

Welcome to the Minnesota WIC Program Participant-Centered Webinar Series As you enter the room, please <u>mute</u> your phone

Please do not put the phone call on hold (we will all hear the music®) If your phone does not have a mute function, *6 will mute your phone

Karen Deehy, MS, RD Senior Associate





Welcome

Minnesota WIC Program Participant-Centered Webinar Series

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The Plan

- ▲ Topic area: Using Participant and Staff Feedback
- Why ask for feedback?
- ▲ Feedback from participants: – Tools, topics, uses
- ▲ Feedback from staff: – Tools, topics, uses

Asking for Feedback: Reasons

- Being participant-centered
- Program improvements
- Respond to changes
- Identifying barriers to participation
- Encouraging inclusion



Fearing the Feedback

Your most unhappy customers are your greatest source of learning. - Bill Gates





Program Shifts

- Big messages
 - Focus on weight vs behaviors
 - Tailoring the conversation
 - Options for nutrition education
 - Options for WIC appointments
 - Staff impact experience





Wide Range of Feedback Annually Bi-annually Quarterly As needed Rarely No-formal system; anecdotal



Ways to Collect Participant Feedback

- Surveys: paper, electronic, phone
- Participant Interviews
- Focus groups
- Listening sessions/town halls
- Feedback forms
- Suggestion/Feedback boxes







· Balance responses:

- How would you rate them in each of the following areas?
 Would you say it is Excellent, Very Good, Good, Fair or Poor?
 - − □ Excellent
 - − □ Very Good
 - \Box Good
 - 🗆 Fair
 - 🗆 Poor
 - 🗆 Don't Know / Unsure
- Ask only one question:
 - How was the class? Was the instructor knowledgeable?
 What could they have done differently?







PCS Counseling Style

INSTRUCTIONS

| | How was the nutritionist at | Circle One | | | |
|----|---|------------|------|------|------|
| 1. | Making you feel at ease (being friendly and warm; respectful; not cold or abrupt) | Excellent | Good | Fair | Poor |
| 2. | Letting you tell your "story" (giving you time to fully describe your situation in your own words; not interrupting or diverting you) | Excellent | Good | Fair | Poor |
| 3. | Really listening (paying close attention to what you were saying; not looking at the notes or computer as you were talking) | Excellent | Good | Fair | Poor |
| 4. | Being interested in you as a whole person (asking/knowing relevant details about your life/situation; not treating you as "just a number") | Excellent | Good | Fair | Poor |
| 5. | Fully understanding your concerns (communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything) | Excellent | Good | Fair | Poor |
| 6. | Showing care and compassion (seeming genuinely concerned, connecting with you on a human level; not being indifferent or "detached") | Excellent | Good | Fair | Poor |

| | ing positive | | | PCS Counseling Style | | | | | | | |
|----------|---|-----------|------|----------------------|----------------------|--|--|--|--|--|--|
| | aving a positive approach and a positive attitude; being nest but not negative about your problems) | Excellent | Good | Fair | Poor | | | | | | |
| (fu | plaining things clearly illy answering your questions; explaining clearly; giving you lequate information; not being vague) | Excellent | Good | Fair | Poor | | | | | | |
| (ex | elping you to take control (ploring with you what you can do to improve your diet or alth; encouraging rather than "lecturing" you) | Excellent | Good | Fair | Poor | | | | | | |
| | aking a plan of action with you iscussing the options; not ignoring your views) | Excellent | Good | Fair | Poor | | | | | | |
| olleague | ecklist is a modified version of the Consultation and Relational Emp es in the Departments of General Practice at Glasgow University an ERVICES TOOLKIT: Communication Skills Part II | | | by Dr. Stewar | t Mercer and Page | | | | | | |

| Interviews | | | | | | | | |
|---|----------------------------|--------------------------------|--|--|--|--|--|--|
| Pros and consExample of alternative question style | | | | | | | | |
| Always a problem | Sometimes a problem | Never a problem | | | | | | |
| Wait Time | Checking In | The Information I receive | | | | | | |
| Shopping | Scheduling appointments | The way I am treated | | | | | | |
| | Length of appointments | Talking to the Nutritionist | | | | | | |
| | | Paperwork | | | | | | |





Using Feedback from Participants

- Look for areas of opportunities to change to meet customer needs from open ended comments.
- discuss with staff @ staff meeting.
- Share with staff/team, what's going well? what's not? brainstorm what can be changed. compare information collected from previous surveys, identify trend; share the results with the state staff.
- Individually in peer reviews and training and in reports given to MDH and in quotes for program brochure.
- program changes or reinforcement that we are meeting needs of clients, to determine outcomes.



Feedback from Staff - Types

- Training needs; items to be included in staff meetings; process or overall quality improvement.
- What works, what doesn't work, change suggestions.
- Information on appointment times, documentation, policy needs.
- feedback on how meetings are run, challenges with nutrition ed, breastfeeding, PCS services, individual situations.



Feedback from Staff - How

- Verbally
 - Individually, group
- Surveys: paper, electronic
 - Formal, informal
 - Anonymous
- Open-door policy
- Focus groups, listening sessions
- Proxy: mentors, supervisors



Feedback from Staff - How

- Ask for feedback at staff meetings have an envelope for suggestions or topics for staff meetings; open door for staff to talk individually
- Participatory unit meeting where areas of concern are discusses and solutions are identified along with formal QI projects.
- We discuss many things at our monthly WIC meetings and if all in agreement to include something in our practice, we attempt to do so.



Types of Information to Collect

- Program ideas
- Management feedback
- Working environment
 - Areas of strengths and interests
- Areas training needed
- Feedback from participants

Tips for Surveys/Feedback Forms

- Anonymity
- Advertise in advance
- Give enough time/Timing
- Include everyone (skip patterns)
- Contextual follow-up questions
- Not too many
- Act on them





Using Staff Feedback

- Sometimes use it to make changes sometimes listen and evaluate what needs to be done.
- To try and make things easier for staff, more consistent charting.
- We do reflective practice with CPA's for an hour a month to discuss challenging situations/PCS with clients, suggest alternative ideas and do trainings.
- I believe we would use it to formulate a standard of care within our agency as well as offer some options in regard to how to handle different scenarios.
- To formulate approaches to services.







