
GETTING TO THE HEART OF THE MATTER: TRAINING OUTLINE

1. Greet staff in the clinic waiting room. Give each staff member an identity similar to WIC client. (Give new WIC identities to only two or three staff and ask them to share their feelings with the group.) Walk through the WIC clinic, stopping at different points and asking them how they feel. (Front door, signage, front desk, chair arrangement, way people are called for their appointment, etc) Provide selected feedback from ethnographic study about possible client perceptions. Ask how those feelings may impact assessment and nutrition conversations.

Objective: Staff will understand that the clinic setting, signage, client-staff interactions and casual connections impact dietary assessment and nutrition education.

2. Assemble all staff into conference room. Place metaphor images and/or animals on the table and ask staff to select an image (or animal) that represents how they feel about the current dietary assessment process. Sharing. Ask staff how they felt doing this activity and tell them that the new dietary assessment tools feature projective techniques and other tools designed to assess parental true perceptions, interests and concerns.

Objective: Experience new dietary assessment techniques

3. With staff assembled in the conference room, ask for a volunteer. (Someone who wants to have their hair cut in the near future.) Put haircutting cape on volunteer, and ask questions about their hair texture, length, hair care etc. (Questions will be phrased to be parallel with the current dietary assessment questions.) After carefully assess the volunteer's hair needs, and without asking for her hair concerns or interests, tell them you have decided what is best for their hair. Show PowerPoint picture of a Mohawk haircut.

Tell group that the assessing dietary patterns without also seeking parental concerns or interests first feels similar to this activity. Explain that the three parts of assessing diets include a professional assessment as well as seeking parental concerns and interests. (Like a three-leg stool.) The three need to be balanced. Ask: Why is this important? (People are more likely to act on a behavior if it is of concern or interest to them. People tend to resent or dislike people who identify problems in their lives, especially problems with their children. Because food and children are so personal and connected to parents, people tend to feel judged or evaluated when others identify changes they need to make. Effective behavior change agents follow the clients' lead, not their own. Etc)

Objectives:

- “See” and feel dietary assessment through the eyes of clients
- Understand why new techniques and approaches are needed

4. Present dietary assessment tools. I will ask an individual or groups of staff to do each of the assessments as they relate to their own lives (or children). After doing the assessment, the group will determine what dietary issues would be best to address and/or how to prioritize them. (This provides analysis experience and builds confidence that they will know how to apply the information gathered by the tool.) We will then ask them to complete a dietary assessment using the information gathered by each assessment tool.

Objective:

- Know how to use and analyze findings for new dietary assessment tools

Feel confident about their ability to use the new dietary assessment techniques

5. Discuss fitting the assessment into the clinic process, record keeping, questions, ME questions/concerns, etc. now. We will also address how we will stay connected as a change team and how barriers will be addressed and successes celebrated.
6. We will conclude the training day with celebrating their contributions to creating a new WIC. To make the changes personal, we will ask one or more of these questions to the WIC staff:
 - How will your work day be better if we can make this change?
 - How will you feel about your life and work if you can create a new WIC that makes moms want to come and celebrate their children with you?