COMPETENCY BASED MANAGEMENT CURRICULUM FRAMEWORK FOR
NUTRITION PROGRAM MANAGERS WORKING IN LOCAL WIC PROGRAMS IN THE
NORTHWEST GEORGIA PUBLIC HEATH DISTRICT 1-1

BY

Rhonda R. Tankersley

MPH, Emory University, 2011

BS, Berry College, 1992

A report submitted to the
Career Master of Public Health Program
The Rollins School of Public Health of Emory University
in partial fulfillment of the requirements of the degree of
Master of Public Health

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An abstract of
A Thesis submitted to the Faculty of the
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2011

Abstract

In Georgia, WIC is an important and central component of public health service, with more than 300,000 Georgians receiving benefits annually across 18 health districts and 159 local health departments.   In addition to being the largest public health program in the state with access to the large numbers of the population, the Georgia WIC Program is ranked nationally as the 5th largest WIC program in the nation.   With mounting job demands due to increasing performance measures and regulations, decreasing funds for staff pay, required staff training and increasing numbers of persons accessing the WIC program, a provision for training staff may be a difficult job for public health leaders who are forced to choose management staff based on seniority and educational credentials instead of expertise or skill in program management.

Currently there are limited training opportunities for Nutrition Program Managers in the Georgia WIC Program. There is no training relative to clinical or program management from the state level. Locally, there are some training opportunities; however, these trainings typically focus on clinical aspects of WIC. The goal of this project is to improve and increase the capacity of nutrition program managers in Northwest Georgia Public Health to manage local WIC programs. The purpose of the current project is to identify training and knowledge gaps in the performance of core management functions among Nutrition Program Managers who manage local WIC program in the Northwest Georgia Public Health District and to address these gaps through the creation of a competency based curriculum framework.

An expert panel of reviewers evaluated the curriculum framework planned content and methods based on adequacy and completeness of addressed competencies and objectives, appropriateness to adult learners, adequacy of planned in class time, formal and informal

competency attainment assessment, and knowledge application and discussion opportunities.

Reviewer comments and feedback indicate that competency definitions and objectives are well

addressed, methods and content are appropriate to adult learners, in class time is adequate, and

that there is opportunity for practice of new information. Based on expert review, modifications

which will be made to the curriculum framework include additional experiences to target the

kinesthetic learner and explicit identification of competency level of activities.

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Chapter 1: Introduction and Rationale

Public Health Core Functions

Public health is defined as the "art and science dealing with the protection and

improvement of community health by organized community effort and including preventive

medicine and sanitary and social science" (Merriam Webster). This definition though broad, is

the important beginning point at which the practice of public health is put into relevant context

through the identification of a framework outlining specific responsibilities of a public health

work force. The Ten Essential Services of Public Health were developed in 1994 by the Core

Public Health Functions Steering Committee and continues to guide activities vital to public

health practice to ensure public health at all levels (CDC, 2010).

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Although all of the core functions are "essential" for public health practice, the current

project solely emphasizes core function number eight which is "to assure a competent public and

personal health care workforce" (CDC, 2010). According to the National Public Health

Performance Standards Program, this service at both local and state levels includes "maintaining

public health workforce standards, including efficient processes for licensure and credentialing

of professionals, and the incorporation of core public health competencies needed to provide the

essential services into personnel systems, adoption of continuous quality assurance improvement

and lifelong learning programs for all members of the public health workforce including

opportunities for formal and informal leadership development, and continuing education in

management, cultural competency, and leadership development programs" (CDC, 2010).

While it is agreed upon that a competent workforce is required to deliver public health

services, barriers to this do exist and must be addressed. *The Public Health Workforce and*

Agenda for the 21st Century report from the U.S. Department of Health and Human Services

reports that barriers to strengthening the public health workforce include,

> "inadequate knowledge about the competencies the workforce will need to meet future challenges and about new training and educational resources that will be needed to develop competencies, lack of formal training in public health and in the application of broad public health competencies, limited public health professional certification requirements, indecision about workforce development across multiple public health and health training agencies, absence of stable funding for public health, and fragmentation imposed by categorical funding streams as well as failure to use advanced technology" (Public Health Workforce, 2000).

Additionally the report highlights a key finding of 1988 Institute of Medicine report on

The Future of Public Health, "although workers had adequate technical preparation in

specialized fields many lack training in management, political skills, community organizing and

diagnosis" (Public Health Workforce, 2000).

Women, Infant, and Children's (WIC) Program

The Women, Infants, and Children's (WIC) Special Supplemental Food and Nutrition

Education Program is administered nationally by the Food Nutrition Services division of the

United States Department of Agriculture in 50 State health departments, 34 Indian Tribal

Organizations, the District of Columbia, and five territories (Northern Mariana, American

Samoa, Guam, Puerto Rico, and the Virgin Islands) (About WIC, 2011).   The mission of the

program is to " safeguard the health of low-income women, infants, and children up to age 5 who are at nutrition risk, by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care" (About WIC, 2011).

While the mission of the WIC program closely aligns with the mission of public health in the U.S. which is *Promote Physical and Mental Health and Prevent Disease, Injury, and Disability"* (Public Health in America, 2008), WIC is not inherently a part of larger public health services in all states and territories. In Georgia, however, WIC is an important and central component of public health service, with more than 300,000 Georgians receiving benefits annually across 18 health districts and 159 local health departments. In addition to being the largest public health program in the state with access to the large numbers of the population, the Georgia WIC Program is ranked nationally as the 5th largest WIC program in the nation. As such, managers of WIC and providers of WIC services are well placed to deliver public health services and to further the mission of public health in Georgia.

WIC Staff Training

Currently there are limited training opportunities for Nutrition Program Managers in the Georgia WIC Program. There is no training relative to clinical or program management from the state level. Locally, there are some training opportunities; however, these trainings typically focus on clinical aspects of WIC.

Despite a large potential audience for benefits provided by Georgia WIC and other public health services delivered at local health departments, maximizing program effectiveness and efficiency requires a well trained staff. With increasing job demands due to increasing performance measures and regulations, decreasing funds for staff pay, required staff training and increasing numbers of persons accessing the WIC program, a provision for training staff may be a difficult job for public health leaders who are forced to choose management staff based on

seniority and educational credentials instead of expertise or skill in program management. Nonetheless, it is imperative that public health leadership work diligently to overcome barriers to achieving and assuring staff competency.

Competency Based Training

Competency based education has been defined as "an institutional process that moves education from focusing on what academics believe graduates need to know (teacher-focused) to what students need to know and be able to do in varying and complex situations (student and/or workplace focused" (Council on Education for Public Health, 2006). Core elements to a competency based training program are said to be:

- *"Careful identification, verification, and publication of competencies"*

- *"Criteria for assessing achievement are explicit"*

- *"Program provides for individual development and evaluation of each specified competency"*

- *"Competency assessment takes into account knowledge and attitude of the participant but also requires actual performance of the competency as the primary source of the evidence"*

- *"Progression of participants to attainment of specified competencies is individual" (Sullivan, 1995).*

The beginning step to the development of a competency based training program, as stated above is to identify or define the competencies to be achieved. Five characteristics to consider in the definition process are proposed by Albanese et al and cited by Gruppen et al, 2010 which include performance focus, external expectations, measurable, competent performance judgment is individual, and explicit expectations.

Performance Focus – Traditional education tends to be more process oriented, i.e., what and how learners are taught (what they know) versus the results oriented nature of competency based instruction which focuses on skill demonstration and performance.

External Expectations – The expectations of instruction based on competency differ from expectations of learners in traditional education. Traditional education expectations are predicated on successful performance measured through standardized examination which again primarily focuses on teacher oriented curriculum. Success in competency based education, however, is achieved when the learner performs to a standard that meets expectations outside of the educational program.

Measurable – Traditional education programs do provide metrics for success, however, these metrics again, typically focus on what the learner knows and this is often expressed through performance on a standardized test. Competency based education relies on learner performance not only in knowledge application but also through skill demonstration.

Performance Judgment – Traditional education programs typically use standardized testing and comparison of grade achievement to judge performance. In competency based education, competency achievement is assessed by expert practitioners and based on explicit criteria.

