-Up section that the Individual Care Plan was ended, including a reason for it ending..

- When a CPA is carrying out the Individual Care Plan established by the QN, it is best practice for the QN and the CPA to work together to ensure continuity of care and decide when the plan should be discontinued.
- Reasons for ending an Individual Care Plan include:
  - ☐ Professional judgment or QN/CPA discretion.
  - ☐ Nutrition support is provided by HCP with expertise.
  - ☐ Participant/Caretaker refuses the care plan.
  - ☐ High Risk Criteria no longer applies because:
    - High risk participant subsequently certifies and no High Risk Criteria are generated.
    - In the event that a participant subsequently certifies and continues to have high risk criteria, the best practice is to write a note in the Follow-Up section stating that a new care plan was initiated for the new certification period.
    - High Risk Criteria are generated from birthweight or measurements prior to the certification date and the current measurements are within normal limits.
  - ☐ Participant's condition is stable (e.g. low hemoglobin has been found to be within normal limits).
- Who Documents an Individual Care Plan?
  - ☐ All high risk participants must be seen by a QN at least once during each certification period.
  - ☐ The provision of care varies between a QN, CPA, and Nutrition Coordinator (WPM #1460).
  - ☐ A Competent Professional Authority or CPA conducts nutrition and breastfeeding assessments. This includes determining nutritional risks, prescribing food packages, and promoting breastfeeding. The CPA is also responsible for documenting nutrition services and providing nutrition education to participants.
  - ☐ A Qualified Nutritionist or QN possesses the expertise that qualifies them to perform all nutrition-related duties at the local agency including providing and overseeing care to high-risk participants. QNs also offer leadership in preparing, conducting, and evaluating nutrition education services at the local agency.
  - ☐ A Nutrition Coordinator oversees and makes sure that quality nutrition services are provided to all participants at the local agency. The Nutrition Coordinator participates in the development of the local agency nutrition education and breastfeeding promotion support plans. In addition, Nutrition Coordinators provide technical

assistance and consultation to other local agency staff and other health professionals in nutrition service areas.

- ☐ NYS WIC Policy #146017 clarifies the roles and responsibilities of the QN and the CPA.

Trainer's Note: WIC staff should contact their regional office for policy clarification as needed.

- Policy #1216 states that, "the Qualified Nutritionist must develop, implement, and document a high risk care plan based on the needs/concerns of the participant if high risk care is warranted."[18]
- Responsibilities of a CPA/QN when it comes to Individual Care Plan documentation.
  - ☐ The CPA may identify the need for an individual care plan and refer to a QN, as appropriate.
  - ☐ The CPA may not initiate and complete the Subjective and Assessment/Plans sections of the Individual Care Plan.
  - ☐ The CPA may carry out Individual Care Plans established by the QN.
  - ☐ The CPA may work in conjunction with the QN to ensure continuity of care and to decide when the high risk can plan can be ended.

- Best Practice:
  - HR participant would see a QN at each visit.
  - HR care plans must be updated after each visit. Waiting until later may make it challenging to remember the details of the visit, or to remember to document at all.
  - Keep follow-up notes clear and concise including only relevant and pertinent information that cannot be found elsewhere. This may include the rationale for ending a care plan or keeping it open.
- What If…a care plan was never initiated?
  - In the event that staff come across a high risk participant without an Individual Care Plan, staff should follow their local agency's process for ensuring that a QN can assess the participant and determine if the plan should be initiated.
    - ☐ Example: A CPA saw a participant and could not initiate a care plan, or a QN saw a participant and forgot to initiate a care plan.

Lead into the next activity.

[17] NYS WPM Policy #1460 Local Agency Nutrition Staff
[18] NYS WPM Policy #1216 High Risk Care

1:45PM-2:15PM

DOCUMENTATION PRACTICE

TIME REQUIRED: 30 minutes

SECTION PURPOSE: To practice Individual Care Plan documentation.

LEARNING METHODOLOGIES:

- Lecturette
- Large group discussion
- Individual activity

MATERIALS NEEDED:

- Laptop
- Projector
- Projector screen
- PowerPoint slides
- *Individual Care Plan 1 Documentation* worksheet
- *Individual Care Plan 1 Documentation Answer Key*
- *Checklist for Individual Care Plan Documentation*
- *Individual Care Plan 2: Documentation for Demarco* worksheet

DESCRIPTION:

Step 1: Conduct Activity on Documenting an Individual Care Plan

- Introduce the activity on documenting an Individual Care Plan.
- Distribute *Individual Care Plan 1 Documentation* worksheet and *Checklist for Individual Care Plan Documentation.*
- Tell trainees:
    - Use the *Individual Care Plan 1 Documentation* worksheet to check off the requirements on the *Checklist for Individual Care Plan Documentation* that have been completed. Please do this individually and we'll regroup.
- After 5 minutes, call time.
- Ask trainees to share what they found on *Individual Care Plan 1 Documentation* that was properly completed.
- Ask the following questions:
    - What requirements were completed?
    - What requirements were missing?
    - If they opened this Individual Care Plan in the computer; would they be able to understand what happened previously? Know what needs to happen today to continue care?

Step 2: Skills Practice Documenting an Individual Care Plan for Demarco

- Tell trainees:
    - Now you'll have the opportunity to practice documenting an Individual Care Plan for Demarco, the case study you have been working with.
- Distribute *Individual Care Plan 2: Documentation for Demarco*.
- Tell trainees:
    - For these worksheets, you will follow the same guidelines that were used in the last activity.
    - You should do the following tasks:
        - Complete the Subjective and Assessment/Plan sections
            - Include the SMART goal that was developed for Demarco in the Assessment/Plan section.
        - Record pertinent notes/comments to prompt discussion at the next high risk counseling session, as appropriate.
- After 10 minutes, call time.

Step 3: Process

- Ask:
    - How was it to go over the Individual Care Plan policy and procedure?
    - How was it to practice documenting the Individual Care Plans?
    - What are important things to remember when documenting Individual Care Plans?
    - What will you do differently now when documenting in Individual Care Plans for high risk participants?

Lead into the next activity.

2:15PM – 3:00PM

CHANGE TALK

TIME REQUIRED: 45 minutes

SECTION PURPOSE: To learn about what change talk is, why it is important when working with high risk participants, and practice utilizing it.

LEARNING METHODOLOGIES:

- Lecturette
- Large group discussion

MATERIALS NEEDED:

- Laptop
- Projector
- Projector screen
- PowerPoint slides
- *Change Talk: Can You Hear It?* Handout
- *Change Talk: Can You Hear It? Answer Key*
- *Evoke Change Talk* handout
- *Evoke Change Talk Answer Key*

DESCRIPTION:

Step 1: Using PowerPoints, explain the concept of evoking change talk by stating:

- Change talk refers to statements in which a person is presenting the argument for change.
    - This may be their desire, ability, reason or need to make that change.
- People are more likely to change when the statements of change come from the individual themselves, not the health care provider.
    - The individual feels in control.
    - There is a sense of collaboration.
- The more change talk that comes out of an individual, the greater their motivation, and the more likely they are to change.

Step 2: Discuss and practice recognizing change talk

- Tell participants:
    - When learning the skill of change talk, one of the first things you want to develop is the skill to recognize change talk.
- Provide examples of DARN (desire, ability, reason or need).
- Conduct activity to practice recognizing change talk.
    - Provide the following instructions:

        - I will read some statements. If you hear change talk in the statement I read, bang on your tables. If you do not remain silent.
    - Using *Change Talk: Can You Hear it?* handout, read the statements and provide guidance as to which ones are change talk as necessary (answers are provided on the *Change Talk: Can You Hear it? Answer Key*).

Step 3: Discuss and practice evoking change talk

- Explain that a person can use OARS to evoke change talk during a session. In this training, we are going to focus on how to evoke more change talk when you hear a participant say a change talk statement.
- Review how to use the OARS to evoke more change talk.
- Conduct an activity to practice recognizing change talk.
    - Divide participants into small groups.
    - Distribute the *Evoke Change Talk* handout.
    - Ask participants to work in groups to develop responses to each participant's statement that would evoke more change talk.
    - After 5 minutes, call time.
    - Review some responses with the group, time permitting. Use the *Evoke Change Talk Answer Key* to guide your responses.

Step 4: Process

- Ask:
    - How was it to do this activity?
    - What did you notice?
    - What makes it easy? What makes it difficult?
    - How can this help in working with someone around behavior change?
    - How can this be helpful in working with high risk participants?

Lead into BREAK.

3:00PM – 3:15PM

BREAK

3:15PM – 4:15PM

ROLE PLAY: SKILLS PRACTICE

TIME REQUIRED: 60 minutes

SECTION PURPOSE: To practice skills and strategies acquired over the course of the training by role-playing and observing various case studies that may occur at the WIC local agency with high risk participants.

LEARNING METHODOLOGIES:

- Role-Play
- Large group discussion

MATERIALS NEEDED:

- *Role Play Skills Practice – Case Study 1 QN/CPA* handout
- *Role Play Skills Practice – Case Study 1 Participant* handout
- *Observer Sheet (three per trainee)*
- *Role Play Skills Practice – Case Study 2 QN/CPA* handout
- *Role Play Skills Practice – Case Study 2 Participant* handout
- *Role Play Skills Practice – Case Study 3 QN/CPA* handout
- *Role Play Skills Practice – Case Study 3 Participant* handout

DESCRIPTION:

Step 1: Introduce Skills Practice Activity

- Break trainees into trios.
- Tell trainees to decide who is Person 1, Person 2 and Person 3.
- Tell trainees:
    - You will now get the chance to practice working with a high risk participant in WIC using a case study.
    - Each person in your trio will have the opportunity to play the role of QN/CPA, participant, and observer.
    - Person 1 will the QN/CPA first, person 2 will be the WIC participant and person 3 will be the observer.
- Distribute the *Role Play Skills Practice – Case Study 1 QN/CPA*, *Role Play Skills Practice – Case Study 1 Participant*, and observer sheet handouts to the appropriate people in each group.
- Tell trainees:
    - QN/CPAs will use the information provided to conduct a brief nutrition assessment and transition into counseling and goal setting.
    - Observers will use the *Observer Sheet* to record their observations.
    - We'll spend about 15 minutes per case study and debrief after each one. After the debrief, we'll switch to the next case study and have new trainees take on the next role-play.

Step 2: Initiate Role Play Skills Practice

- Give trainees 3-5 minutes to read through *Role Play Skills Practice – Case Study 1 QN/CPA* and *Role Play Skills Practice – Case Study 1 Participant* handouts.
- Call time.

> **Trainer's Note:** Each role-play scenario should last at least 10 minutes.

Step 3: Process

- For trainees who acted in the role-play. Ask:
  - What skills did you employ while role-playing in this case study?
  - What thoughts and feelings came up while role-playing in the case study?
- For trainees who observed the role-play. Ask:
  - What were some of the skills you observed in the case study?

Step 4: Conduct the remaining role plays and debriefing

- Tell participants to rotate so person 1 will the WIC participant now, person 2 will be the observer and person 3 will be the nutritionist.
- Distribute the subsequent *Role Play Skills Practice – Case Study 2 QN/CPA and Role Play Skills Practice – Case Study 2 Participant* handouts to start the next role-play scenario.

> **Trainer's Note:** Repeat steps 2 and 3 for each case study.

Lead into the next activity.

4:15PM – 4:30PM

WRAP-UP AND CLOSING

TIME REQUIRED: 15 minutes

SECTION PURPOSE: To collect participant feedback and close the training.

LEARNING METHODOLOGIES:

- Large group discussion
- Self-reflection

MATERIALS NEEDED:

- *Evaluation*

DESCRIPTION:

Step 1: Ask for Trainees to Share Highlights

- Thank everyone for their participation and hard work.
- Ask if anyone wants to share one highlight they are taking away from the training *(time permitting).*

Step 2: Ask Trainees to Complete the Evaluation

- Distribute *Evaluation.*
- Ask trainees to complete it.
- Collect *Evaluation.*

Step 3: Thank trainees again.

- Dismiss trainees.

TRAINER'S MATERIALS

Cash Register

Directions: To complete the exercise, read the following story. Below are 11 statements about the story. After you read the story, determine whether each of the 11 statements is:
T – True;
F – False; or
? – You do not have enough information to determine if the statement is true or false

The Story
A businessman had just turned off the lights in the store when a man appeared and demanded money. The owner opened a cash register. The contents of the cash register were scooped up, and the man sped away. A member of the police force was notified promptly.

11 Statements about the Story

T/F/?	Statement
1.	A man appeared after the owner had turned off his store lights.
2.	The man demanded money.
3.	The man who opened the cash register was the owner.
4.	The store owner scooped up the contents of the cash register and ran away.
5.	Someone opened a cash register.
6.	After the man who demanded the money scooped up the contents of the cash register, he ran away.
7.	While the cash register contained money, the story does not say how much.
8.	The story concerned a series of events in which only three persons are referred: The owner of the store, a man who demanded money, and a member of the police force.
9.	The following events were included in the story: Someone demanded money, a cash register was opened, its contents were scooped out, and a man dashed out of the store.
10.	The robber was a man.
11.	The robber demanded money of the owner.

Cash Register Answer Key

Directions: To complete the exercise, read the following story. Below are 11 statements about the story. After you read the story, determine whether each of the 11 statements is:
T – True;
F – False; or
? – You do not have enough information to determine whether the statement is true or false

The Story
A businessman had just turned off the lights in the store when a man appeared and demanded money. The owner opened a cash register. The contents of the cash register were scooped up, and the man sped away. A member of the police force was notified promptly.

