

**Nevada WIC Program - Stage 4 HR Observations**

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| REVIEWER: | DATE: |
| AGENCY: | CLINIC: |

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| **Following Observations for RD/Nutritionists only** | | |
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| Staff Name and Job Position Training For |  |  |
| **H** or **H\*** Risk Codes Assigned and/or discussed |  |  |
| Participant Name and Family ID |  |  |
| **Category**: (circle) I C WP WBF WPP | **Appointment Type** (check one): New Certification  Re-Certification NE Contact CHA IHA HR | |
| **Invest in the Interaction** | **Score** | **Notes** |
| Reviewed previous comment notes, care plans, anthropometrics, and risk codes |  |  |
| * (When needed) Completed medical/nutrition research or review and gathered education or support materials deemed helpful for reference or potential education prior to appointment. |  |  |
| Greeted participant by name and introduce self |  |  |
| Explained purpose of the appointment |  |  |
| **Assessment** | **Score** | **Notes** |
| Appropriately interprets and discusses anthropometrics and/or bloodwork |  |  |
| Affirmed participant's knowledge / experiences |  |  |
| Asks, explores to get complete information |  |  |
| Reflects to convey understanding |  |  |
| Correctly identifies any new risk codes |  |  |
| Gets clarification on any missing information |  |  |
| **High Risk Nutrition Ed. and Counseling** | **Score** | **Notes** |
| Tailors discussion around participant’s needs and interests in the spirit of PCS |  |  |
| **Uses PCS, asks permission** |  |  |
| * Explores feelings and offers ideas |  |  |
| * Discusses HR codes in positive, helpful , non-biased manner |  |  |
| * Able to discuss sensitive risk topics without bias or judgement |  |  |
| * Counseling and education appropriate to cultural preferences, household situation, and understanding. |  |  |
| * Able to work with participants, properly assess readiness for change |  |  |
| * Asks and discusses next steps with participant |  |  |
| Correctly determine if follow-up HR appointment is needed |  |  |
| Appropriate resources provided and/or referrals were made (if applicable) |  |  |
| **Care Plan Completed in Full (see NE: 2)** | **Score** | **Notes** |
| **Subjective:** Information participant provides, their feelings and concerns   * Follow up on previous goals documented * Detailed information provided by participant in high-risk consult |  |  |  |  |
| **Objective:** data captured from Nutrition Interview   * Any additional information to provide further detail |  |  |
| **Assessment:** Risk codes auto and manually assigned from Nutrition Interview & Risk Panel   * Add additional information regarding specific risk codes or risk code discussion/changes |  |  |
| **Counseling/Plan:** Topics, pamphlets, and Referrals auto populate.   * **Goals:** Participant-identified next steps, goal(s)   \*1st must be nutrition/breastfeeding focused   * Facilitates goal setting; doesn’t dictate goal |  |  |
| **Counseling/Education:** Detailed summary of discussion and gathered information from Subjective, Objective, and Assessment sections.   * Included recommendations and counseling provided |  |  |
| **Plan:** Next steps, when next HR appt. should be scheduled or if care is returned to CPA(s)   * Make sure to clear HR risk code in risk panel if care is returned to CPA (no further HR appts.) |  |  |
| **Food Package and Issuance** | **Score** | **Notes** |
| Assessed need and approved any food package tailoring, including medical nutritional’s or special formula (if applicable) |  |  |
| Provided choices to tailor food package to participants needs up to level authorized. |  |  |

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| **Trainee’s Name** | **Staff position/title training for:** |
| How do you both feel the appointment went?  What areas do you both feel was done well?  What might trainee do different the next time? | |