Explicit Expectations – Through results based orientation, competency based education must take into account what the learner must be able to do and at what level the learner must be able to perform to achieve competence. As such, an inherent part of competency identification is communication of priority, goal, and values driven expectations to the learner and other stakeholders as well.

To address barriers to the assurance of a competent public health workforce, the concept of training based in competency identification is well supported by The Public Health Services of the United States Department of Health and Human Services in its report *The Public Health Workforce and Agenda for the 21ˢᵗ Century* (Public Health Workforce, 2000). This report highlights the responsibility of state and local leadership to develop and implement public health workforce planning and training through identification of competencies and development of basic, advanced and continuing education curricula specific to public health workers. The report further recognizes the work of the Joint Council of Government Public Health Agencies which indicates that "training and re-training for public health should be based on competencies what people should be able to do rather than what they should know" and identifies six priority areas for a competency based curriculum, including cultural competency, health promotion skills, leadership development, program management, data analysis and community organizing (Public Health Workforce, 2000).

Theoretical Framework

Competency based education seeks to address skills and performance required of the workforce to function effectively in a given competency domain. While competencies needed of a workforce may be identified based on a given area of practice such as education, public health, clinical care, etc, it is ultimately adult individuals who comprise that workforce. Because of this, competency based educational programs can employ adult learning theory to guide development of educational curricula and activities. According to Speck (1996), adult learning theory outlines a number of considerations must be made in the design of learning activities for adults

- *"Adults will commit to learning when the goals and objectives are considered realistic and important to them"*

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- *"Adults want to be the origin of their own learning and will resist learning activities they believe are an attack on their competence"*
- *"Adult learners need to see that the professional development learning and their day to day activities are related and relevant"*
- *"Adult learners need direct, concrete experiences in which they apply the learning in real work"*
- *"Adult learning has ego involved. Professional development must be structured to provide support from peers and to reduce the fear of judgment during learning"*
- *"Adults need to receive feedback on how they are doing and the results of their efforts. Opportunities must be built into professional development activities that allow the learner to practice the learning and receive structured, helpful feedback"*
- *"Adults need to participate in small-group activities during the learning to move them beyond understanding to application, analysis, synthesis, and evaluation. Small group activities provide an opportunity to share, reflect, and generalize their learning experiences"*
- *"Adult learners come to learning with a wide range of previous experiences, knowledge, self direction, interests, and competencies. This diversity must be accommodated in professional development planning"*
- *"Transfer of learning for adults is not automatic and must be facilitated. Coaching and support are required to help adult learners transfer learning into practice"*

Purpose and Goal

The goal of this project is to improve and increase the capacity of nutrition program managers in Northwest Georgia Public Health to manage local WIC programs. The purpose of the current project is to identify training and knowledge gaps in the performance of core management functions among Nutrition Program Managers who manage local WIC program in the Northwest Georgia Public Health District and to address these gaps through the creation of a competency based curriculum framework. The strategies employed to meet the project purpose includes a survey of county nurse managers to ascertain which competencies they think are required for managing local WIC programs, as well as competencies they identify as lacking among their respective and current nutrition program managers. In addition, focus groups consisting of nutrition program managers from northern and southern counties were conducted with an emphasis upon learning what competencies they believe are needed to perform their current jobs and what competency gaps they believe exist.

Research Question

The question guiding the current project is, in planning a competency based training curriculum framework, what knowledge and skill gaps do nutrition program managers and nurse managers in the Northwest Georgia Public Health District think are essential and missing among those managing local WIC programs.

Curriculum Framework Goals and Objectives

The overall goal of the training curriculum framework was to improve/increase capacity of Nutrition Program Managers to effectively manage aspects of local WIC programs in Northwest Georgia Public Health District 1-1. The following objectives were determined based on the research question and project goal.

Objectives

1. Identify competency needs based on feedback from Nutrition Program Managers and their supervisors

2. Develop training curriculum framework based on needs identified among nutrition program managers and their supervisors.

Significance

Nutrition Program Managers will have job-specific and competency-based training to which they have never before had access. The curriculum framework and training will provide preparation in financial management, caseload management, personnel management, clinic management, quality improvement and assurance, and nutrition assessment. The curriculum framework based on needs identified by nutrition program managers and their supervisors will potentially increase their capacity for effectively managing their respective local WIC programs, and in turn possibly result in increased self efficacy and job satisfaction.

Definition of Terms

Competency Based Training- a structured approach to training and assessment that directed toward achieving specific outcomes with an emphasis on "performing" rather than just "knowing".

Nutrition Program Manager - job title of the manager of each local county WIC program and requires at least a four year degree in nutrition and two years experience working in nutrition with one year specific to community nutrition.

Nurse Manager – job title of the manager of each local county health department and requires at least an associate degree in nursing and three years experience with two years specific to management.

Public health services – public health services offered at local health departments in Northwest Georgia Public Health District 1-1 to include family planning, sexually transmitted diseases testing and counseling, health checks, tuberculosis testing and treatment, breast and cervical cancer screening, Children's Medical Services, Children 1st, immunizations, hearing, vision, and dental screening, rash, head, and parasite checks, lead screening, metabolic screening, and sickle cell screening.

WIC – Women, Infant, and Children's Special Supplemental Nutrition Education Program for low income pregnant, post partum, and breastfeeding women, children up to age five and infants up to age one. The program is administered by the Food Nutrition Services branch of the United States Department of Agriculture and provides individualized nutrition education delivered by nutritionists and nurses as well as foods that target specific nutrients typically found to be lacking in the diet of low income women, infants, and children.

Chapter 2: Literature Review

Introduction

This chapter reviews current training practice for public health disciplines in Georgia,

literature on the current use of competency based training in public health as well as the utility of

competency based training in the public health.

Georgia Public Health

Nutrition/WIC

Nutritionists come to public health with a minimum of a four year degree in dietetics and

some may have completed a one year dietetic internship. The dietetics curriculum includes

science based course such as microbiology, chemistry, and biology as well as courses relative to

diet and disease, but does not offer management studies at the college or internship levels.

One-on-one nutrition assessment and education training is provided to nutritionists upon initial

hire and while they must demonstrate competency before progressing to independent practice,

this training is not standardized in length, method, or specific contents.

Specific to nutrition positions, the WIC procedures manual states that orientation training

and continuing education are required. Below are the descriptions for those two trainings:

> <u>Orientation</u> – *"The WIC CPA (nutritionist or nurse working in WIC) must receive*
> *training on anthropometric and hematological measurements, nutrition risk assessment,*
> *and food*
> *package assignments prior to being assigned to certify WIC participants (e.g., WIC 101).*
> *They must also receive competency based nutrition training within twenty-four months of*
> *employment. This training should cover skills such as nutritional management of normal*
> *and high-risk prenatal women, infants, children, and adolescents; and breastfeeding*
> *management in normal as well as special situations"* (GA WIC Manual, 2011).

> <u>Continuing Education</u> – *"All WIC CPA (nutritionist and nurses) and Nutrition Assistant*
> *(NA) staff, whether they work full time or part time, must receive at least twelve (12)*
> *hours of nutrition specific continuing education each year. Training must be approved by*
> *the local agency"* (GA WIC Manual, 2011).

There is no training required or offered specific to the management of local WIC

programs or to the position of nutrition program manager. Additionally, there are limited clinical

trainings provided from the state WIC office via the web. However, those that are available are

knowledge only trainings in that they do not provide opportunities for application and feedback

from trainers.

Nursing

Information from the Georgia Public Health website states "public health nurses (PHNs)

practice under the Nurse Protocol Statute and must document preparation and performance

specific to each medical act authorized by protocol. (Rules of Georgia Board of Nursing, Chapter

410-11-.03, Regulation of Protocol Use by Registered Nurses.) To assure adequate preparation

and performance to practice under protocol, and to comply with Department of Community

Health's Health Check regulations, public health nurses practicing under protocol must complete

a baccalaureate level health assessment course and demonstrate competency in health

assessment" (Office of Nursing).