11 Statements about the Story

T/F/?	Statement	Explanation
1. ?	A man appeared after the owner had turned off his store lights.	*A businessman turned off the lights. We don't know if this man is the owner.*
2. T	The man demanded money.	*Yes, he did demand money.*
3. ?	The man who opened the cash register was the owner.	*The owner opened the cash register but we don't know if the owner was a man.*
4. ?	The store owner scooped up the contents of the cash register, and ran away.	*We don't know who scooped up the contents of the cash register.*
5. T	Someone opened a cash register.	*The owner, who is someone, opened a cash register.*
6. ?	After the man who demanded the money scooped up the contents of the cash register, he ran away.	*We don't know if the person who scooped up the contents was a man. Also, we don't know if the person ran away or drove away. We just know that he or she sped away.*

7. ?	While the cash register contained money, the story does not say how much.	*We do not know if there was money in the cash register. We just know that there were contents – There may have been jewelry, important papers, etc.*
8. ?	The story concerned a series of events in which only three persons are referred: The owner of the store, a man who demanded money, and a member of the police force.	*We don't know if the business man and the owner are one or two people.*
9. ?	The following events were included in the story: Someone demanded money, a cash register was opened, its contents were scooped out, and a man dashed out of the store.	*We don't know if the man dashed, walked, or rolled out of the store. We only know that he sped away.*
10. ?	The robber was a man.	*We don't know if it was a robbery or of the man who demanded money was a robber.*
11. ?	The robber demanded money of the owner.	*We don't know if it was a robber.*

Critical Thinking Cards

What type of engine does the car have?	What is the brand of the car?
Is the car manual or automatic?	How many doors does the car have?
Does the car have all wheel drive?	How many people can the car fit?

What color is the exterior of the car?	Is the interior leather or fabric?	How much does the car cost?
Is the car comfortable to drive?	Is there a sunroof or moonroof?	What is the length of the warranty?

OARS Review

Open-ended questions

- Cannot be answered with a "yes" or "no" or a specific short answer
- Encourages participant to lead the conversation; QN/CPA listens
- Invite the participant to tell their story in their own words
- Promotes trust and a sense of "being heard"
- One must be ready and willing to listen to the response
- Can help the session feel less like an interview and more like a conversation which in turn, can decrease resistance
- Examples of open-ended question starters:
    - What…
    - When…
    - How...
    - Tell me about…
    - Can you explain that?
    - Help me understand…

Affirming statements

- Statements of appreciation and understanding that acknowledge the participant's strengths, efforts, and experiences
- Not complimenting – Must be genuine and sincere
- Can normalize behaviors and build confidence for change
    - Normalizing: using statements to acknowledge that the participant's questions, thoughts, feelings, and experiences are common and shared
    - Examples of normalizing statements: "I hear that from a lot of participants."
    - "A lot of people feel that way."
- Should not be mixed with corrective statements (e.g. "That's great ***but*** you really should…")

Reflective listening

- Repeating back key messages to the participant by paying close attention to both verbal and non-verbal communication
- Conveys understanding without using the words "I understand"
- Key messages include content but also the participant's emotions, feelings, and meaning
- Simple reflection includes:
- Repeating – Repeat back the speaker's words
- Paraphrasing – Stating the message in your own words
- Identifying emotions – Taking a guess about emotions connected to content based on the verbal and non-verbal communication from the speaker

Summarizing

- Capturing the key pieces of a conversation or discussion
- Highlights what you want the participant to focus on and take away from the conversation
- Should be thought of as paraphrasing or a longer reflection
- Three purposes of summarizing:
    - Link: Connect what they said to something they said before to point out patterns
    - Collect: Present a summary to help organize and reinforce what has been said and show that you've been listening
- Transition: Ends one segment and moves to the next

The Question is. . .?

Directions: Respond to the participant's statements using a disarming open-ended question

1. Jane is 3 months pregnant and smokes cigarettes. When you speak to her about smoking, she says, "Listen, I've tried to quit smoking more times than I can remember. It never works."

2. Maria has diabetes. When you speak to her about changing her diet, she says, "I know people talk a lot about eating healthy and no junk food. But I'm telling you right now: I like to eat."

3. Tanya has hypertension. You explained to her that she should reduce her consumption of salt and processed foods. She says, "What am I supposed to eat?! Everything you mentioned, I eat. Like, that's all I eat."

The Question is. . .? *Answer Key*

Directions: Respond to the participant's statements using a disarming open-ended question

1. Jane is 3 months pregnant and smokes cigarettes. When you speak to her about smoking, she says, "Listen, I've tried to quit smoking more times than I can remember. It never works."

   What's the best thing about smoking?
   When is your favorite time to have a cigarette?

2. Maria has diabetes. When you speak to her about changing her diet, she says, "I know people talk a lot about eating healthy and no junk food. But I'm telling you right now: I like to eat."

   What do you love to eat?
   What's your favorite junk food?

3. Tanya has hypertension. You explained to her that she should reduce her consumption of salt and processed foods. She says, "What am I supposed to eat?! Everything you mentioned, I eat. Like, that's all I eat."

   Describe the best thing about those foods.

   Tell me about the best chips you've ever had.

High Risk Care Workbook

Jayla and Demarco Case Study

Jayla gave birth to Demarco at 34 weeks' gestation. He is now nine weeks old. Demarco weighed 1.42 kg and was 40 cm in length at birth. The medical referral form showed that Demarco weighed 2.3 kg and was 43 cm in length two weeks ago. Today, Demarco's current weight is 2.18 kg and his length is 48 cm.

Breastfeeding is something that Jayla planned to do since the time she found out she was pregnant. Jayla never expected that she would be unable to put Demarco to breast after he was born. She tried but he was very weak and unable to latch. She has been pumping her breastmilk for nine weeks now and has still not been able to get him to latch. Jayla is very upset because she heard breastfeeding is important and it helps with bonding.

The doctor completed a medical documentation form requesting NeuroPro EnfaCare RTU for Demarco. Demarco should get two bottles per day (two ounces per bottle) of NeuroPro EnfaCare RTU to supplement the breastmilk he drinks. The QN/CPA records Demarco's weights and lengths in the computer (see attached growth charts).

What is Demarco's corrected age*?*

- Actual age in weeks (number of weeks since DOB) =_____
- Actual age _____ - number of weeks preterm_____ = _____Corrected age

What is the purpose of using corrected age when assessing a premature infant?

NEW YORK STATE DEPARTMENT OF HEALTH
WIC Program

WIC Medical Referral Form

This form **may** be used to refer patients to the WIC Program and to communicate changes in patient health information. The information provided on this form will be used by a WIC nutritionist to determine nutrition care and provide nutrition counseling.

A separate form is required for each patient. Sections B, C and D must be completed by a health care provider. See reverse side for additional instructions.

WIC OFFICE USE

WIC ID

WIC LOCAL AGENCY STAMP

A. Patient Information

Patient Name Demarco Johnson Date of Birth ___/___/___ Sex M

Street Address _____ Apt. No. _____

City _____ State _____ ZIP _____ Phone (___) _____

Preferred Language(s) _____ Parent/Guardian Name Jayla Johnson

B. Patient Medical Information *Health Care Provider: Please complete the section that is appropriate for the above named patient.*

☐ **WOMAN**

Current Height _____ in
Current Weight _____ lbs _____ oz
Date Taken ___/___/___

HGB _____ g/dL *or* HCT _____ %
Date Taken ___/___/___

Number of Previous Pregnancies _____
Number of Previous Deliveries _____
Date Prenatal Care Began ___/___/___

☐ **If Pregnant:**
Estimated Date of Delivery ___/___/___
Number of Fetuses _____
Pre-pregnancy Weight _____ lbs _____ oz

☐ **If Postpartum:**
Delivery/Termination Date ___/___/___
Total Gestational Weight Gain _____ lbs _____ oz

☒ **INFANT OR CHILD UP TO 24 MONTHS**

Birth Length _____ in *or* 40 cm
Birth Weight _____ lbs _____ oz *or* 1.42kg
Weeks Gestation 34

Current Length _____ in *or* 43 cm
☐ Standing ☒ Recumbent (<2 Years)
Date Taken ___/___/___

Current Weight _____ lbs _____ oz *or* 2.3kg
Date Taken ___/___/___

HGB _____ g/dL *or* HCT _____ %
Date Taken ___/___/___

Venous Lead _____ µg/dL
Date Taken ___/___/___
☐ Not Available

Immunizations Up to Date?
☐ Yes ☐ No ☐ Not Available

☐ **CHILD 2 TO 5 YEARS**

Height/Length _____ in *or* _____ cm
☐ Standing ☐ Recumbent (If Unable to Stand)
Date Taken ___/___/___

Weight _____ lbs _____ oz *or* _____ kg
Date Taken ___/___/___

HGB _____ g/dL *or* HCT _____ %
Date Taken ___/___/___

Venous Lead _____ µg/dL
Date Taken ___/___/___
☐ Not Available

Immunizations Up to Date?
☐ Yes ☐ No ☐ Not Available

C. Specific Medical Diagnosis or Nutrition/Health Concerns

prematurity, VLBW, SGA

D. Health Care Provider Information

Provider Name (Print) Benjamen Sears
Provider Signature Benjamen Sears Date ___/___/___
Street Address 100 South Ave, Suite 300
City New York State NY ZIP 10018
Phone (212) 555-1111 Fax (212) 555-2222

OFFICE STAMP

E. Release of Information

I authorize Dr. Sears (Health Care Provider) to release the information above to the WIC Program, and I authorize the WIC Program to release information about me or my child to this health care provider for the purposes of coordinating my or my child's healthcare. If my child or I need to transfer to another WIC Program, I authorize the release of this information to the transferring WIC Program. All information is considered confidential.

Patient/Parent/Guardian Signature Jayla Johnson Date ___/___/___

NEW YORK STATE DEPARTMENT OF HEALTH
Division of Nutrition

Medical Documentation for WIC Formula and Approved WIC Foods for Women, Infants and Children

WIC **Instructions: Providers, please complete sections A-D for ALL WIC participants to request formula and supplemental foods. The provision of formula/food is subject to WIC policies and procedures. (Detailed instructions and resources on back)**

WIC Stamp

A. PATIENT INFORMATION

Patient's Name: Demarco Johnson Date of Birth: / /

B. FORMULA

Formula Requested: NeuroPro Enfacare RTU Length of Use: ☐ 1 month ☒ 6 months ☐ ____ months ☐ 3 months ☐ 12 months

Prescribed Amount: 4-8 ounces/day

Special Instructions/Comments: _____

WIC Qualifying Medical Conditions:

☒ Premature Birth	☐ Metabolic Disorders	☒ Failure to Thrive *(Must meet at least one of the criteria on back)*	*Note: These non-specific symptoms/ conditions are not acceptable: dermatitis, formula/food intolerance, fussiness, gas, spitting up, constipation, diarrhea, vomiting, colic, or to enhance or manage body weight without an underlying medical condition.*
☒ Low Birth Weight	☐ Immune System Disorders	☐ Severe Food Allergies	
☐ GI Disorders	☐ Malabsorption Syndromes	☐ Other (Specify):	

C. WIC SUPPLEMENTAL FOODS (WIC does not provide supplemental foods to infants < 6 months old)

☐ YES ☒ NO I authorize qualified WIC staff to determine supplemental foods and amounts based on the patient's medical condition.

If NO, select ONE of the following options:

☐ No food restrictions; provide full amount of age-appropriate foods

☒ Infant <6 months; provide formula only

☐ Patient requires food restrictions based on medical condition (provider MUST complete the following):

- ☐ ≥ 6 months cannot tolerate solid food: provide formula only
- ☐ ≥ 12 months cannot tolerate solid food: provide jarred baby fruits & vegetables in lieu of fruit & vegetable voucher
- ☐ OMIT the following food(s) based on medical condition:

Infants (6-11 months):	☐ Infant Cereal	☐ Baby Food Fruits/Vegetables	☐ Fresh Fruits/Vegetables (9-11 months)		
Children (≥ 12 months) & Women:	☐ Peanut Butter	☐ Milk	☐ Whole Grains	☐ Cheese	☐ Yogurt
	☐ Cereal	☐ Canned Fish	☐ Vegetables/Fruits	☐ Beans	☐ Juice

D. HEALTH CARE PROVIDER INFORMATION (Contact information may be printed or stamped and must be legible)

Provider Stamp

Benjamen Sears
Provider's Signature

Date

123 South Ave, Suite 300
Street

New York, NY 10018
City, State, Zip Code

Benjamen Sears
Provider's Printed Name

212-555-1111
Telephone Number

212-555-2222
Fax Number

E. RELEASE OF INFORMATION

I authorize the above health care provider and NYS WIC agency staff to disclose/discuss information regarding feeding needs. This permission is good for the length of this certification. I understand that I may cancel this permission at any time by request to my health care provider and WIC. This release is not a condition of WIC eligibility.

Jayla Johnson
Participant/Parent/Caregiver Signature

Date

Jayla Johnson
Printed Name

F. WIC STAFF USE ONLY (WIC staff must complete section in its entirety and note comments/actions) ☐ Consent on file at WIC

Check box next to question if the answer is yes:

- ☐ Acceptable qualifying condition indicated?
- ☐ Formula consistent with qualifying condition?
- ☐ Amount and length appropriate?
- ☐ Med Doc Foods note written?