The five health assessment competencies for public health nurses practicing in Georgia are:

1. *Evidence-based knowledge of and ability to perform health assessments for designated or assigned ages, sexes, and populations.*
2. *Ability to communicate effectively via written, oral, electronic, and other means with various, diverse individuals and populations.*
3. *Ability to elicit data for a health history that includes physical, social, cultural, nutritional, mental, developmental and environmental information.*
4. *Ability to differentiate normal/abnormal findings.*
5. *Ability to interpret and apply findings to develop an appropriate plan of care to improve health.*

Nurses working in Georgia public health programs are governed by specific protocols. In

addition to self study, they are provided competency based training in clinical functions and must

demonstrate competency before being allowed to work independently. However, just as for

nutritionists, there are not currently any competency based opportunities relative to program and

personnel management functions for public health nurses.

Other States

Many states, like Georgia, do have online training. However, upon review, these

trainings tend to be based in nutritional science and do not cover management competencies.

While Wisconsin has developed a competency list for each classification of WIC employment,

there was no evidence of training linked specifically to each competency. Wisconsin does have

online training available for cultural competency, conflict resolution and other non nutrition

related topics (Training connection, 2011). Texas has training online for customer service,

supervisory skills, team building, and financial management. These trainings, however, appear

to be informational and knowledge based instead of competency based and do not provide the

opportunity for learner application and feedback (WIC interactive distance learning, 2011).

The National WIC Associate provides online training through its Leadership Academy.

While the format with these training does provide for self study, discussion, application and

feedback, the focus is leadership and mission management. While this training is likely

beneficial to those who take it, it would likely not prepare a manager for local level duties and is

cost prohibitive at $1,000 (National WIC Association, 2011). The United States Department of

Agriculture (USDA) provides online training opportunities through the WIC Works website,

however, as in the case of most state WIC sites, the trainings are solely based in nutrition with no

management training offered (WIC learning online, 2011).

Public Health Foundation provides *The Training Finder Real Time Affiliated Integrated Network (TRAIN)* a web based "learning resource for professionals who protect the public's health" (TRAIN National). TRAIN consists of the national site and twenty-five affiliate sites, which include academic institutions and state health departments. Trainings are available specific to discipline, e.g. dietitian and manager. Although course descriptions differ, some courses appear to have practice and discussion components and all courses are linked to a public health competency (TRAIN National).

Utility of Competency Based Training/Education

Lawler (1994) calls for moving the focus from traditional training to a competency based system. The reasons this shift is seen as necessary include key workforce changes, such as a move from production work to knowledge and service work. He states "because of these changes, organizations in developed countries need to be much more adaptable and be able to compete on the basis of their core competencies and skills". He further highlights key differences in mass production versus competency based organizations and states "work that is routine and focused on mass production can be managed through the use of job descriptions and systems that are job description related". He cautions however that in applying this practice, an organization, "runs the risk of under-utilizing employees and fails to develop the kinds of capabilities that are necessary to perform successfully".

Rycus and Hughes (2000) posit that the lack of identification of individual learning needs, i.e. competencies (what the learner should be able to do) is detrimental to organizations and individuals stating that "failure to accurately identify individual learning needs is one of several conditions that undermine the quality, effectiveness and relevance of in-service training and prevents training from positively impacting job performance and organizational outcomes".

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This view is supported in the DHHS report *The Public Health Workforce and Agenda for the 21st Century*. In this report, competency identification and competency based curricula development are recognized as vital. The report states that competency specification provides focus for training providers and educators and that "by determining competencies that will be needed, it is possible to examine the current capabilities and qualifications of the workforce, to identify gaps in the workforce, and to design and support systems for training and education of the workforce to fill those gaps (Public Health Workforce, 2000).

Summary of Current Problem

Gebbie and Turnock (2006) astutely conclude that "past approaches to public health workforce development focused largely on a pipeline model, emphasizing production of future workers in various disciplines and occupations that could contribute to public health ends. Although pipeline strategies are necessary, they are not sufficient to meet the needs of the diverse public health workforce and must be supplemented through approaches that target public health workers where they are (meaning where they work)".

Assurance of a competent public health workforce has been determined core to public health practice. Public health leaders and scholars agree on competency identification and competency based education and training to be essential to this assurance. This project, by applying principles of competency identification and adult learning theory, will produce a curriculum framework, which will provide for meaningful training and education opportunities that will allow for development and maintenance of a workforce that not only has knowledge of public health practice, but also has the ability to practice public health.

Chapter 3: Methodology

Introduction

The competency based training curriculum framework for District 1-1 Nutrition Program Managers was developed to provide for skills based management training based upon needs identified by both Nutrition Program Managers and their supervisors. This chapter will describe the target population, curriculum framework, data collection, analysis, limitations and delimitations. Approval of the project was sought from the Emory Internal Review Board (IRB). Upon consideration, this project was considered exempt by the Emory IRB.

Target Population and Sample

The target population for this project included nutrition program managers managing WIC clinics, nurse manager supervisors and some nutritionists where a nutrition program manager has not been named. The particular sample includes nutrition program managers from local WIC clinics in the Northwest Georgia Public Health District, their nurse manager supervisors and nutritionists. Nurse Managers were provided a brief survey via Survey Monkey. The Nutrition Program Managers were invited to attend one of two facilitated focus groups based on district location, i.e. those from the northern counties participated in one group and those in the southern counties participated in a separate group. This method of separation was done solely to minimize travel time and time away from the clinic.

Data Instruments

<u>Survey</u>

A five question survey administered to nurse managers (Appendix A) was developed by the researcher in consultation with research field advisor. There were a total of five survey items. A key assumption by the researcher at the outset of the project was that nurse managers lack confidence in the current management skills and competencies of their nutrition program

managers. One of two qualitative questions included in the survey asked nurse managers to rate

the confidence level of the current management skills and competencies of their nutrition

program managers.   A second quantitative question was designed to gauge the level of support

and commitment among nurse managers relative to competency based training for their

respective nutrition program managers. The remaining three questions were qualitative in nature

and sought to gain information on nurse manager belief that competency based training for

nutrition program managers would increase their confidence, what skills they think are most

important for a nutrition program manager and what skills and training they see missing in their

respective nutrition program managers. Due to time constraints of the project, the survey was

not piloted. The survey was constructed and delivered via online via Survey Monkey. The

survey was sent to all ten nurse managers in District 1-1 and was made available for a period of

20 days.

Focus Group

Nutrition Program Mangers and nutritionists (in counties where no manager was

identified) were invited, by email, to attend one of two focus groups. A facilitator (Appendix B)

led the focus groups which each lasted about an hour and consisted of five qualitative questions

with question specific prompts to elicit further information.   The questions for the focus group

sessions (Appendix C) were developed by the researcher in consultation with the field advisor

for the project. The first two questions were designed to gain information on how well the

nutrition program managers feel they were trained in both clinical and management functions of

their jobs and what training they think is lacking.

A third question was written to elicit information about current comfort level in

performing functions specific to management of local WIC programs such as use of the Georgia

WIC information reporting system in clinic management, retention and recruitment of WIC participants, medical and office supply budgeting and procurement, state performance measures (first trimester enrollment, breastfeeding initiation and duration, and infant enrollment in the program), quality assurance using the state WIC monitoring tool, and proficiency in performance of WIC specific clerical duties. This question also sought to ascertain current level of comfort with basic personnel management such as recruiting, coaching, evaluating, and terminating.

The fourth question asked if training needs were met would that influence a decision to maintain a career in public health. The question further asked what training would meet the perceived needs and what things, if not training, would affect their career decision relative to public health. The final question was crafted to elicit respondents' thoughts about the current level of support they feel they get from their current leadership at local, district, and state levels. This question was considered relevant to the discussion as it sought to gauge perception of support compared to of the level of confidence stated by nurse managers. Questioning about district and state level support was considered apropos as well in that any training needs identified will most likely be addressed through district and state resources. Due to time constraints of the project, the questionnaire was not piloted.

Data Analysis

Nine surveys were returned out of 10 emailed. The survey responses from the Nurse Managers were analyzed for themes and specifically named competencies or skill sets that were deemed by Nurse Managers as necessary for effective WIC program management. The focus group responses were evaluated and analyzed for common themes and specifically named skill sets or competencies that Nutrition Program Managers felt they were lacking.

Data Results – Survey

Nurse Managers' responses were generally positive about the management skills of their

Nutrition Program Manager when asked to rate on a Likert scale "how confident are you in the

management skills of your WIC Nutrition Program Manager?" Some qualitative responses to

question 1 indicated a need to skills in management and leadership.