☐ Approved ☐ Disapproved ☐ Pending Pending Date & Initial _____

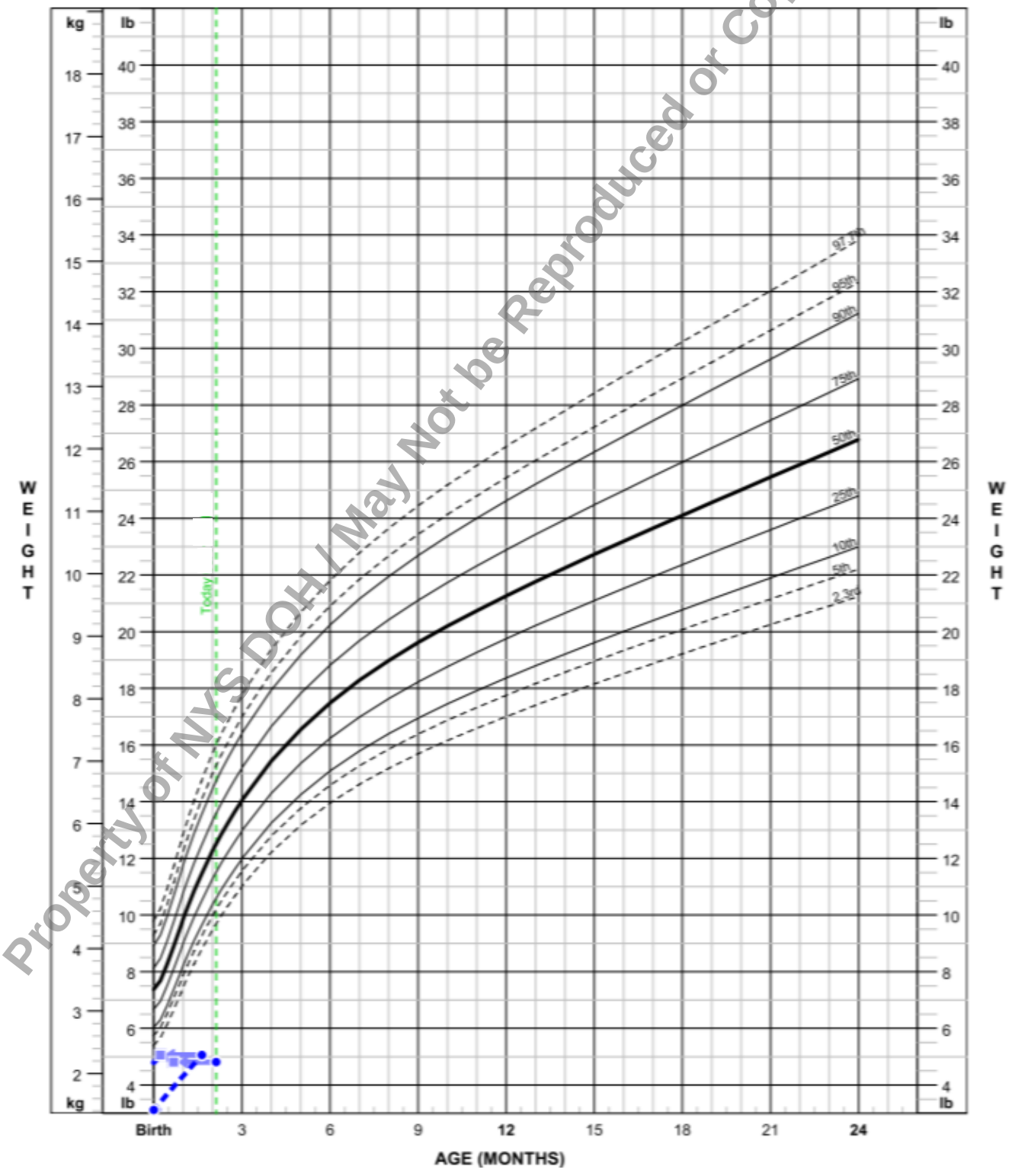
Signature: _____

Printed Name: _____ Date: _____

Comments: _____ WIC ID # _____

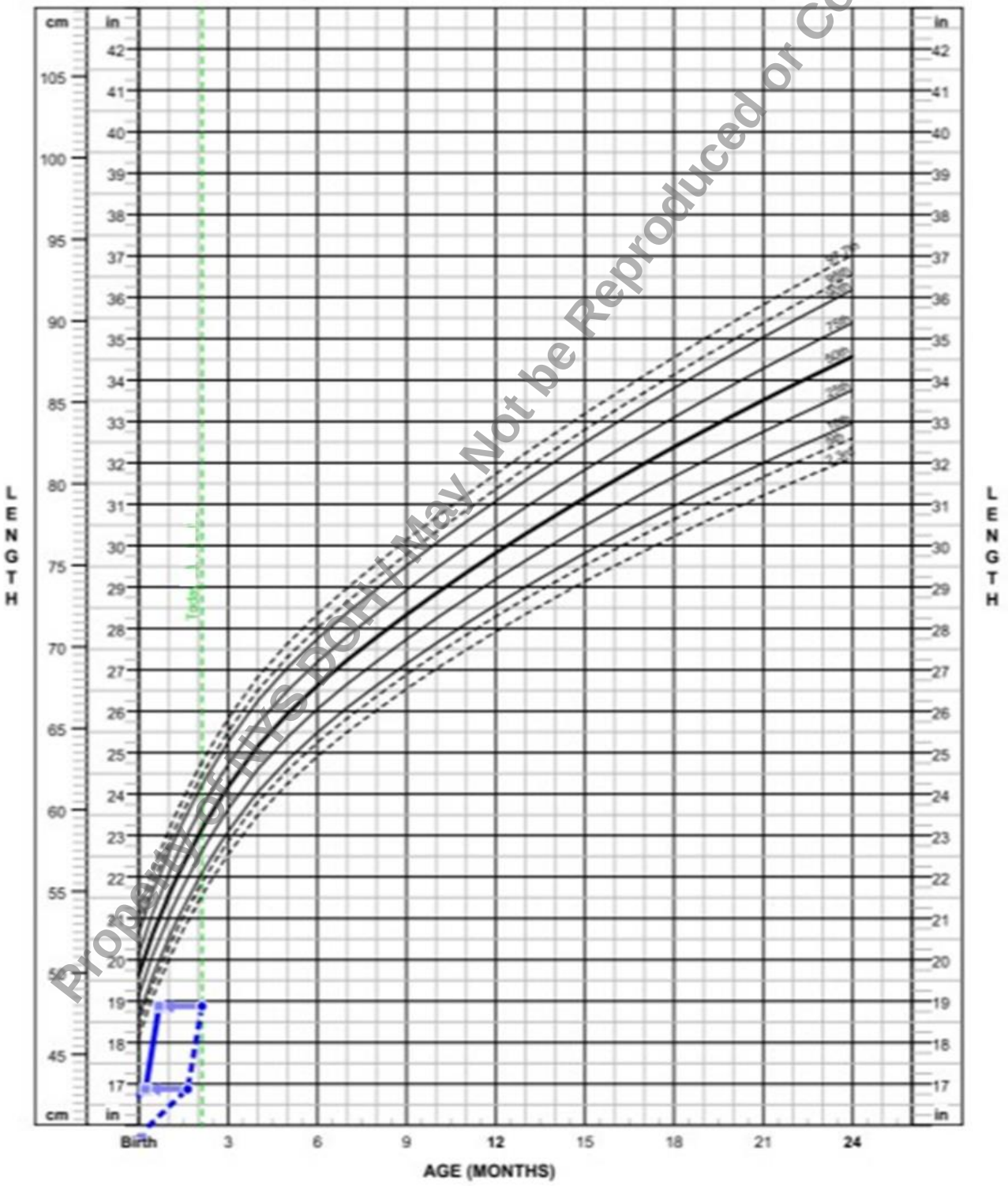
Identity	Surname	First name	Birth date	Gender
400115249	Johnson	Demarco		Male ♂

Weight-for-age percentiles, birth to 24 months



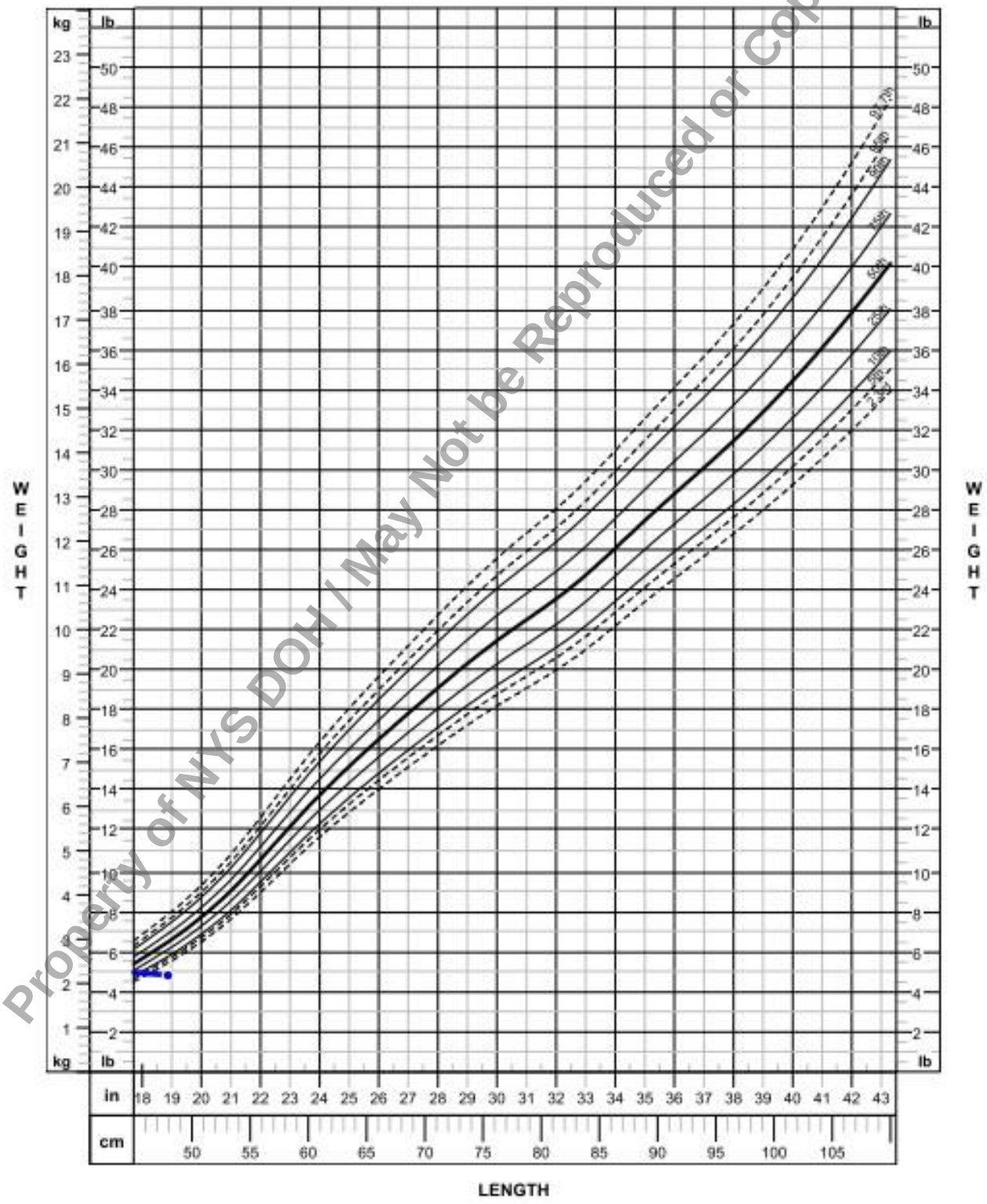
Identity	Surname	First name	Birth date	Gender
400115249	Johnson	Demarco		Male ♂

Length-for-age percentiles, birth to 24 months

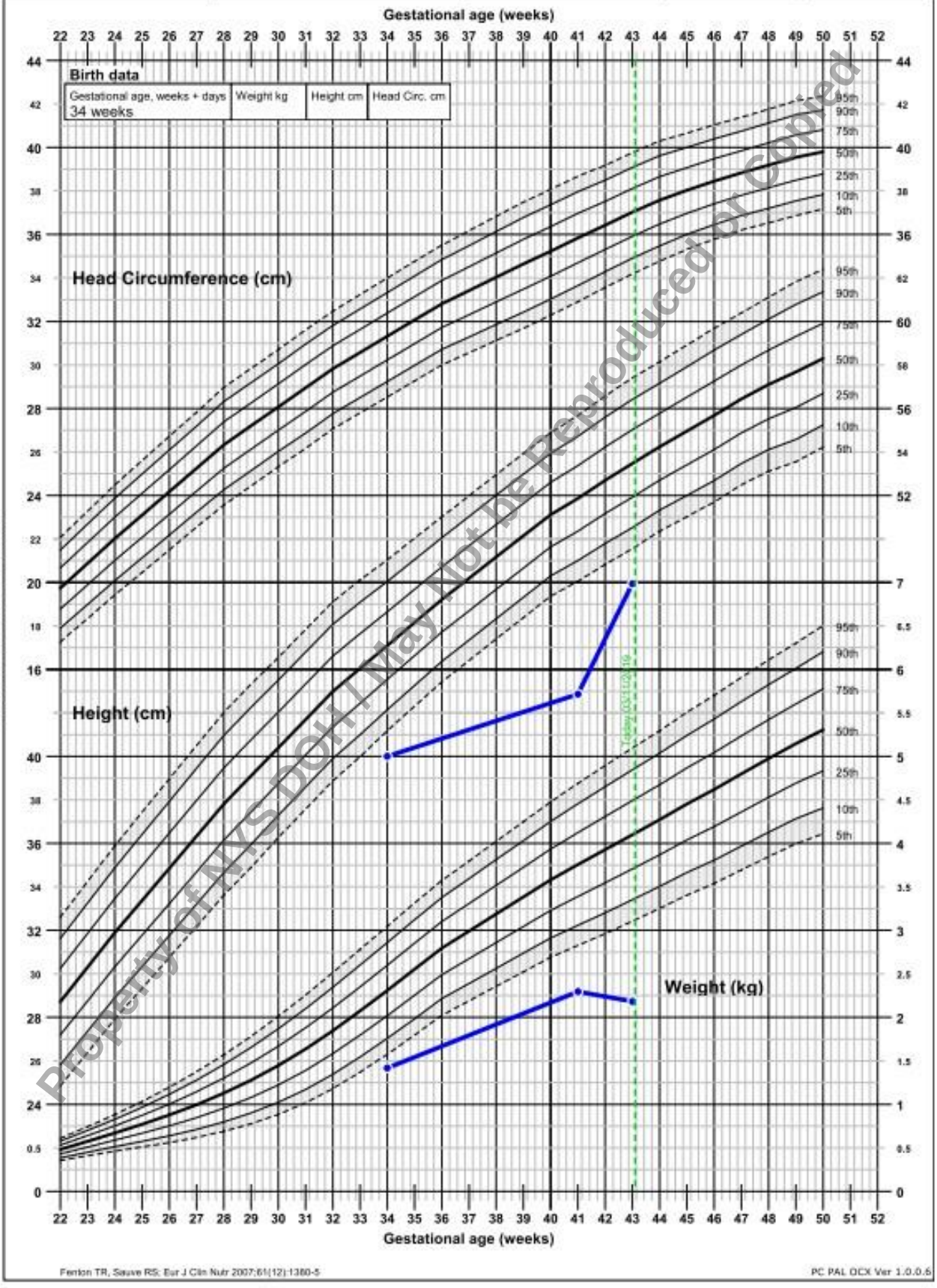


Identity	Surname	First name	Birth date	Gender
400115249	Johnson	Demarco		Male ♂

Weight-for-length percentiles, birth to 24 months



Identity	Surname	First name	Birth date	Gender
400115249	Johnson	Demarco		Male ♂



Fenton TR, Sauve RS; Eur J Clin Nutr 2007;61(12):1380-5

PC PAL OCX Ver 1.0.0.6

Jayla and Demarco Case Study Questions

What is your assessment of Demarco's growth?

How much weight did Demarco lose?

What are your concerns?

What risks can you identify? Is Demarco High Risk? Use Policy Supplement #1136 if needed.

Does Demarco fit the failure to thrive diagnosis provided on the medical documentation form?

What contributes to these risk factors?

What would you like to know more about to properly assess Demarco? What questions would you like to ask Jayla?

High Risk Care Workbook

Trainer's Answer Guide

Jayla and Demarco Case Study

Jayla gave birth to Demarco at 34 weeks' gestation. He is now nine weeks old. Demarco weighed 1.42 kg and was 40 cm in length at birth. The medical referral form showed that Demarco weighed 2.3 kg and was 43 cm in length two weeks ago. Today, Demarco's current weight is 2.18 kg and his length is 48 cm.

Breastfeeding is something that Jayla planned to do since the time she found out she was pregnant. Jayla never expected that she would be unable to put Demarco to breast after he was born. She tried but he was very weak and unable to latch. She has been pumping her breastmilk for nine weeks now and has still not been able to get him to latch. Jayla is very upset because she heard breastfeeding is important and it helps with bonding.

The doctor completed a medical documentation form requesting NeuroPro EnfaCare RTU for Demarco. Demarco should get two bottles per day (two ounces per bottle) of NeuroPro EnfaCare RTU to supplement the breastmilk he drinks. The QN/CPA records Demarco's weights and lengths in the computer (see attached growth charts).

What is Demarco's corrected age*?*

- Actual age in weeks (number of weeks since DOB) = 9
- Actual age 9 - number of weeks preterm 6 = 3 weeks Corrected age

What is the purpose of using corrected age when assessing a premature infant?

When measuring an infant's development, it is helpful to consider what is appropriate behavior and development for an infant of that particular age.
Corrected age helps to determine where he/she should be developmentally.
When babies are born early, their brain and the rest of their neurological system has not developed or matured to the same degree as a baby born full term. We cannot expect premature infants to behave and be able to achieve developmental milestones in the same way that a full-term infant would.

NEW YORK STATE DEPARTMENT OF HEALTH
WIC Program

WIC Medical Referral Form

This form **may** be used to refer patients to the WIC Program and to communicate changes in patient health information. The information provided on this form will be used by a WIC nutritionist to determine nutrition care and provide nutrition counseling.

A separate form is required for each patient. Sections B, C and D must be completed by a health care provider. See reverse side for additional instructions.

WIC OFFICE USE

WIC ID

WIC LOCAL AGENCY STAMP

A. Patient Information

Patient Name Damarco Johnson Date of Birth __/__/__ Sex M

Street Address _____ Apt. No. _____

City _____ State _____ ZIP _____ Phone (_____) _____

Preferred Language(s) _____ Parent/Guardian Name Jayla Johnson

B. Patient Medical Information *Health Care Provider: Please complete the section that is appropriate for the above named patient.*

☐ **WOMAN**

Current Height _____ in
Current Weight _____ lbs _____ oz
Date Taken __/__/__

HGB _____ g/dL *or* HCT _____ %
Date Taken __/__/__

Number of Previous Pregnancies _____
Number of Previous Deliveries _____
Date Prenatal Care Began __/__/__

☐ **If Pregnant:**
Estimated Date of Delivery __/__/__
Number of Fetuses _____
Pre-pregnancy Weight _____ lbs _____ oz

☐ **If Postpartum:**
Delivery/Termination Date __/__/__
Total Gestational Weight Gain _____ lbs _____ oz

☒ **INFANT OR CHILD UP TO 24 MONTHS**

Birth Length _____ in *or* 40 cm
Birth Weight _____ lbs _____ oz *or* 1.42kg
Weeks Gestation 31

Current Length _____ in *or* 43 cm
☐ Standing ☒ Recumbent (<2 Years)
Date Taken __/__/__

Current Weight _____ lbs _____ oz *or* 2.3kg
Date Taken __/__/__

HGB _____ g/dL *or* HCT _____ %
Date Taken __/__/__

Venous Lead _____ µg/dL
Date Taken __/__/__
☐ Not Available

Immunizations Up to Date?
☐ Yes ☐ No ☐ Not Available

☐ **CHILD 2 TO 5 YEARS**

Height/Length _____ in *or* _____ cm
☐ Standing ☐ Recumbent (If Unable to Stand)
Date Taken __/__/__

Weight _____ lbs _____ oz *or* _____ kg
Date Taken __/__/__

HGB _____ g/dL *or* HCT _____ %
Date Taken __/__/__

Venous Lead _____ µg/dL
Date Taken __/__/__
☐ Not Available

Immunizations Up to Date?
☐ Yes ☐ No ☐ Not Available

C. Specific Medical Diagnosis or Nutrition/Health Concerns

premature, VLBW, SGA

D. Health Care Provider Information

Provider Name (Print) Benjamen Sears
Provider Signature Benjamen Sears Date __/__/__
Street Address 123 South Ave, Suite 300
City New York State NY ZIP 10018
Phone (212) 555-1111 Fax (212) 555-2222

OFFICE STAMP

E. Release of Information

I authorize Dr. Sears (Health Care Provider) to release the information above to the WIC Program, and I authorize the WIC Program to release information about me or my child to this health care provider for the purposes of coordinating my or my child's healthcare. If my child or I need to transfer to another WIC Program, I authorize the release of this information to the transferring WIC Program. All information is considered confidential.

Patient/Parent/Guardian Signature Jayla Johnson Date __/__/__

NEW YORK STATE DEPARTMENT OF HEALTH
Division of Nutrition

Medical Documentation for WIC Formula and Approved WIC Foods for Women, Infants and Children

WIC **Instructions: Providers, please complete sections A-D for ALL WIC participants to request formula and supplemental foods. The provision of formula/food is subject to WIC policies and procedures. (Detailed instructions and resources on back)**

WIC Stamp

A. PATIENT INFORMATION

Patient's Name: Demarco Johnson Date of Birth: / /

B. FORMULA

Formula Requested: NeuroPro EnFacare RTU Length of Use: ☐ 1 month ☒ 6 months ☐ _____ months
☐ 3 months ☐ 12 months

Prescribed Amount: 4-8 ounces/day

Special Instructions/Comments: _____

WIC Qualifying Medical Conditions:

☒ Premature Birth	☐ Metabolic Disorders	☒ Failure to Thrive *(Must meet at least one of the criteria on back)*	*Note: These non-specific symptoms/ conditions are not acceptable: dermatitis, formula/food intolerance, fussiness, gas, spitting up, constipation, diarrhea, vomiting, colic, or to enhance or manage body weight without an underlying medical condition.*
☒ Low Birth Weight	☐ Immune System Disorders	☐ Severe Food Allergies	
☐ GI Disorders	☐ Malabsorption Syndromes	☐ Other (Specify):	

C. WIC SUPPLEMENTAL FOODS (WIC does not provide supplemental foods to infants < 6 months old)

☐ YES ☒ NO I authorize qualified WIC staff to determine supplemental foods and amounts based on the patient's medical condition.

If NO, select ONE of the following options:

☐ No food restrictions; provide full amount of age-appropriate foods
☒ Infant <6 months; provide formula only
☐ Patient requires food restrictions based on medical condition (provider MUST complete the following):
- ☐ ≥ 6 months cannot tolerate solid food: provide formula only
- ☐ ≥ 12 months cannot tolerate solid food: provide jarred baby fruits & vegetables in lieu of fruit & vegetable voucher
- ☐ OMIT the following food(s) based on medical condition:

Infants (6-11 months):	☐ Infant Cereal	☐ Baby Food Fruits/Vegetables		☐ Fresh Fruits/Vegetables (9-11 months)	
Children (≥ 12 months) & Women:	☐ Peanut Butter	☐ Milk	☐ Whole Grains	☐ Cheese	☐ Yogurt
	☐ Cereal	☐ Canned Fish	☐ Vegetables/Fruits	☐ Beans	☐ Juice

D. HEALTH CARE PROVIDER INFORMATION (Contact information may be printed or stamped and must be legible)

Provider Stamp

Benjamin Sears
Provider's Signature

Date

123 South Ave, Suite 300
Street

New York, NY 10018
City, State, Zip Code

Benjamin Sears
Provider's Printed Name

212-555-1111
Telephone Number

212-555-2222
Fax Number

E. RELEASE OF INFORMATION

I authorize the above health care provider and NYS WIC agency staff to disclose/discuss information regarding feeding needs. This permission is good for the length of this certification. I understand that I may cancel this permission at any time by request to my health care provider and WIC. This release is not a condition of WIC eligibility.

Jayla Johnson
Participant/Parent/Caregiver Signature

Date

Jayla Johnson
Printed Name

F. WIC STAFF USE ONLY (WIC staff must complete section in its entirety and note comments/actions) ☐ Consent on file at WIC

Check box next to question if the answer is yes:
- ☐ Acceptable qualifying condition indicated?
- ☐ Formula consistent with qualifying condition?
- ☐ Amount and length appropriate?
- ☐ Med Doc Foods note written?