- *"I have confidence in her skills; however management training could be beneficial"*

- *"She understands her job, but has no leadership skills. Cannot make decisions*
  easily. Once she makes a decision, is very unsure, does not seek advice when
  needed"

- *"I believe she is most knowledgeable she just needs management skills and there are*
  some conflicting personalities that will always be an issue"

- *"She doesn't have the skills or the desire to handle personnel issues or provide*
  overall local WIC program management"

- *"I think an understanding of the business part of WIC clients and clinic numbers*
  would be helpful. More aggressive in the day to day activities of the clinic and more
  initiative in WIC outreach and follow up"

Figure 1 below shows the results of the first survey question, with the majority (66.6%)

indicating confidence levels from confident to very confident when asked about current levels of

confidence in Nutrition Program Manager.

Figure 1: Nurse Manager Survey Question #1 How confident are you in the management skills and competencies of your WIC Nutrition Program Manager?
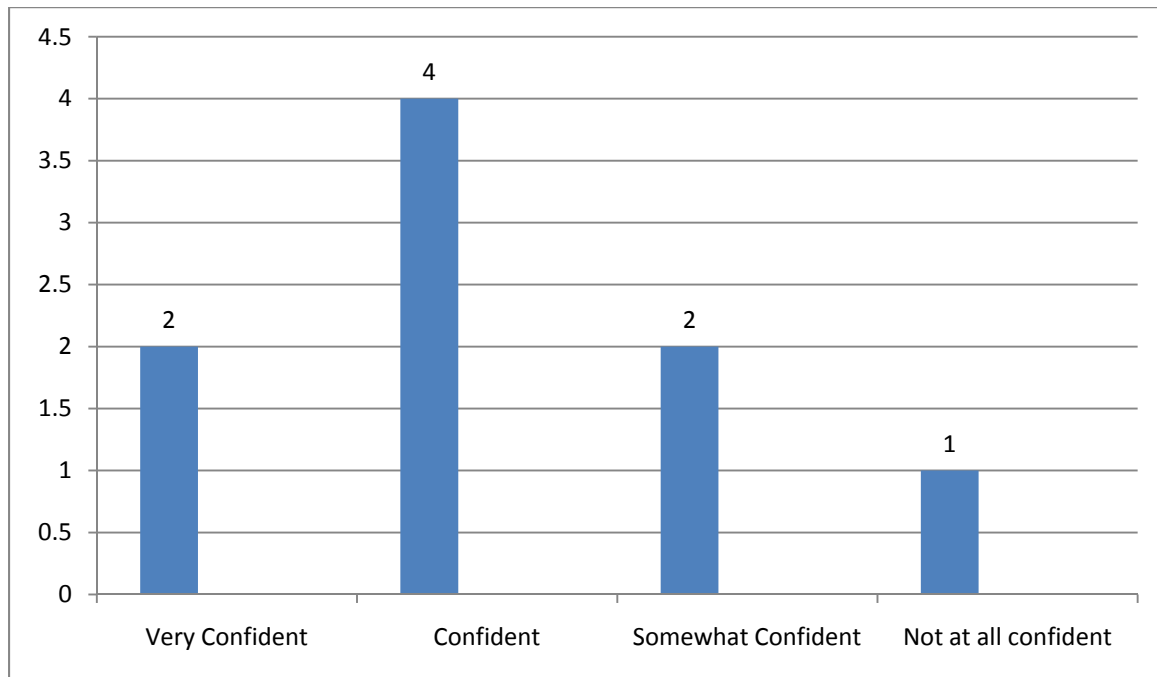
With regards to question two, nurse managers, at 88.8% indicated overwhelmingly that their confidence level would increase if management training were provided to their Nutrition Program Managers.

Figure 2: Nurse Manager Survey Question #2: If management training were to be provided to your Nutrition Program Manager, would this affect your confidence level?
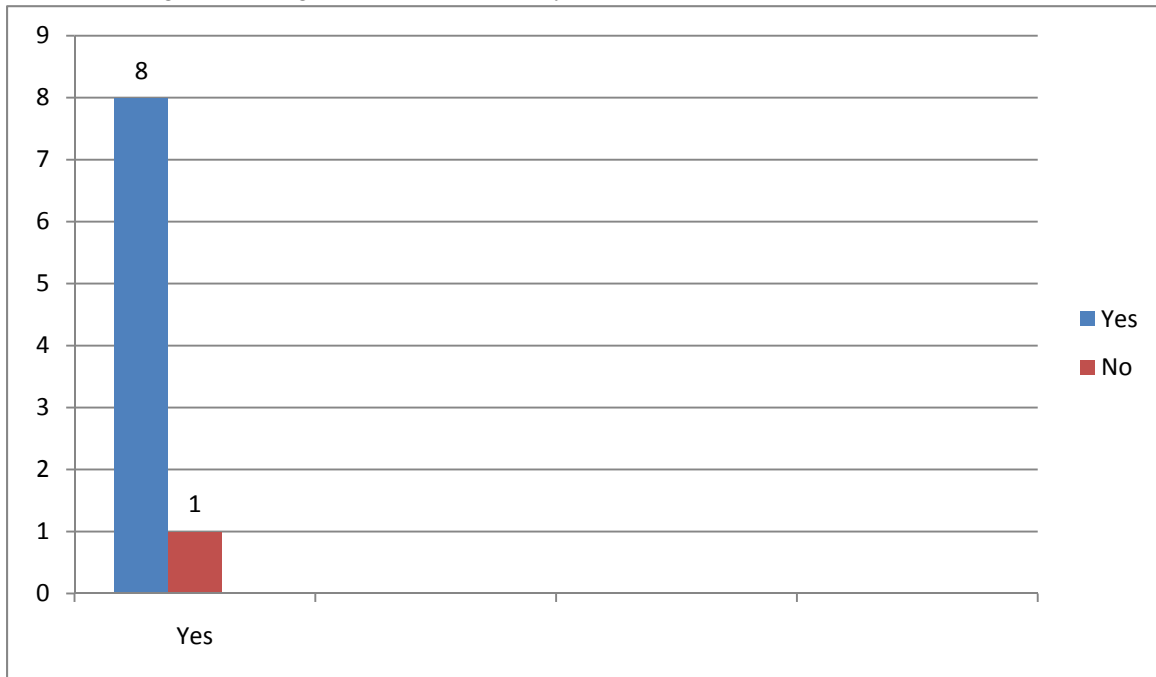
The third of the five questions asked "what gaps in management training or skills do you see in your Nutrition Program Manager? The question was answered by all nine respondents. There were several key themes throughout the answers which included, general management, leadership, financial management, communication, conflict management, caseload management, quality assurance and personnel management. Conflict management was the most cited training gap with 44.4% of nurse managers reporting this skill as lacking in their nutrition program manager. 33.3 % of nurse managers indicated general management skills as lacking among nutrition program managers, 22.2% listed personnel management skills as needing improvement, and 11.1% of nurse managers reported leadership, financial management, caseload management, and quality assurance as areas in which current nutrition program managers need training.

The fourth question asked "please state the skills that are most important to you in a Nutrition Program Manager. The question was answered by all nine respondents and again had

key themes throughout. These included personnel management, general program management, leadership, communication, team building, motivating and coaching, conflict management, quality assurance, and caseload management. Communication was cited most frequently at 44.4% as the most important skill in a nutrition program manager. Motivation and coaching was the second most important skill as indicated by 33.3% of respondents. General management skill, leadership, team building, conflict management, and caseload management were all named as important by 22.2% of nurse managers and 11.1% of nurse managers reported quality assurance management as a required skill.

The last question was designed to elicit a level of commitment to the training of the Nutrition Program Manager. Respondents were asked to rate on a scale of 1 to 5 strongly disagree to strongly agree, how committed they are to allowing the Nutrition Program Manager time away from the clinic for training one day per month for a period of at least 6 months. Although the ratings were mixed, a majority, 66.6%, indicated the highest level of commitment.