☐ Approved ☐ Disapproved ☐ Pending Pending Date & Initial _____

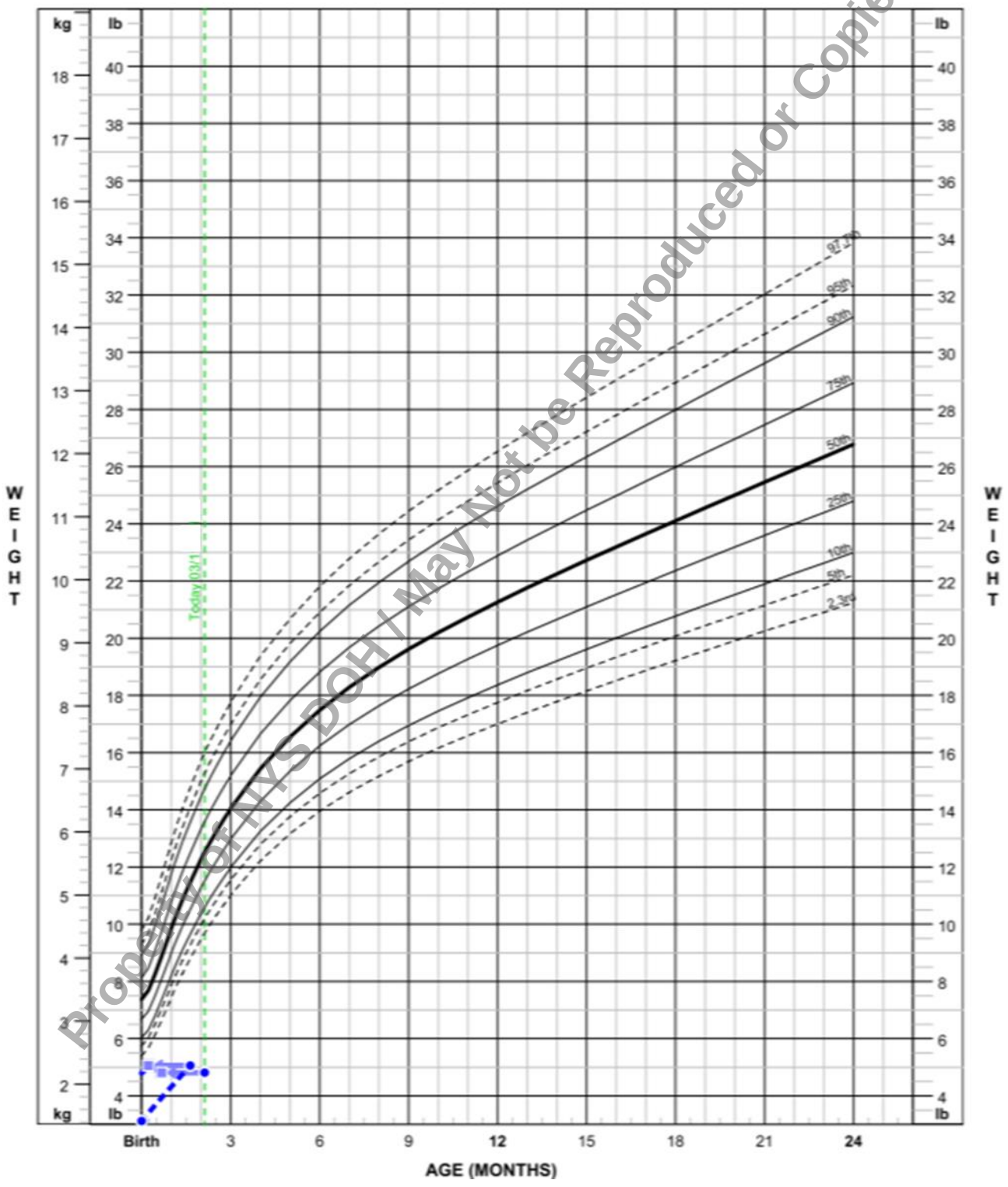
Signature: _____

Printed Name: _____ Date: _____

Comments: _____ WIC ID # _____

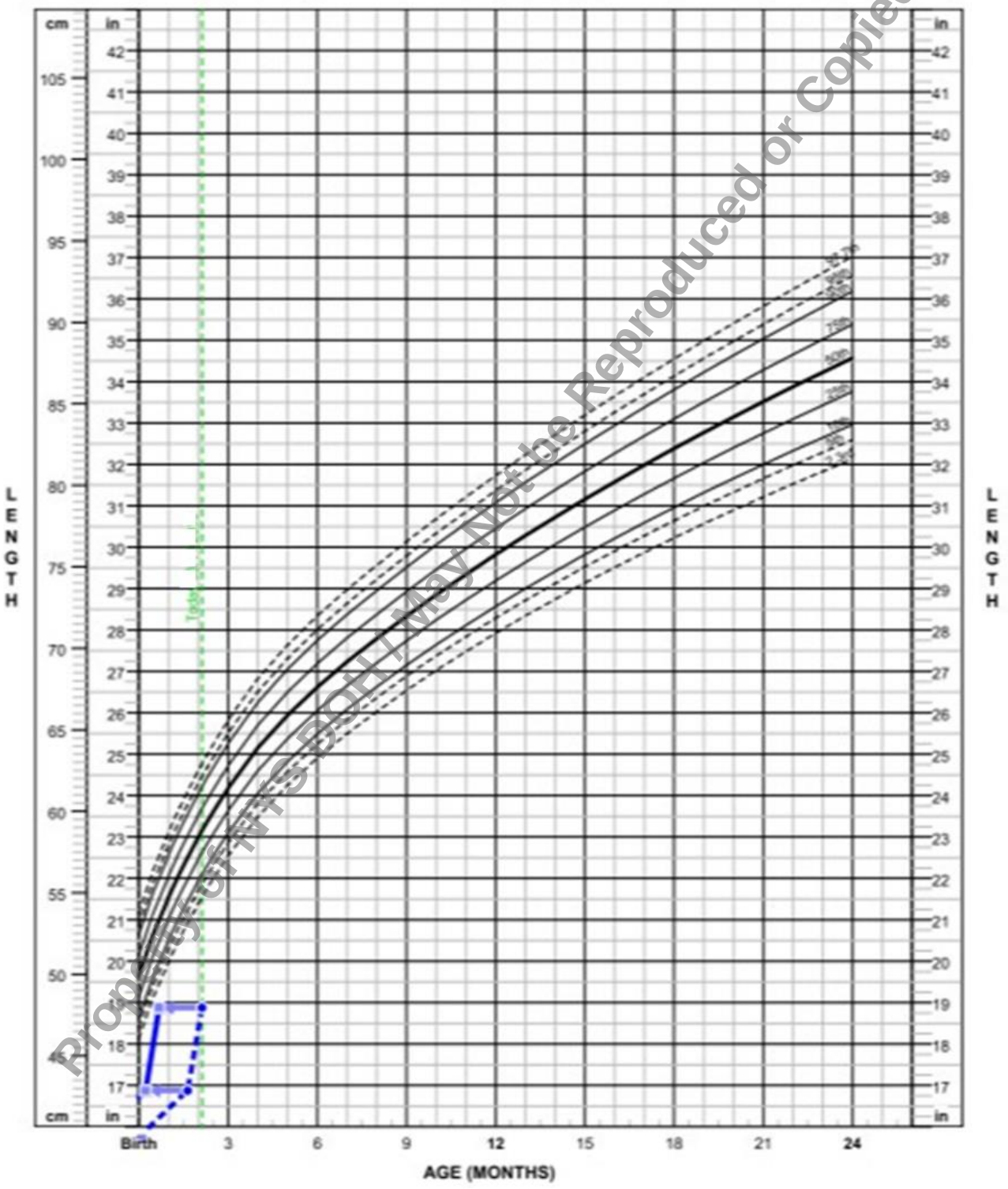
Identity	Surname	First name	Birth date	Gender
400115249	Johnson	Demarco		Male ♂

Weight-for-age percentiles, birth to 24 months



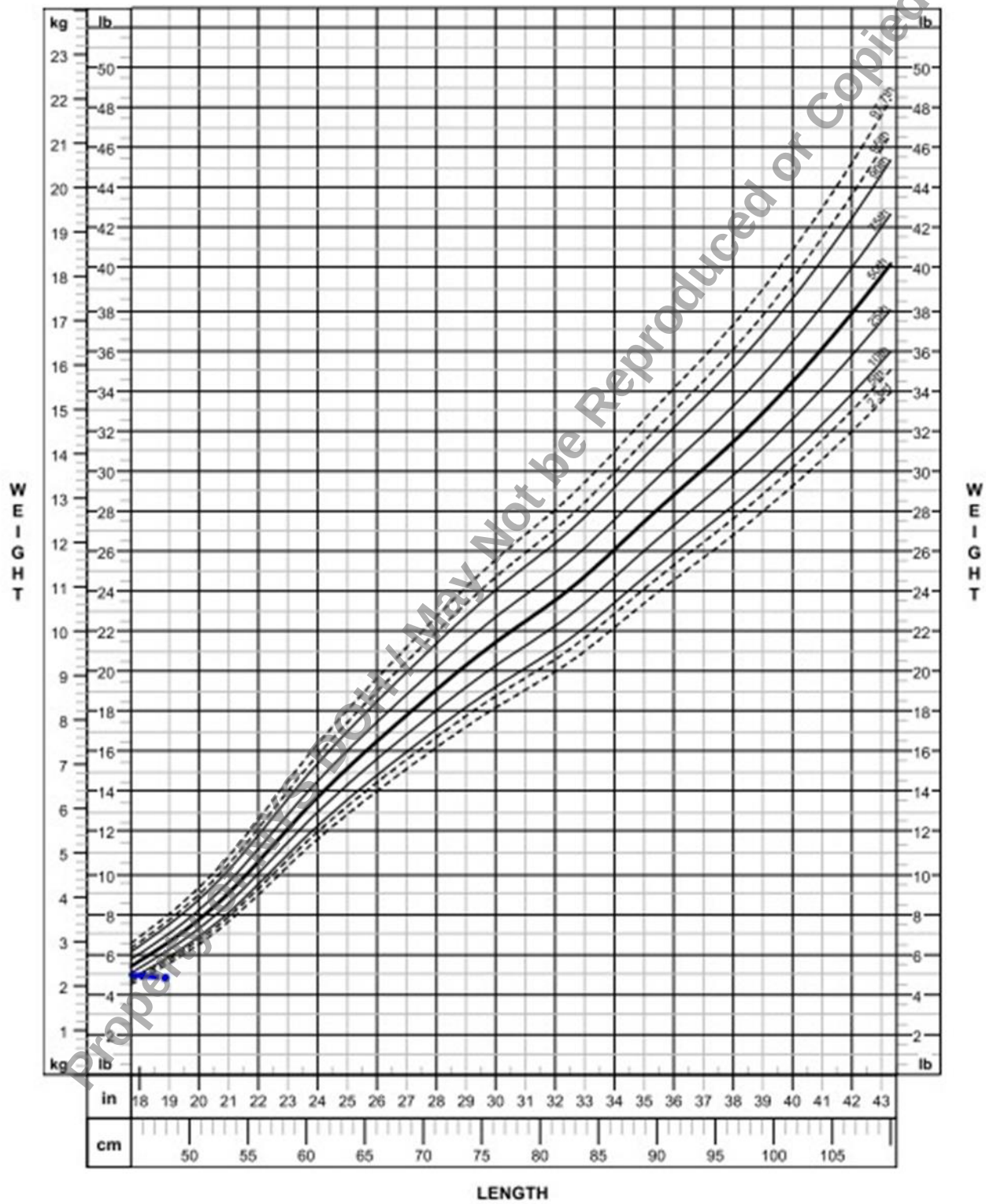
Identity	Surname	First name	Birth date	Gender
400115249	Johnson	Demarco		Male ♂

Length-for-age percentiles, birth to 24 months

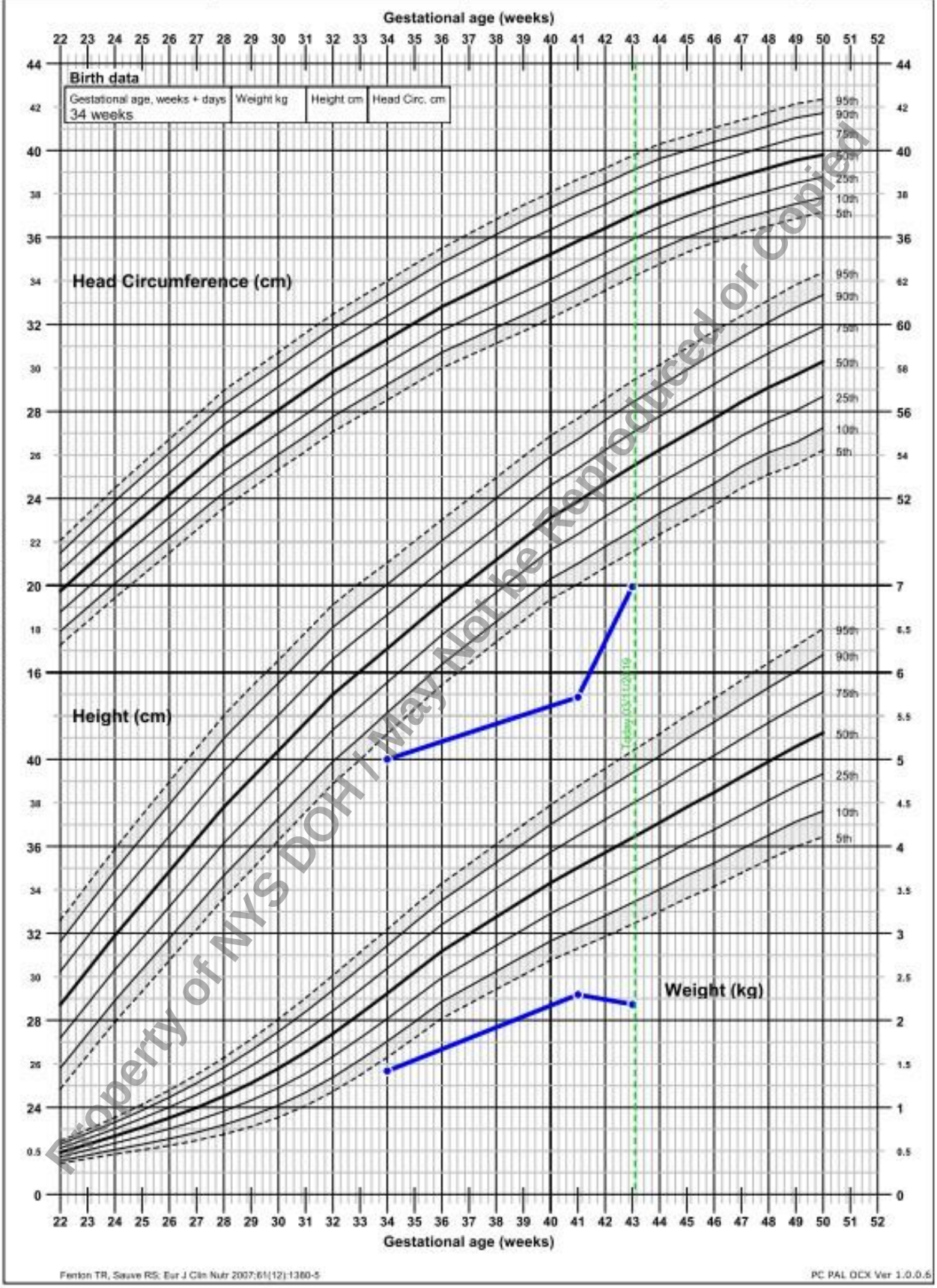


Identity	Surname	First name	Birth date	Gender
400115249	Johnson	Demarco		Male ♂

Weight-for-length percentiles, birth to 24 months



Identity	Surname	First name	Birth date	Gender
400115249	Johnson	Demarco	1/7/2019	Male ♂



Fenton TR, Sauve RS. Eur J Clin Nutr 2007;61(12):1380-5

PC PAL OCX Ver 1.0.0.6

Jayla and Demarco Case Study Questions

What is your assessment of Demarco's growth?

Weight percentile dropped from 3rd percentile at birth to off the chart. Growth is not in line with expected rate of growth. It is common for premature infants to go through a period of growth failure before they start to gain and grow in length[19]. Length/ stature is the last to catch up. He should be seen by his HCP ASAP.

How much weight did Demarco lose?

Demarco weighed 2.30 kg two weeks ago, and today weighs 2.18 kg. Demarco has lost .12 kg (4.233 oz.).

What are your concerns?

Overall development - Brain development, dehydration, GI issues, lung development, bone mineralization, breastfeeding not going well.

What risks can you identify? Is Demarco High Risk? Use Policy Supplement #1136 if needed.

- *103 Underweight or At Risk of Underweight (Infants and Children)*
- *141 Low Birth Weight and Very Low Birth Weight*
- *142 Preterm or Early Term Delivery*
- *151 Small for Gestational Age*
- *134 Failure to Thrive*
- *603 Breastfeeding Complications (difficulty latching, weak, ineffective suck)*

Demarco fits the failure-to-thrive diagnosis:

- *Weight consistently below the 3rd percentile for age-see Fenton Growth Chart*
- *Progressive fall- off in weight to below 3rd percentile-see Fenton Growth Chart*
- *A decrease in expected rate of growth-yes*
- *Weight less than 80% of ideal weight for height/weight- yes (see calculation in PowerPoint)*

What contributes to these risk factors?

His inability to latch = not enough food = lower breastmilk production
Premature birth

What would you like to know more about to properly assess Demarco? What questions would you like to ask Jayla?

What is stooling/dirty diapers like? How is Demarco acting (is he sleepy, inactive, fussy?)
What does he act like when he is hungry?
How frequently are your breastfeeding Demarco?
What are your breastfeeding goals?
Have your started NeuroPro EnfaCare yet? What has she been feeding the baby for the last two weeks?
When is the last time you spoke, or saw your pediatrician?

[19] Pediatric Nutrition Practice Group. Follow-up nutrition after discharge from the neonatal intensive care unit. American Dietetic Association; 2006: 1-15.

Talking About Risk

High Risk Care

Directions: Within your small group, answer the following questions to identify Jayla's concerns, link them to Demarco's nutrition risk(s), and bridge her concerns to the linking information.

1. What are Jayla's concerns?

2. How are Jayla's concerns related to Demarco's nutrition risk(s)?

3. Using OARS, develop a participant-centered statement to link Jayla's concerns with Demarco's high risk status.

Talking About Risk Answer Key

High Risk Care

Directions: Within your small group, answer the following questions to identify Jayla's concerns, link them to Demarco's nutrition risk(s), and bridge her concerns to the linking information.

1. **What are Jayla's concerns?**

   Jayla is concerned about Demarco's inability to latch and that he is not receiving the benefits of breastfeeding like bonding.

2. **How are Jayla's concerns related to Demarco's nutrition risk(s)?**

   No latching = No calories
   - *Demarco's inability to latch may result in him not receiving enough food leading to his being underweight for his age.*

   Demarco's nutrition risks:

- *103 Underweight or At Risk of Underweight (Infants and Children)*
- *141 Low Birth Weight and Very Low Birth Weight*
- *142 Preterm or Early Term Delivery*
- *151 Small for Gestational Age*
- *134 Failure to Thrive*
- *603 Breastfeeding Complications (difficulty latching, weak, ineffective suck)*

3. **Using OARS, develop a participant-centered statement to connect Jayla's concerns with the linking information.**

   It sounds like you really want to breastfeed. It's important for bonding as well as a way for Demarco to get the calories he needs to grow. Demarco's weight loss tells us that he needs more calories. How would you like to talk about ways to make sure Demarco gets all the calories he needs and figure out breastfeeding?

Pros and Cons

Directions: List the pros and cons of today's training. Write down what can be improved for Day 2 of the training.

Pros	Cons

What can be improved for Day 2 of the training?

1.

2.

3.

Behavior Change

1. Identify one behavior you want to change.

_____

_____

2. Identify one risk you face if this behavior is not changed.

_____

3. With your partner, brainstorm all the possible actions that can be taken to reduce the risk.

Actions	Level of Readiness to Implement (1-5)

Individual Care Plan 1 Documentation

Directions: Determine if the following care plan has been documented well. If not, indicate how it can be improved. Use the *Checklist for Individual Care Plan Documentation* as a reference.

Subjective

Marsha is concerned that landlord will not fix chipping paint.

Assessment/Plan

Child has high lead level. Goal: Marsha will improve food intake to help lower lead. Referred to local health department.

Follow-Up

Individual Care Plan 1 Documentation Answer Key

Directions: Determine if the following care plan has been properly documented. If not, indicate how it can be improved. Use the *Checklist for Individual Care Plan Documentation* as a reference.

Subjective

Marsha is concerned that landlord will not fix chipping paint. *(Answer: It is appropriate to document Marsha's concern in this section.)*

Assessment/Plan

Child has high lead level. Goal: Marsha will improve food intake to help lower lead. *(Answer: This is not a SMART goal.)* Referred to local health department. *(Answer: Referrals don't need to be documented here since they are documented elsewhere.)*

Follow-Up

Answer: It is correct that nothing is documented here since this is the initial visit.

Answer (applies to both Subjective and Assessment/Plan sections):

For continuity of care, you want more information that is not discussed elsewhere. To document:

- *What were the strengths?*
- *What was not discussed?*

In this case, add measures discussed, such as:

Watch for dust – clean home, or *Run cold water vs. hot*

Checklist for
Individual Care Plan Documentation

- Subjective
  - This section contains, as applicable:
    - ☐ Concerns, questions, facts, or opinions the participant, proxy, or caretaker verbally reports
    - ☐ The participant's description of their food habits, intake, appetite, food allergies, changes in weight, physical activity, feelings, and psychosocial information
    - ☐ Updates obtained on previously set goals for recertifying participants
  - This section does not contain:
    - ☐ A restatement of the participant's nutrition risks
    - ☐ Objective data, information captured elsewhere in NYWIC, or information that should be included in the Assessment/Plan, as outlined below
- Assessment/Plan
  - This section contains, as applicable:
    - ☐ Assessment of the participant's condition or growth pattern
    - ☐ Analysis/interpretation of the subjective and objective data, and conclusions drawn
    - ☐ Evaluation of food intake in meeting caloric/nutrient needs
    - ☐ Participant's stage of change
    - ☐ Nutrition diagnoses/PES statements
    - ☐ Information on care from other health care professionals and any plans to collaborate for continuity of care
    - ☐ Recommendations
    - ☐ SMART goals
    - ☐ Plan for follow-up care
  - This section does not contain:
    - ☐ Data captured elsewhere in NYWIC (unless necessary for continuity of care), such as nutrition education topics discussed or referrals provided
- Follow-Up
    - ☐ This section is not completed when the care plan is initiated. It is used to document follow-up visits.

Individual Care Plan 2:
Documentation for Demarco

Directions: Document your individual care plan for Demarco, including his SMART goal in the Assessment/Plan section.

Subjective

Assessment/Plan

Follow-Up

Change Talk: Can You Hear It?

Directions: The trainer will read the sentences below. Clap on table if you think that the statement includes change talk.

1. I've tried to quit smoking at least four or five times in the past few years but I always go back.
2. I joined Weight Watchers, but I haven't been able to follow it.
3. Everybody in my family eats salty food and none of them have any health problems.
4. What's the deal with McDonalds putting calories on the menu? Who cares, just give me my fries.
5. My doctor told me that I need to lower my salt intake, but food just taste too bland without it.
6. If my husband didn't eat so much red meat, it would be so much easier for me to stop.
7. Yesterday, I saw myself in the mirror and screamed, "My God, who is that person?" I need a diet.
8. I hate skinny people; they look so unhealthy, like they are fading away. That's not for me! Besides my "boo" likes a little meat on the bones.
9. I have been smoking since I was 11 and now that I am 24, I can still run the marathon and finish the race.
10. I'm scared. Every time I go to the doctor, he tells me that with high blood pressure, diabetes, and smoking, I am at high risk for a heart attack.

Adapted from Behavioral Interventions: Integrating the Tobacco Use Interventions into Chemical Dependence Services

Change Talk: Can You Hear It? Answer Key

Directions: The trainer will read the sentences below. Clap on table if you think that the statement includes change talk.

1. I've tried to quit smoking at least four or five times in the past few years but I always go back. **YES**

2. I joined Weight Watchers, but I haven't been able to follow it. **YES**

3. Everybody in my family eats salty food and nobody has health problems. **NO**

4. What's the deal with McDonalds putting calories on the menu? Who cares, just give me my fries. **NO**

5. My doctor told me that I need to lower my salt intake, but food just taste too bland without it. **YES**

6. If my husband didn't eat so much red meat, it would be so much easier for me to stop. **YES**

7. Yesterday, I saw myself in the mirror and screamed, "My God, who is that person?" I need a diet. **YES**

8. I hate skinny people; they look so unhealthy, like they are fading away. That's not for me! Besides my "boo" likes a little meat on the bones. **NO**

9. I have been smoking since I was 11 and now that I am 24, I can still run the marathon and finish the race. **NO**

10. I'm scared. Every time I go to the doctor, he tells me that with high blood pressure, diabetes, and smoking, I am at high risk for a heart attack. **YES**

Adapted from Behavioral Interventions: Integrating the Tobacco Use Interventions into Chemical Dependence Services

Evoke Change Talk

Directions: Using your OARS skills, give a response that will evoke more change talk

1. I've tried to quit smoking at least four or five times in the past few years but I always go back.

2. I joined Weight Watchers, but I haven't been able to follow it.

3. I know I should stop eating salt, but I love well-seasoned food.

Evoke Change Talk – Answer Key

Directions: Using your OARS skills, give a response that will evoke more change talk

1. I've tried to quit smoking at least four or five times in the past few years but I always go back.

   Tell me more about the last time you tried to quit.
   What inspired you to try to quit?

2. I joined Weight Watchers, but I haven't been able to follow it.

   What about Weight Watchers do you like?
   What made you decide to join?

3. I know I should stop eating salt, but I love well-seasoned food.

   Tell me about the types of flavors you love.
   How do you like to season your food?

Role Play Skills Practice – Case Study 1 QN/CPA

Directions:

Use the information below to practice the role of the QN/CPA and work with your high risk participant Darla and her caregiver, Sylvia. As applicable, practice as many of the following skills as possible during your session:

- Identify the high risk concern(s) for participant(s) and the parent/caretaker's concern(s)
- Transition from the assessment to counseling by linking the concerns that Sylvia brought up during the assessment and your HR message (this was practiced as a 'linking statement,' on day one).
- Support Sylvia in setting a SMART goal.
- Provide education as needed to support key steps.
- Use OARS skills while being participant centered.
- Avoid problem-solving or identifying action steps/SMART goal(s) **for** Sylvia.

QN/CPA Information:

Sylvia is a mother with a 3-year old child named Darla. Darla has been enrolled in WIC since infancy and is here for recertification. Darla's record indicates that she drinks a lot of whole milk and juice. Darla's hemoglobin was low the last time it was taken 6 months ago. During the assessment, Sylvia was interested in learning more about tips to help Darla gain weight. She thinks Darla is too thin due to her picky eating. Sylvia also has limited time to cook healthier meals. She also stated her concern about Darla not having enough opportunities for exercise. Darla is on her tablet quite a bit.

The following information was presented today on the WIC Medical Referral Form:

- BMI: 73rd percentile
- Hemoglobin: 9.0 g/dl

Role Play Skills Practice – Case Study 1 Participant

Directions:
Use the participant description to inform your role play of the participant Sylvia.

Participant Information:
Your name is Sylvia and you've been hearing about Darla's (3 years old) low iron levels for a while. Her pediatrician and WIC have talked about different foods, but Darla will only eat a few things (e.g., chicken fingers, fries, juice). You've looked at vitamins, but they are an added expense that you really can't afford. You're giving her lots of whole milk to keep her strong. You figure that one day, Darla will hopefully eat a variety of food. You are more interested in talking about Darla's weight. You think she needs to get more "meat on her bones" as everyone in your family is full-bodied. You don't have time to cook healthy meals because of your busy schedule so you just make what's "easy" and available. You also shared your concern about the amount of time Darla is on your tablet because there are few opportunities for exercise.

Observer Sheet

Directions: Observe the nutritionist and participant's interaction and record the following actions/strategies that you see in the interactions along with any comments:

Counseling Actions:

- ☐ Identified high risk concern(s) for participant(s) and the parent/caretaker's concern(s).
- ☐ Transitioned from assessment to counseling by linking parent/caretakers concerns and HR message (this was practiced as a 'linking statement,' on day one).
- ☐ Supported the parent/caretaker in setting SMART goal.
- ☐ Provided education as needed to support key steps.
- ☐ Avoided problem-solving or identifying action steps/SMART goals **for** parent/caretaker.

Communication and Non-Verbal Strategies (OARS):

- ☐ Asked a mix of open-ended, closed and probing questions
- ☐ Used reflective listening to repeat what participant said
- ☐ Summarized and demonstrated an understanding of participant's concerns
- ☐ Acted respectful, non-judgmental, polite, positive and friendly

Comments:

Role Play Skills Practice – Case Study 2 QN/CPA

Directions:

Use the information below to practice the role of the QN/CPA and work with your high risk participant Isabella. As applicable, practice as many of the following skills as possible during your session:

- Identify the high risk concern(s) for participant(s) and the parent/caretaker's concern(s)
- Transition from the assessment to counseling by linking the concerns that Isabella brought up during the assessment and your HR message (this was practiced as a 'linking statement,' on day one).
- Support Isabella in setting a SMART goal.
- Provide education as needed to support key steps.
- Use OARS skills while being participant centered.
- Avoid problem-solving or identifying action steps/SMART goal(s) **for** Isabella.

QN/CPA Information:

Isabella is a prenatal woman here for an initial certification. She was previously enrolled in WIC with her daughter Tara, who has recently turned five. Isabella's record indicates that she had a history of hypertension and gestational diabetes. During the assessment, Isabella expressed interest in breastfeeding this time since she didn't breastfeed Tara. She has been particularly tired this pregnancy but since she is so busy with Tara, she feels it's normal pregnancy tiredness.

The following information is provided on the WIC Medical Referral Form:

- Current Weight: 256 lbs.
- Pre-pregnancy Weight: 242 lbs.
- Hgb: 10.5 g/dL

Her current BMI is 41.3.

Role Play Skills Practice – Case Study 2 Participant

Directions:
Use the participant description to inform your role play of the participant Isabella.

Participant Information:
Your name is Isabella. You are 8 weeks pregnant and have a five-year-old daughter, Tara. You've always wanted children and are very excited to have another child. This pregnancy has been particularly difficult though because you're often tired and have no energy at all. You think that's probably normal since you have an active 5-year-old. You had gestational diabetes when pregnant with Tara and have had high blood pressure for as long as you can remember. Like most of your family members, you are a larger woman.