Figure 3: Nurse Manager Survey Question #5: I am committed to allowing my nutrition program manager to be away from clinic for training for one day a month for a period of at least six months
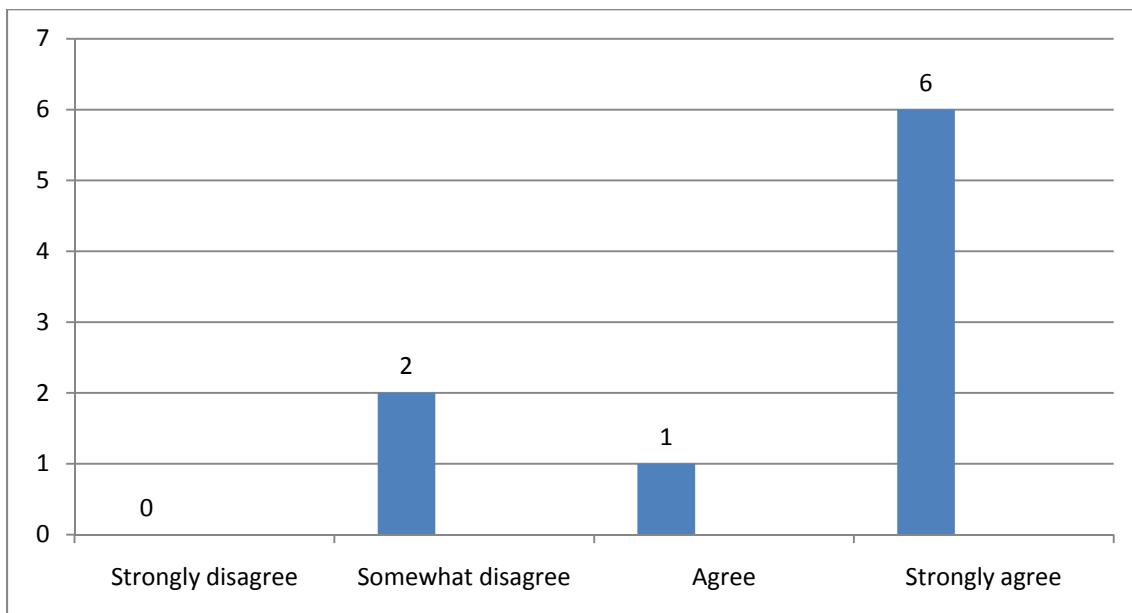
Data Results – Focus Groups

Focus groups were facilitated by an experience facilitator (Appendix B) and were

attended by a note taker. To maximize open responses, the researcher did not attend focus

groups. Five questions with a series of prompts (Appendix C) were asked of group members.

Based on information submitted by the note taker and the facilitator, responses to questions

about current level of preparation for management of WIC programs and perceived needs fit into

several theme categories which included training, tools, and communication. Training needs

were identified in clinical skills, nutrition assessment, motivational interviewing, conflict

management, communication skills, personnel management, and caseload management. Among

the tools Nutrition Program Managers was a need for communication in the form of email

updates and a regular newsletter as well as time to meet without their clerical staff in attendance.

Beyond lack of training, Nutrition Program Managers reported many barriers that affect their

current work, including the following:

- No training specific to management duties
- Not sure of expectations or responsibilities as manager
- Not sure of who to go to District Nutrition Director or Nurse Manager
- Don't have time for continuing education
- Don't have time for management
- Confused about priority (quality or quantity)
- Not comfortable with motivational interviewing and goal/plan setting
- Don't know the clerical part of WIC
- Confused about WIC guidelines versus ADA guidelines
- Not comfortable with nutrition assessment skills and clinical knowledge
- Need more feedback and to be valued (don't feel respected)
- General negativity about WIC, isolation in WIC , some lack of support from clinic
  leadership

Below are the focus group questions with accompanying responses and resulting themes

Question 1: How well would you say you are trained for your job performing nutrition
assessment as a nutritionist in the WIC program? Some responses included:

"As far as training, I still don't feel prepared and if the state sits next to mean [such as in a program review], I am nervous"

"I have never been trained on gestational diabetes"

"The ADA (American Dietetic Association) Guidelines are different from WIC"

"Continuing education would be awesome, but we don't have time to do anything else after seeing people".

The responses to this question indicate that nutrition program managers report themselves as not being well trained in nutrition assessment, are unclear on nutrition practice guidelines, and don't feel that they have time for continuing education.

Question 2: How well would you say you are trained for your job as a manager in the WIC program? If you say you are very well or well prepared, what training or types of training did you get that best prepared you? If you say you are not well trained, what training or types of training do you think you need to best prepare you?

"I went through a series of trainings about 10 years ago through district, it was about supervision and it was in the old conference room, some older guy from the state".

"Maybe some type of leadership [training]".

"We have no training at all".

"It's not explained to me what I am supposed to do as a manager".

"The expectations and rules are not clear, everything gets less clear".

The resulting theme of question two indicates that nutrition program managers do not feel that they are trained for their role as manager in the WIC program.

Question 3: How comfortable are you in your daily functions as manager (personnel management, financial management, caseload management, quality assurance, reporting, and knowing/performing clerical functions?

"About financial management, I know nothing about that end. When you take this position there is no explanation and I am oblivious".

"I have started doing [quality monitoring] again because I found out they aren't doing what they are supposed to".

"About Georgia WIC Information Systems (GWIS), the secretaries use it, I never use it".

"Can we do clerical training? I don't know if anyone else would be interested in it, but if the secretary is gone, no one knows anything or how to do that".

Nutrition program managers report lack of training and understanding of financial management quality assurance, accessing report data, and clerical functions.

Question 4: If you were given training that you consider appropriate to your needs, would you consider a career in public health?

Respondents stated that they would consider careers in public health and cited the state dietetic internship program as a positive that would draw them to a career in public health. When asked what would keep them from staying, they indicated the lack of pay increases.

"I would like to be trained on more managerial skills as far as personnel management, things like that".

"I would love to get information on my budget because the clinic always tells me that we are broke".

"I'd like to have more involvement and it's frustrating. Rhonda came here and talked about budgets".

Question 5: As a manager, what level of support do you get from your direct supervisor?

"I have support from my nurse manager but I don't think I have respect from the nurses".

"I get good support, but when someone is out, I don't get help. They don't pull a nurse to help me".

"The current level of support is almost non-existent".

"Nurse Manager hates WIC".

"There is lack of respect and we do our lab work as well".

"Everybody in the health department hates WIC and no one wants to do WIC. They used to have to do a little bit and had to do a certain amount to get paid, but now it's all on us and it's fine. We have another nutritionist and it's helpful".

"WIC is brining in the money and paying for a lot of things. It's putting a lot of pressure on us because we have to get our numbers and we have to keep the health department going".

"You can talk until you're blue in the face, but they aren't going to give you money to get another person. People have to wait a long time and our numbers are dropping because they have to wait a long time".

"There's confusion of who to talk to"?

"Don't know whether to go to the nutrition manager or the nurse manager. There is a big gap between both, it's all unclear".

"When I came back from medical leave, I had a very bad time. Everything was good and when I came back, everything was bad. Nobody told me about the changes and I tried to get things together and you get into trouble".

"We are expected to group, but we are expected to spend more time with patients".

Project Design

Curriculum Framework

Based on data analysis from surveys and focus groups, the curriculum framework (Appendix D) was designed to address competencies identified by nutrition program managers and their supervisors as required for effective local WIC program management. Twenty nine specific objectives were identified from survey and focus group data and were matched with organizational competency areas to the essential public health services identified in *The Public Health Competency Handbook: Optimizing Individual and Organizational Performance for the Public's Health* (Nelson et al, 2002).