You are very interested in talking about breastfeeding since you didn't get to breastfeed Tara. You feel ready for it now and even willing to speak with a breastfeeding peer, if available. Between work and caring for Tara, you have little time or interest in cooking. Prepared meals like soups and frozen dinners are convenient, fast, and Tara likes them. Having dinner in front of the TV with Tara is a way to get a break and have your nightly ice cream together.

Role Play Skills Practice – Case Study 3 QN/CPA

Directions:

Use the information below to practice the role of the QN/CPA and work with your high risk participant Tony and his caregiver, Sara. As applicable, practice as many of the following skills as possible during your session:

- Identify the high risk concern(s) for participant(s) and the parent/caretaker's concern(s)
- Transition from the assessment to counseling by linking the concerns that Sara brought up during the assessment and your HR message (this was practiced as a 'linking statement,' on day one).
- Support Sara in setting a SMART goal.
- Provide education as needed to support key steps.
- Use OARS skills while being participant centered.
- Avoid problem-solving or identifying action steps/SMART goal(s) **for** Sara.

QN/CPA Information:

Sara is a mother who comes to WIC for a nutrition education appointment for Tony, her two-year-old (33 months) son. Tony was born post-term (42 weeks and 3 days) at 10lbs, 6 ounces. During the first year of life, his weight-for-age progressed steadily at the 90th percentile. By his second birthday, Tony's growth started to rise above the 90th percentile. Today, he appears to be continuing the upward growth trend.

Both Sara and her husband Bobby are obese. During the assessment, Sara seemed not to be interested or concerned about her son's weight. She was a bit offended that the doctor called them "obese" and thought it was normal that he has a healthy appetite like his parents. Sara mentioned her interest in screen time for toddlers.

At nutrition education appointment:

- Weight: 45 lbs.
- Height: 37 inches

3 months prior:

- Weight: 42 lbs.
- Height: 36.5 inches

Role Play Skills Practice – Case Study 3 Participant

Directions:
Use the participant description to inform your role play of the participant Sara.

Participant Information:
Your name is Sara and you are the mother of Tony, a two-year-old boy (33 months), who arrives at WIC for a nutrition education appointment. Tony was born post-term (42 weeks and 3 days) at 10lbs 6 ounces. Since he was born a big boy, doctors have commented about his size because he is still at the top of the growth charts.

Both you and your husband Bobby recently learned from the doctor that you qualify as "obese" but that seemed like an exaggeration—there are lots of people bigger than both of you. It's only normal for Tony to have a healthy appetite like his mom and dad. Lately you've been interested about screen time for toddlers. You just heard something on the news and want more information since Tony loves his TV time.

Materials for Trainee Folder

High Risk Care

Day 1 at-a-Glance

9:00 AM – 4:30 PM

Activity
Welcome, Introductions, and Icebreaker
Cash Register
15-Minute Break
Quick vs. Slow
Participant-Centered Nutrition Assessment (PCNA)
60-Minute Lunch
PCNA Skills Practice
A Key to More Information
15-Minute Break
Providing Targeted Information
Wrap-Up, Pros and Cons

HIGH RISK CARE

DAY 2 AT-A-GLANCE

9:00 AM – 4:30 PM

Activity
Welcome Back and Review of Pros and Cons
Set the Stage for Success: Identifying Actions
High Risk Care Options
15-Minute Break
Creating SMART Goals
Building a Plan Together: SMART Goals
60-Minute Lunch
Documenting Individual Care Plans
Documentation Practice
Change Talk
15-Minute Break
Role Play: Skills Practice
Wrap Up and Closing

Guidance for Documenting Individual Care Plans in NYWIC

Per WPM 1216 High Risk Care, participants who meet high risk criteria must be assessed by the Qualified Nutritionist (QN) to determine if a care plan is warranted. In NYWIC, high risk care plans must be initiated by the QN using the note type "Individual Care Plan" in the Care Plan screen. This Individual Care Plan may also be used for non-high risk participants when desired/warranted by the Competent Professional Authority (CPA)/QN.

- On the Nutrition Risk screen in NYWIC, there is a checkbox labeled Manually Assigned High Risk. In occasional situations, the QN may check this box to assign high risk status to a participant that does not have any designated high risks, but has several significant risk factors, or issues that the QN recommends following as high risk.
    - If a CPA recommends a participant be manually assigned a high risk status, they follow their local agency process to refer the participant to the QN. After the QN assesses the participant and deems high risk care appropriate, the QN checks the Manually Assigned High Risk checkbox and initiates an Individual Care Plan.

Best practice is for high risk participants to have only one Individual Care Plan for the certification period. This will keep documentation for each visit streamlined, and in one place. The QN/CPA uses professional judgment to end a care plan during the certification period, and/or initiate a new care plan (QN only), based on the number of risk criteria, and the participants needs and concerns.

- For participants who have high risks that carry over to a new certification, a new Individual Care Plan must be initiated, to allow for new subjective information, and an updated assessment/plan of care to be documented. The Individual Care Plan from the previous certification must be ended by documenting a note in the Follow-Up section stating that a new care plan was initiated for the new certification period.

When a participant is high risk, the heart in the toolbar at the top of the screen in NYWIC will display red. The heart will remain red even after an Individual Care Plan has been ended because the high risk remains active throughout the certification period. Once a participant's Individual Care Plan has been ended, the QN/CPA continue documenting notes in other appropriate NYWIC screens, such as Nutrition Education, Breastfeeding, or General notes.

- In instances when a participant declines high risk care and/or is not interested in setting goals the QN must still initiate an Individual Care Plan in NYWIC and indicate in the Assessment/Plan section that the plan is not desired/needed. At subsequent appointments the CPA/QN documents in applicable NYWIC note types other than the Individual Care Plan.

Individual Care Plan Formatting

The NYWIC format for care plans is a modified SOAP note, including the following sections: subjective, assessment/plan, and follow-up. There is no objective section, as required objective data (age, height, weight, hemoglobin values, medical history, etc.) is captured within respective NYWIC screens.
Some WIC staff may be most familiar with following the Nutrition Care Process (NCP) and documenting using PES (Problem, Etiology, Signs and Symptoms) statements. This model may also be incorporated into a NYWIC Individual Care Plan, if desired and agreed upon within the local agency.
The Individual Care Plan should include concise, brief statements of information listed below, as applicable. There is no required length of an Individual Care Plan. However, there should be as much information included as is needed for continuity of care by other nutrition staff at the participant's next appointment(s).

Subjective – Completed by the QN. Includes information and details the participant/proxy/caretaker verbally states, reports, and claims directly to you, including their priorities, concerns, and information observed including:

- Participant's description of food habits, appetite, food intake, food allergies, changes in weight, physical activity, feelings, and psychosocial information.
- Concerns, questions, facts or opinions relayed by the participant.
- At a recertification appointment, this section may include information on a participant's previous goals set during the prior certification.

The Subjective section should not solely be a restatement of the participant's nutrition risks.

Assessment/Plan – Completed by the QN. Includes the assessment of the participant's condition or growth pattern, nutrition diagnosis (if applicable), and plan for follow-up care including:

- Analysis or interpretation of the subjective and objective data (found throughout NYWIC screens) that results in conclusions about the participant's nutritional status and nutrition risk.
- Evaluation of food intake in meeting caloric/nutrient needs.
- Evaluation of nutrition-related issues, laboratory values, and anthropometry concerns.
- Professional opinions about the participant's attitude, interest level, stage of change, likelihood of following recommendations, etc.
- Information regarding care the participant is receiving from other health care providers and plans to collaborate for continuity of care.
- Recommendations based on assessment including specific written instructions and education plans.
- SMART goals to achieve behavioral objectives, including how goals will be accomplished and realistic time frames.
- Additional data such as plans to recheck anthropometric or laboratory values should be noted.
- Materials such as nutrition education handouts and referral contacts provided to the participant which are documented within other NYWIC screens should not be repeated within the care plan unless vital to capturing important data for continuity of care.
- PES statements may be included along with any relevant supporting information collected during the assessment.

Please note: The Subjective and Assessment/Plan sections can only be completed on the day the Individual Care Plan is created. These sections are then locked after day 1 and can no longer be edited.

Follow-Up – Completed by the QN or CPA. Includes progress updates to participant's needs identified throughout the Subjective and Assessment/Plan sections of the care plan. This section must be updated at each visit for high risk participants to indicate progress toward goals, and to follow-up on referrals.

- Completed at visits <u>after</u> the Individual Care Plan was initiated, and at each visit afterward (until a care plan is no longer needed).
- To include monitoring and/or modifying any goals established with the participant/caretaker.
- When working with a proxy, staff should still write a follow-up note that they talked with the proxy and whether or not they have any updates on the participant's progress.
- Once an Individual Care Plan is determined to no longer be needed/warranted and/or the care plan no longer applies during the certification period, the QN/CPA must document within this section that the Individual Care Plan was ended, including a reason for it ending.

Please note: The Follow-Up section must be used at each appointment (after day 1) to document high risk care for participants. All further documentation for the certification period is placed within the Follow-Up section. This is the only section of the Individual Care Plan that may be edited after day 1. If additional issues arise that are unrelated to the Individual Care Plan such as income clarification, staff may use professional judgement to document that information within another note type such as a General Note, however, the Follow-Up section is the primary documentation source for those participants with high risks.

Samples of NYWIC Individual Care Plan Note

<u>Note for 3-year-old child (Colin) with *High Risk #113 Obese Children 2-5 Years of Age*</u>

Subjective

Colin's wt is a concern for mom (Karen) and HCP. Karen states he loves to eat snacks (goldfish, cookies, crackers) and she is trying to give him more F&V at snacks (likes apples, carrots, berries, and cucumbers). Grandma watches him in the afternoon and gives "lots" of juice. Karen is encouraging water instead of juice.

Assessment/Plan

BMI is above 95th%. Reviewed and printed growth chart with Karen. Affirmed making healthy eating changes for Colin. Encouraged Karen to show printed growth chart to Grandma. Discussed options for more physical activity (play outside, indoor play areas). Karen is interested and ready to make changes. Goal 1: decrease juice intake to only give 1 cup at breakfast and 1 cup at snack. Goal 2: offer favorite F&V at snacks. Obtain new wt and review growth chart at next appt.

Follow Up (at next appointment)
Family implemented healthy changes, and Colin's wt remained the same since last appointment. He also grew a ½ inch. Reviewed growth chart, BMI now at 90th%. Affirmed Karen on making positive changes. Reviewed MyPlate concepts and portion control. Karen and Grandma happy with changes they have made. Plan to continue current goals.

Note for Pregnant Woman (Aria) with *High Risk #201 Low Hematocrit/Low Hemoglobin*
Subjective
Aria states she often forgets to take her prenatal vitamin, only takes it about 3x per week. States her appetite has been poor and has only been eating 2 meals/day mostly consisting of peanut butter and jelly sandwiches on white bread, potato chips, whole milk, and a banana or grapes. Does not report eating many vegetables or meats. Aria also shared concern that she is tired all the time and sometimes feels dizzy.

Assessment/Plan (*example with PES statement included*)
Inadequate iron intake r/t poor appetite, limited acceptance of high iron foods, forgetting to take prenatal vitamin AEB Hgb of 9.6 and reports of tiredness and dizziness. Discussed importance of taking prenatal vitamin daily. Also talked about high iron foods, gave handout. Goal 1: Aria will set a reminder on her phone to take prenatal vitamin daily for the remainder of pregnancy. Goal 2: Aria will eat one high iron food from handout at each meal until next appt. Will recheck Hgb at next appt.

Follow Up (at next appointment)
Hgb 10.5 today. Aria has been taking her prenatal vitamin each day. Tiredness has improved. Still working on eating more high iron foods. Did switch to whole wheat bread but still does not like many meats besides chicken. Affirmed progress made with her goals. Talked about meat alternatives such as beans. Gave recipes for Aria to try. Will continue taking prenatal vitamin daily. Continues to work on goal of eating more high iron foods. F/U at next appt.

Note for 1-month-old infant (Malachi) with *High Risk #103 Underweight*
Subjective
Per Mom (Jasmine), Malachi is BF 3x a day, supplementing with Enfamil Infant 4oz 2x/day. HCP is monitoring wt weekly. Jasmine wants to BF more if possible to help get Malachi's weight up.

Assessment/Plan
Wt below 2nd %. Discussed growth chart, correct formula preparation, BF on demand, and appropriate infant feeding amounts. Left message for HCP office while Jasmine present regarding best plan for formula recommendations. Encouraged Jasmine to check back with HCP at next weekly appt and advise WIC if any changes are needed. Suggested Jasmine meet with BFC to help meet BF goals. Goal: Increase BF to 5x/day to get Malachi's wt up. Recheck wt at next appt.

Follow Up (at next appointment)
Wt increased to above 10th % since last appt. Jasmine and HCP happy with wt gain. Jasmine is BF Malachi on demand, about 8x/day. HCP will also continue to monitor wt at appts. Formula supplementation is no longer needed per HCP. Mom working with PC as needed. F/U at next appt in 2 mos.

Note for postpartum woman (Maria) with *High Risk* #343 Diabetes Mellitus – Care Plan Not Needed
Subjective
Maria was dx with DM 3 years ago. Has been following HCP recommended eating plan and taking meds as prescribed. Blood glucose levels have been stable.

Assessment/Plan
Maria did not want to set any goals, has been managing DM with her HCP. Care Plan not needed.

Note for 4-year-old child (Joseph) with *High Risk #113* Obese Children 2-5 Years of Age - Not Ready to Set Goal
Subjective
Joseph's BMI is above the 95th%. Mom (Beth) is not concerned about his wt and stated HCP has not mentioned wt as a concern.

Assessment/Plan
Not ready to set goal. Will not open care plan at this time.

Sample Open-Ended Nutrition Assessment Questions

These sample questions are meant to initiate conversations with participants that will capture answers to many of the nutrition assessment questions in NYWIC, based on their category. Use additional probing questions to obtain specific information, as needed. These questions are not to be used as a script during the assessment, but rather as examples that you can use to engage the participant in meaningful conversations. Choose the questions that you are comfortable with and practice with a peer or supervisor to develop your "own voice" and enhance your skills.