1. *Communication Skills*

- Listens to others
- Gives and receives feedback
- Presents information orally and in writing clearly and concisely
- Prevents and manages conflict

- Encourages expression of ideas and opinions
- Communicates information so that it is timely and relevant to employees
- Respects the expression of opinions and perspectives from others
- Plan and conduct meetings to maximize participation and achieve desired outcomes

Definition of Competency: The capacity to speak clearly and express self well in group and one on one settings, presents information clearly and concisely in writing, conveys ideas in terms the listener can understand, demonstrates attentive listening and conveys understanding to others, identifies sources of conflict, uses conflict as a consecutive means to exchange ideas

Objectives of the competency

- Make a clear and effective oral presentation to NPM peers
- Identify the nine steps to planning and effective meeting
- Plans and conducts a meeting using the nine steps framework
- Identify, analyze, and effectively respond to conflicts in the workplace
- Develop an action plan to effectively respond to a conflict situation

2. Personnel Management

- Provides development opportunities for employees
- Understands the procedures and requirements involving employee discipline
- Seeks to resolve confrontations and disagreements and complaints in a constructive manner
- Fosters cooperation, communication, and consensus among group workers
- Motivates staff

Definition of competency: The capacity to provide clear direction, set clear priorities, foster a common vision, to identify employee performance goals and targets, provide feedback to employees on goal progress and accomplishments, clarifies workers' roles and responsibilities, establishes positive relationships with employees and develop them through application of motivation and coaching skills, creates commitment and enthusiasm in others, provides timely, specific and constructive feedback and gives challenging, developmental assignments

Objectives of the competency

- Define the disciplinary process of the organization
- Draft a sample performance correction agreement
- Construct an example of documenting a disciplinary transaction
- Identify a real life problem in your clinic and develop and action plan to address it
- Describe the role managers and supervisors play in creating and empowering environment

- Constructs a plan to identify employee performance goals and provide feedback on employee progress
- Identify potential content specific "experts" in the WIC or health department

3. *Assessment, Planning, and Evaluation*

- Gathers and analyzes relevant information to assess actual performance and then uses that information to set priorities and make plans for change
- Encourages alternate solutions and plans to problems
- Designs interventions to improve patient/customer satisfaction
- Performs internal monitoring for quality assurance

Definition of the competency – the capacity to develop comprehensive project plans, monitors progress against goals, assigns clear responsibilities, breaks down work into management portions, gathers relevant information, considers broad range of issues and factors, perceives relationships amongst diverse information and uses logic effectively

Objectives of the competency

- Describe the basic deliverables of the WIC program and state the role of the NPM in meeting the deliverables
- Describe how WIC funding is provided to the state, district and local levels
- Conduct a complete self review using WIC program monitoring tool
- Develop a written plan to address any findings from the self review
- Accurately prepare an annual supply budget for target caseload
- Describe how and when target caseload is set
- Using target caseload and historical caseload data, determine the number of appointments needed per day and per month from October to March
- Identify resources both needed and current and develop a written plan to meet target caseload while maintaining a quality program
- Identify the key performance measures and develop a written plan for meeting the performance measures
- Accurately perform all clerical duties in the WIC program

4. *Promoting Health and Preventing Disease*

- Develops interventions that include education and prevention for families and individuals

Definition of competency: the capacity to receive, review, and communicate best practices in dietetics

Objective of competency

- Completes a comprehensive nutrition assessment
- Uses motivational interviewing to determine clients goals and plans to meet goals as well as likeliness to change
- Accurately documents nutrition assessment/counseling session
- Identifies skills level in various clinical topics using likert scale rubric
- Develops a written plan for continuing education to address low skill areas
- Presents case studies to peer group for discussion
- Accesses the Nutrition Care Manual

Limitations

Through the implementation of this research, a number of limitations were identified. Both the Nurse Manager survey and the focus group questions were developed by the researcher and were not pilot tested or tested for validity or reliability. The sample of nutrition program managers and nurse managers was convenient and small as they were all employees of District 1-1. There was a lack of representation of some interests as one nurse manager did not respond to the survey and one nutrition program manager did not attend the focus group. Although the surveys were anonymous and the focus groups were confidential and the researcher did not attend, all participants are known to the researcher which may create the opportunity for bias.

Delimitations

Time constraints prohibited pilot testing of both the survey and the focus group questions. Additionally, representation among survey and focus group respondents was delimited to current nurse managers, nutrition program managers, and nutritionists employed in the Northwest Georgia Public Health 1-1 District and may not be representative of the public health workforce in general.

Evaluation Plan

An evaluation tool was created by the researcher. The questions were written to elicit feedback on planned content and methods perceived adequacy in meeting competency objectives

and appropriateness to adult learners. Due to time constraints, the evaluation tool was not pilot

tested. The curriculum framework was evaluated by a panel of three expert reviewers. The

panel experts consisted of two college educators, both of whom are also registered dietitians and

one senior public health professional. The curriculum framework was submitted to each expert

reviewer via email along with an evaluation tool (Appendix E) with a request to provide

feedback using comments and track changes. Reviewers were given a requested date for

completion of October 28, 2011.

Summary

       The Nutrition Program Manager Management curriculum framework was designed based

on competencies identified as both needed and lacking among Nutrition Program Managers in

local WIC programs of District 1-1. An expert panel of three reviewers provided feedback on

the curriculum framework which was deemed "exempt" by the Emory Internal Review Board.

Chapter 4: Evaluation Results

All three reviewers returned the completed evaluation tool by the deadline. The

evaluation tool was comprised of nine evaluation questions with space for evaluator comments.

Question 1 asked if each competency objective is addressed in the framework.   Two reviewers

reported "yes" with one of them indicating that each competency is addressed in detail. The

third reviewer indicated a missing objective on the curriculum framework. This particular

objective had been taken out of the framework but was not removed from the curriculum

competency information sheet (Appendix F) that was sent to the reviewers.

Question 2 inquired about methods targeting all types of learners and specifically asked if

methods in the framework cater to a variety of learning types (auditory, kinesthetic, and visual).

One reviewer answered "yes" and cited listening, presenting, power point, etc. while the other

two reviewers indicated that, while auditory and visual learners have been considered, there is

nothing specific to the kinesthetic learner. To address this, one reviewer recommending role

play and the other recommended field trips if applicable.

Question 3 asked if the planned content and methods adequately address competency

definition and objectives. One reviewer indicated that the methods and content were good;

another indicated that all definitions and objectives are addressed in the framework and the third

cited a direct linkage between the competencies, planned content, and planned methods.

Question 4 asked if the planned content and methods are appropriate for adult learners.

One reviewer stated the planned content and methods are focused on adults, a second reviewer

simply answered "yes" and the third indicated that for the most part the content and methods

planned are appropriate to adult learners. This reviewer further stated that discussions among adult learners may need to be semi-structured or directed and that instead of verbal peer to peer assessment, anonymous surveys would be recommended for peer to peer feedback.

Question 5 asked if the planned content and methods provide opportunities for knowledge application and if so, are these opportunities adequate. One reviewer responded "yes" stating that the opportunities appear to be adequate, a second review simply answered "yes", and the third reviewer indicated "yes" and further stated that not only is there opportunity for knowledge application, but that the knowledge could be easily applied in the current work environment and would greatly enhance current procedures.

Question 6 asked if there are sufficient experiences and opportunities for discussion for learners to develop a deep understanding of content. One reviewer reported that there is much opportunity for sharing individual perceptions and for feedback, a second stated "yes", and the third reviewer responded that discussion opportunities appear to be sufficient, but a plan for stimulation of discussion should be considered in case discussions falter.

Question 7 asked if the planned class time of thirty eight hours is adequate to cover competency objectives and content. One reviewer wrote that assessment procedures and competency levels expected are not clearly stated, another wrote that it was hard to determine at this point but appears to be good, and the third responded "yes" and the current number of hours makes it more likely that learners will attend all sessions.

Question 8 asked if there are formal and informal assessments of competency attainment within the framework. One reviewer indicated that overall the framework is well prepared and addresses all major competency objectives, but recommended that the variety of learning

experiences be increased to address all types of learners and incorporation of expected

competency level from each learning experience. A second reviewer responded "yes" and the

third also stated "yes" and cited the demonstration activities as competency assessment.

Question 9 asked for general comments and recommendations. One reviewer wrote that

this is an excellent project that has much potential for application in other settings e.g. county

nurse managers, a second reviewer indicated that it looks good but noted some typos, and the

third did not list further recommendations beyond what was listed in questions one through nine.

Summary
The module was reviewed by a panel of three experts. One hundred percent of the

questions were answered by each of the reviewers. Appropriate changes were made to the

framework based on the reviewers' recommendations in the areas of learning type

appropriateness, peer to peer review, and expected competency level.