Breastfeeding (BF):
How have you been feeding the baby?
How is the baby doing with his/her feedings?
How did breastfeeding go in the hospital?
How is BF going now?
What does your baby eat/drink?
What caused you to stop breastfeeding?
How did you feel about stopping breastfeeding?
How are you thinking about feeding your baby?
How do you feel about BF?
What have you heard about BF?
Tell me about how BF went with your other children.
How would you feel about talking with another WIC mom who breastfed?
How is BF going?
Tell me about your BF experience.
Tell me about your typical day of BF?
What concerns do you have about breastfeeding?
How did your pregnancy go?
How did your birth go?
Tell me about your child's experience with breastfeeding.

Anthropometry:
How do you feel about your baby's/child's growth?
What has your child's doctor said about his/her growth
What has your doctor/midwife said about your weight gain for the pregnancy?
How do you feel about your weight?
What have you heard about weight gain and pregnancy?
How does your weight gain this pregnancy compare with previous pregnancies?

Obstetrical:
How is your pregnancy going?
How have you been feeling?
How have your doctor's appointments for the pregnancy been going?
What concerns do you have about your pregnancy?
Tell me about your past pregnancies.
What have you heard about how to have a healthy baby?
What did your doctor/midwife say at your last prenatal visit?

Substance Use:
Talk to me about alcohol, smoking, and drugs.
Tell me about how often you smoke.
How often are you/your child exposed to second hand smoke?
What have you heard about the effects of alcohol/ drugs on your unborn baby?
Tell me about how often you usually drink alcohol.
Tell me about any drugs that you use and how often.

Health:
Tell me about your child's immunizations.
Tell me about your overall health and how you are feeling.
What health or medical concerns do you have?
What has your doctor said about your health?
What medications do you take?
What vitamins or supplements do you take?
Tell me about your dental health.
How often do you see a dentist?
Tell me about your last dental visit.
What have you heard about depression during/after pregnancy?
What, if any, special diet(s) do you or your infant/child follow?

Nutrition:
How have you been eating?
Tell me about your appetite.
Tell me about your/your child's diet.
Tell me about what you/your child usually drink.
What are your favorite/most common foods?
Describe a typical meal/breakfast/lunch/dinner.
What types of fruits and vegetables do you like/enjoy? What have you heard about food safety for pregnant women/infants/children?
How does your baby/child feed himself?
How do you know when your baby is hungry/full?
How do you prepare your baby's bottles?
What questions/concerns do you have about your/your child's nutrition?
What does your child drink from?
What does your baby use to eat or drink?
Tell me about when your child takes a bottle.
What is mealtime like at home?

Physical Activity & Screen Time:
What activities does your child enjoy?
Tell me about how your family handles screen time.
What kind of activities do you and your family like to do?
Tell me about TV and computer use in your home?
What are some of your favorite physical activities?

NYS High Risk (HR) Criteria

The following table lists NYS High Risk criteria and applicable participant categories. High risks are also indicated throughout this supplement by an "X" in the High Risk (HR) column next to the applicable participant category and priority listed in the Category – [Priority] column. Throughout this supplement some risk definitions state that "Verification is recommended." This indicates that the CPA/QN should use professional judgement to consider obtaining additional confirmation from the participant's health care provider regarding the medical condition or issue, with the participant's permission.

USDA Risk #	High Risk Criteria	Participant Category					*VR
		Pregnant	Breastfeeding	Non-Breastfeeding	Infant	Child	
103	Underweight or At Risk of Becoming Underweight				X	X	
134	Failure to Thrive				X	X	X
135	Slowed/Faltering Growth Pattern				X		
141	Low Birth Weight and Very Low Birth Weight				X		
115	High Weight-for-Length				X	X	
113	Obese Children 2-5 Years of Age					X	
201	Low Hematocrit/Low Hemoglobin	X	X	X	X	X	
211	Elevated Blood Lead Levels	X	X	X	X	X	X
343	Diabetes Mellitus	X	X	X	X	X	X
345	Hypertension and Prehypertension	X	X	X			X
351	Inborn Errors of Metabolism (PKU only)	X	X	X	X	X	X
360	Other Medical Conditions (Cardio-respiratory/heart disease)				X	X	X
302	Gestational Diabetes	X					X
304	History of Preeclampsia	X					
383	Neonatal Abstinence Syndrome				X		

*VR: Verification Recommended

High Risk Nutrition Criteria

October 2019

USDA Risk #	NYWIC Description	Definition/Interpretation
103	Underweight or At Risk of Underweight (Infants and Children)	Underweight: Infant or Child less than 2 years old: weight for recumbent length less than or equal to the 2.3rd percentile. Data must be to date and < 60 days prior to cert. begin date to generate risk Child 2 to 5 years old: BMI less than or equal the 5th percentile. This parameter cannot be used for children 24-36 months with a recumbent length measurement, since only standing measurements may be used to plot on BMI and weight-for-stature growth charts. Data must be to date, < 60 days prior to cert. begin date and after the 2nd birthday to generate risk.
113	Obese (Children 2-5 Years)	Child 2 to 5 years old with BMI ≥ to the 95th percentile. Note: This parameter cannot be used for children 24-36 months with a recumbent length measurement, since only standing measurements may be used to plot on BMI and weight-for-stature growth charts. Data must be to date < 60 days prior to cert. begin date and after 2nd birthday to generate risk.
115	High Weight for Length	Infant or Child less than 2 years old with high weight for recumbent length ≥ to the 97.7th percentile. Data must be to date and < 60 days prior to cert. begin date to generate risk. Children between 12-23 months of age with this risk may qualify for the option of 1% or nonfat milk and/or fat-reduced yogurt issuance based on QN/CPA recommendation and parent/caretaker agreement.

134	Failure-to-Thrive	Failure-to-thrive (FTT) is usually defined as: • Weight consistently below the 3rd percentile for age; • Weight <80% of ideal body weight for height/age; • Progressive fall-off in weight to below the 3rd percentile; or • Decrease in expected rate of growth along the child's previously defined growth curve irrespective of its relationship to the 3rd percentile. • Steps to Determine Weight less than 80% of ideal weight for height/age (for children ≥2 years of age) if other FTT criteria do not apply: • Find current height for age on the stature-for-age chart. • If not on the 50th percentile, move to the right or left on the chart to the 50th percentile and note the corresponding age. • Use this age (height age) on the weight-for-age chart to obtain the ideal body weight at the 50th percentile. • Compare this weight to the current weight. • If the current weight is less than 80% of the ideal body weight/height age, the FTT criteria is met. • Steps to Determine Weight less than 80% of ideal weight for length/age (for infants/children <2 years of age) if other FTT criteria do not apply: • Find the weight at the 50th percentile for the current length on the weight-for-length chart. • Compare this weight to the current weight. • If the current weight is less than 80%, the FTT criteria is met. This condition results from physiological and/or psychosocial circumstances that adversely affect intake, absorption and/or utilization of food. **Verification is recommended.**
135	Slowed/Faltering Growth Pattern	This risk only applies to infants ≤ 6 months of age. Birth to 2 weeks of age: Excessive weight loss after birth: ≥ 7% of birth weight 2 weeks to 6 Months of age: Any weight loss, based on two weights taken at least 8 weeks apart.
141	Low Birth Weight and Very Low Birth Weight	**Very Low Birth Weight (VLBW):** Infant or child under 2 whose birth weight is less than 3 pounds 5 ounces or 1500 grams. **Low Birth Weight (LBW):** Infant or child under 2 whose birth weight is than 5 pounds 8 ounces or 2500 grams

<table>
<tr><td>201</td><td>Low Hematocrit/Low Hemoglobin</td><td>Anemia {Iron deficiency}, No Altitude Adjustment

Risk will be generated when the most recent hemoglobin value is ≤10.0g or hematocrit value is ≤31%, and the test date meets the criteria listed below for the participant’s category and age.

<table>
<tr><th>Category</th><th>Criteria</th></tr>
<tr><td>Infant <1 year old</td><td>Most recent Hgb or Hct</td></tr>
<tr><td>Child ≥1 and < 2 years old</td><td>Most recent Hgb or Hct ≥ first birthday</td></tr>
<tr><td>Child ≥ 2 years old</td><td>Most recent Hgb or Hct ≤ 180 days old</td></tr>
<tr><td>Pregnant</td><td>Most recent Hgb or Hct ≥ the most recent LMP</td></tr>
<tr><td>Breastfeeding/Non-Breastfeeding</td><td>Most recent Hgb or Hct ≥ most recent DOD</td></tr>
</table>
</td></tr>
<tr><td>211</td><td>Elevated Blood Lead Levels</td><td>Most recent blood lead level of >5 mcg/dL within the past 12 months. (Lead Poisoning). High Risk for all categories.

Verification is recommended.</td></tr>
<tr><td>302</td><td>Gestational Diabetes</td><td>Current pregnancy only.

Gestational diabetes mellitus (GDM) is defined as any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy.

Verification is recommended.</td></tr>
<tr><td>304</td><td>History of Preeclampsia</td><td>History of diagnosed preeclampsia.

Preeclampsia is defined as pregnancy-induced hypertension (>140mm Hg systolic or 90mm Hg diastolic) with proteinuria developing usually after the 20th week of gestation.</td></tr>
<tr><td>343</td><td>Diabetes Mellitus</td><td>A group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.

Verification is recommended.</td></tr>
</table>

345	Hypertension and Prehypertension	Hypertension, commonly referred to as high blood pressure, is defined as persistently high arterial blood pressure with systolic blood pressure above 140 mm Hg or diastolic blood pressure above 90 mm Hg. Prenatal women - hypertension that was present before pregnancy. Women with chronic hypertension are at risk for complications of pregnancy such as preeclampsia. For Pregnancy-Induced HTN, see next section.
345	Hypertension and Prehypertension	Pregnant women, current pregnancy only. Hypertension during pregnancy may lead to low birth weight, fetal growth restriction, and premature delivery, as well as maternal, fetal, and neonatal morbidity. Hypertensive disorders of pregnancy are categorized as: Chronic Hypertension: Hypertension that was present before pregnancy. (See USDA Risk #345 Hypertension and prehypertension HR). Preeclampsia: A pregnancy-specific syndrome observed after the 20th week of pregnancy with elevated blood pressure accompanied by significant proteinuria. Eclampsia: The occurrence of seizures, in a woman with preeclampsia that cannot be attributed to other causes. Preeclampsia superimposed upon chronic hypertension: Preeclampsia occurring in a woman with chronic hypertension. Gestational Hypertension: Blood pressure elevation detected for the first time after mid-pregnancy without proteinuria. The term “pregnancy-induced hypertension” includes gestational hypertension, preeclampsia and eclampsia. For more information about preeclampsia, please see USDA risk #304, History of Preeclampsia. **Verification is recommended.**

351	Inborn Errors of Metabolism (Phenylketonuria (PKU) only)	The presence of **Phenylketonuria** (PKU), which is the inability of the body to use the essential amino acid phenylalanine. Adhering to a strict diet is imperative to managing phenylalanine levels in the bloodstream, thus minimizing negative health outcomes. **Verification is recommended.**
360	Other Medical Conditions (Cardio-respiratory/ Heart Disease only)	**Congenital Heart Disease:** Heart disease or heart defects present at birth. The current condition or treatment for the condition must be severe enough to affect nutrition status. **Verification is recommended.**
383	Neonatal Abstinence Syndrome (NAS)	Neonatal abstinence syndrome (NAS) is a drug withdrawal syndrome that occurs among drug-exposed infants as a result of the mother's use of drugs during pregnancy. This condition must be present within the first 6 months of birth and diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by the infant's caregiver.

Based on WPM #1136 Supplement; Updated October 2019

Evaluation

Event ID:
Presentation Title: High Risk Care
Date:

In-Person Training Post-Evaluation Questions

To what extent do you agree or disagree with the following statements:

1. Please rate your opinion on how well this training met its stated objectives:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. Describe why critical thinking is essential and how to use critical thinking skills for assessing risks, needs, and concerns with high risk participants	1	2	3	4	5
b. Apply advanced level participant-centered skills while developing a care plan with high risk participants	1	2	3	4	5
c. Facilitate the development of SMART goals with high risk participants	1	2	3	4	5
d. Document Individual Care Plans and follow-up to ensure continuity of care	1	2	3	4	5

Please indicate to what extent you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The instructional materials were useful.	1	2	3	4	5
2. The training was engaging.	1	2	3	4	5
3. There was a good balance between lecture & activities.	1	2	3	4	5
4. I am satisfied with my level of participation during the training	1	2	3	4	5
5. If applicable, the training team worked well together.	1	2	3	4	5

Please indicate to what extent you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
6. I learned something new as a result of this training.	1	2	3	4	5
7. I will use what I learned from this training in my work.	1	2	3	4	5
8. I am confident in my ability to apply what I learned as a result of this training to my work.	1	2	3	4	5

9. **As a result of attending this presentation, I plan to:**

_____

_____

_____

10. ***Please indicate to what extent you agree or disagree with the following statements about each of today's trainer(s):***

Trainer 1:

	Disagree				Agree
a. I was satisfied with the trainer's knowledge of the subject matter.	1	2	3	4	5
b. The trainer presented the information clearly.	1	2	3	4	5
c. The trainer effectively addressed questions/concerns.	1	2	3	4	5

Trainer 2:

	Disagree				Agree
a. I was satisfied with the trainer's knowledge of the subject matter.	1	2	3	4	5
b. The trainer presented the information clearly.	1	2	3	4	5
c. The trainer effectively addressed questions/concerns.	1	2	3	4	5

11. **If you selected a 3 or below on any of the above items, please explain below:**

_____

_____

_____

12. **Please provide any additional comments below on today's training or list additional topics you would be interested in learning about or attending a training on in the future.**

_____

_____

_____