Chapter 5: Implications, Recommendation, Conclusion

Public Health Implications

Gebbie and Turnock (2006) present the findings of the 1988 IOM report on the future of public health as a beginning point for the focus on public health workforce training and development. Within the IOM report, it "highlighted the chasm between the practice of public health and the way in which it was taught in schools of public health; it called for collaboration to assure a work force able to do what the nation needed". A public health workforce "able to do what the public needed" was an explicit cry for competency identification and competency based education and training and in 2001 The Council on Linkages between Academia and Practice published a set of core competencies for the public health workforce both current and future. Although these competencies are universal to public health practice, activity and discipline competencies are valuable (Gebbie and Turnock, 2006).

Competency identification and competency based training of the public health workforce continues to be recognized as core to the health of the nation. Mary K. Wakefield, Ph.D., R.N., administrator of Health Resources and Services Administration (HRSA), stated in a news release announcing grant awards in the amount of $16.8 million to 27 public health training centers, "whether facing public health emergencies such as natural disasters, or chronic conditions like obesity, a well-trained public health workforce is critical to ensuring the nations' health and welfare" (HHS, 2010).

Future Recommended Research

While the utility of competency based training has been well established, it is vital that the training be appropriately targeted to the audience and their needs. In future research, it is recommended that all survey and evaluation materials be pilot tested for validity and reliability

to ensure that the information gathered truly answers the research question(s). Additionally, it is

recommended that results of competency based training for nutrition program managers be

evaluated to determine if indeed the competency level has improved.

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Appendices

<div align="center">Management Curriculum Development</div>

<div align="center">Survey Questions</div>

1. How confident are you in the management skills of your WIC Nutrition Program Manager? With 1 being not confident at all and 5 being extremely confident.

<div align="center">1   2   3   4</div>

Please explain your choice

2. If management training were to be provided to your Nutrition Program Manager, would this effect your confidence level?

<div align="center">Yes or No</div>

If no, please explain: _____

_____

_____

3. What gaps in management training or skills do you see in your Nutrition Program Manager? _____

4. Please state the skills that are most important to you in a Nutrition Program Manager.

5. I am committed to allowing my Nutrition Program Manager to be away from clinic for management training for one day a month for a period of at least six months.

1 = strongly disagree   5 = strongly agree

<div align="center">1   2   3   4   5</div>

Nicholle Harrison

_____

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OBJECTIVE: Seeking a position in Training and Development
for the opportunity to <u>exercise</u> my skills, experience and expertise
while adding value to a customer-centric team

EDUCATION: *School for International Training*, Brattleboro, Vermont, 2000
MA   <u>*Intercultural Management/Training*</u>

Anna Maria College, Paxton, MA, 1992
BA   <u>*English*</u>

Center for Applications of Psychological Testing, 2006
Qualified Administrator of the Myers-Briggs Type Indicator
Currently completing MBTI <u>Master Practioner Program</u>

PROFESSIONAL EXPERIENCE:

Director of Training
Northwest Georgia Public Health, Rome, GA, 2003-present
- Envisioned, developed curriculum for and facilitated an 18-month leadership program STEP (Supervision Training and Education Program) for new supervisors.
- Designed and directed the development and execution of training programs and learning strategies for NWGA Public Health's 10-county district
- Developed and maintained a continuous training plan for the organization
- Designed, developed, updated and improved district training operating procedures, manuals and policies
- Analyzed and identified appropriate training materials and programs to improve performance within the organization
- Created and maintained a documentation control system
- Developed a curriculum for and trained new employees
- Administrator for District LMS (SABA)

Trainer/On-Call Specialist
AID Atlanta, Atlanta, GA, 2000- 2003
- Developed curriculum for and managed a 15-module training program for new employees
- Provided referrals, support and general information to new and current AID Atlanta clients
- Supervised a group of 15 volunteers

40

African Resettlement Agent
Internationals Rescue Committee, Decatur, GA, 1999-2000
- Coordinated the resettlement of 150+ refugees from 10+ countries
- Trained staff on issues regarding immigration
- Located and accessed community resources to assist refugees with stateside resettlement
- Created training materials for staff

Consumer Support Program Social Service Manager
Monadnock Family Services, Keene, NH, 1998-1999
Educated and trained consumers and their family members concerning issues such as: symptom management, health awareness and medication side-effects. Coordinated services for 75+ consumers. Managed 10 volunteers.

Senior Support Manager
The Homeless Outreach and Advocacy Project, Worcester, MA, 1996-1997
- Nominated as a Community Hero – Carrier of Olympic Torch 1996

Peace Corps Volunteer English Teacher
Ebolowa Secondary School, United States Peace Corps, Ebolowa, Cameroon, Central Africa, 1993-1995
- Taught 6th, 8th and 10th grade English for 400+ middle school students
- Planned and prepared daily lesson plans
- Directed English Department and supervised staff of 4
- Designed curriculum for 251 French-speaking students
- Organized and supervised an English-language after –school program of 55 student's 3hrs/wk.
- Created a school library; solicited and received donations of over 600 texts
- Received teacher of the Year Award, CES D'Ebolowa, 1994

Alternative Housing Coordinator, VISTA Volunteer
Committee on Homelessness and Housing, Worcester, MA, 1992-1993
- Developed and coordinated a program designed to assist families leaving area shelters and moving into the community.
- Actively recruited, trained and supervised over 40 volunteers while providing outreach and conducting educational workshops to area shelters. Designed informational brochure and print materials for distribution.

PROFESSIONAL AFFILIATIONS: American Society for Training and Development (ASTD)
Georgia Public Health Association (GPHA)

REFERENCES: Available upon request

APPENDIX C: Focus Group Questions

<div align="center">

Management Curriculum Development

Focus Group Questions

</div>

How well would you say you are trained for your job performing nutrition assessment as a nutritionist in the WIC program?

- If you say you are very well trained, what training or types of training did you get that best prepared you?
-
- If you say you are not well trained, what training or types of training do you think you need to best prepare you?

How well would you say you are trained for your job as a manager in the WIC program?

- If you say you are very well or well prepared, what training or types of training did you get that best prepared you?
-
- If you say you are not well trained, what training or types of training do you think you need to best prepare you?

How comfortable are you in your daily functions as manager?

- Personnel management such as recruiting, coaching, evaluating, and terminating

- Caseload management such as getting to or maintaining target, meeting state performance measures like first trimester enrollment, infant enrollment, breastfeeding promotion and support

- Financial management such as staffing cost and staffing standards, income from participation, medical and office supply inventories and budgeting

- Quality assurance through use of state created monitoring tool and using feedback from state and district review of your WIC program

- Using reports from Georgia WIC Information Systems (GWIS) and from district to evaluate clinic performance and needs

- Knowledge of each and every duty assigned to clerical staff such as intake, voucher printing, batching, etc.

If you were given training that you consider appropriate to your needs, would you consider a career in public health?

- If yes, what kind of training would you expect?

- If no, why and what, if anything, would get you to consider a career in public health?

As a manager, what level of support do you get from your direct supervisor?

- What are your thoughts about the current level of support that you get from your direct supervisor?

- What are your thoughts about the current level of support that you get from management at the district level?

- What are your thoughts about the current level of support that you get from management at the state level?

We have talked about training and some specific competencies and skills such as assessment, budgeting, supervision, etc. Tell me what you think it takes to make an effective manager in a local WIC program.

APPENDIX D: Nutrition Program Manager Management Curriculum Framework

Title of course: Nutrition Program Manager Management Program

Timing: Class time of 38 hours plus breaks to be held over 8 class dates at 6 hours each

Location: Northwest Georgia Public Health, District 1-1

Participants: Nutrition Program Managers

Aim(s) of the course: Improve/increase the capacity of Nutrition Program Managers to effectively manage aspects of local WIC programs in District 1-1

Topic Communication	Learning outcome: (By the end of the course, participants will be able to:)	Content	Methods	Material	Timing	Person Responsible
	Make a clear and effective oral presentation to NPM peers	Presentation to be developed or located on clear and effective oral presentation construction and delivery Presentation on reaching adult learners	Lesson on construction and delivery of clear and effective oral presentation to be given in classroom setting Q&A Class members will choose a topic and prepare an oral presentation to be delivered to the group at a following session Peers will provide written/anonymous feedback on positives and areas of improvement after each peer presentation	Power point, LCD, Laptop Handout to be developed or located on guidelines for clear and effective oral presentations	1.5 hours 1.5 hours 3.0 hours for class to present presentations will be developed outside of class	Nutrition Services Director Training Coordinator
	Identify the nine steps to planning an effective meeting	Presentation to be developed or located on the 9 steps to planning and effective meeting	Lesson on components 9 steps to planning an effective meeting will be presented in a class room setting Q&A	Power point, LCD, Laptop Template for effective meeting plan using the 9 steps to be located or developed	1.0 hour for presentation and Q&A	Nutrition Services Director Training Coordinator
	Plans and conducts a meeting using the nine steps framework	Oregon State Library, DAS training materials, 2010 Fundamentals of Effective Meetings	Class members will use the 9 steps template to develop and conduct a meeting Group Discussion on the use of the template and 9 steps to plan a meeting at a subsequent meeting		1.0 hour for presentation and discussion Meetings will be planned outside of class	Class members

Topic Communications	Learning outcome: (By the end of the course, participants will be able to:)	Content	Methods	Material	Timing	Person Responsible
	Identify, analyze, and effectively respond to conflicts in the workplace Develop an action plan to effectively respond to a conflict situation	Presentation to be developed or located on steps to effectively respond to workplace conflict	Group Discussion on conflict in the workplace that class members have experienced Case studies on conflict situation will be presented and class members will write an action plan using information from the presentation and discussion	Template to be located or developed for writing action steps to conflict resolution Conflict case studies to be located or developed	2.0 hours	Nutrition Services Director Training Coordinator

Topic Personnel Management	Learning outcome: (By the end of the course, participants will be able to:)	Content	Methods	Material	Timing	Person Responsible
	Define the disciplinary process of the organization	Presentation from NWGA PH 1-1 Human Resources Personnel	Classroom lesson on steps in the discipline process of the organization Q&A	District 1-1 disciplinary administrative requirements and procedures	2.0 hours	HR Manager Nutrition Svc Dir Training Coordinator
	Draft a sample performance correction agreement		Class member will draft a written performance correction agreement	Performance correction agreement template to be located or developed	To be done outside of class	Nutrition Services Director Class members
	Construct an example of documenting a disciplinary transaction		Class members will identify a problem current or past in their respective workplaces, choose the appropriate disciplinary tool and complete a "mock" transaction and submit to NSD for feedback	Templates for verbal coaching, verbal reprimand, written reprimand, work plan, personnel action request to terminate	To be done outside of class	Nutrition Services Director Class members
	Describe the role managers and supervisors play in creating an empowering environment	Presentation to be developed or located on employee motivation and coaching management theories	Case studies on motivation and coaching of employees to be developed for group discussion Q&A	Case studies to be developed for facilitated discussion	2.0 hours	Nutrition Services Director Training Coordinator
	Identify potential content specific "experts" in the WIC or health department Constructs a plan to identify employee performance goals and provide feedback on employee progress		Meets with at least one employee to identify employee goals Facilitated group discussion at subsequent session	Template to be developed or located for use in writing employee goals and plans	To be done outside of class 1.0 hour	Nutrition Services Director Class members

Topic Assessment, Planning and Evaluation	Learning outcome: (By the end of the course, participants will be able to:)	Content	Methods	Material	Timing	Person Responsible
	Describe the basic deliverables of the WIC program and state the role of the NPM in meeting the deliverables	Presentation to be developed on orientation to WIC management and will include Deliverables, role and responsibilities of NPM in WIC management at the local level, funding methods, & target caseload	Class members will take pre-test on WIC basics (to be developed)	Pre and post test to be developed on WIC management basics	.5 hour for test 1.5 hours for presentation	Nutrition Services Director
	Describe how WIC funding is provided to the state, district and local levels		Facilitated group discussion on current funding methods		.5 hour	Nutrition Services Director
	Describe how and when target caseload is set	Presentation to be developed on "quality" program components	Facilitated group discussion related to identified resources both needed and current to meet target caseload while maintaining a quality program Facilitated group discussion – best practices sharing		.5 hour for presentation .5 hour for discussion	Nutrition Services Director Class members
	Conduct a complete self review using WIC program monitoring tool	Presentation to be developed on the WIC monitoring tool	Class presentation on monitoring tool and process Class members will complete a clinic self review, identify deficiencies and plan for corrective action to be presented at a subsequent session	Monitoring tool for local clinic use	1.0 for presentation and Q&A Review to be done outside of class	Nutrition Services Director WIC Operations Specialist Nutrition Manager WIC Prog. Assoc.
	Develop a written plan to address any findings from the self review		Class members will submit corrective action plans to Nutr Svc Director Facilitated group discussions about deficiencies and solutions among class members at a subsequent session	Corrective action template to be developed or located	Corrective action to be done outside of class .5 hour	Nutrition Services Director Class members
	Accurately prepare an annual supply budget for target caseload	Presentation to be developed on budget preparation	Class members will be required to project their monthly caseload and obtain total numbers of each supply to be ordered (based on projected caseload) and will multiply by price to get a sum total of dollars needed to cover both office and medical supplies	Budget calculation template to be developed	.5 hour for presentation 1.0 hour for calculations	Nutrition Services Director

Topic Assessment, Planning and Evaluation	Learning outcome: (By the end of the course, participants will be able to:)	Content	Methods	Material	Timing	Person Responsible
	Using target caseload and historical caseload data, determine the number of appointments needed per day and per month from October to December		Class members will be required to calculate by month the number of appointments needed per working day needed to meet target caseload for a three month period	Calendar template Staffing ratios FTE's available	.5 hour for calculations	Nutrition Services Director
	Identify the key performance measures and develop a written plan for meeting the performance measures	Presentation to be developed on WIC performance indicators (first trimester enrollment, breastfeeding initiation and duration, caseload targets)	Class members will write a plan for at least one performance measure using baseline data, identify and target goal and time period to meet the goal	Baseline data and targets for performance measures Plan template to be developed for performance measures plan	.5 hour for presentation 1.0 hour for plan writing	Nutrition Services Director Training Coordinator WIC Operations Specialist Nutrition Manager
	Accurately perform all clerical duties in the WIC program	Presentation to be developed with information on all clerical functions (what happens, when it happens, and what the procedures are)	Classroom lesson on clerical duties Q&A Class members will do practice activities for manual version of clerical functions (intake, forms, and writing manual vouchers) Class members will demonstrate basic clerical duties of intake and voucher printing in the field and will be checked off using the field observation check list	Clerical handbook (to be revised) Practice activities to be developed for manual version of clerical functions (intake, forms, and writing manual vouchers) Field observation checklist to be developed	2.0 hours for presentation 2.0 hours for practice activities Observations to be done outside of class	Nutrition Services Director Training Coordinator Nutrition Manager WIC Operations Specialist WIC Program Associate

Topic Promoting Health and Preventing Disease	Learning outcome: (By the end of the course, participants will be able to:)	Content	Methods	Material	Timing	Person Responsible
	Completes a comprehensive nutrition assessment Accurately documents nutrition assessment/counseling session	Presentation to be developed or located on nutrition assessment	Classroom lesson on nutrition assessment Class members will document the nutrition assessment(s) Class members will discuss as a group the results of their respective assessments	Case studies to be developed for nutrition assessment activities	1.0 hour for presentation 3.0 hours for case study completion and discussion	Nutrition Services Director Nutrition Manager
	Uses motivational interviewing to determine clients goals and plans to meet goals as well as likeliness to change	Presentation to be developed or located on motivational interviewing	Role play in motivational interviewing techniques (asking open ended questions, affirmation, assessing for stage of change, and eliciting a goal/plan) Q&A	Role play scenarios to be developed	.5 hour for presentation .75 hour for role play	Nutrition Services Director Nutrition Manager
	Identifies skills level in various clinical topics using checklist	Presentation of skills definitions to be developed	Class members will rate their perceived skills in various areas of clinical nutrition from expert to beginner	Skills self check list to be developed	.25 hour for presentation .5 hour for self assessment	Nutrition Services Director
	Develops a written plan for continuing education to address low skill areas	Presentation to be developed or located on education plan writing (materials from Commission on Dietetic Registration may be used)	Class members will self evaluate skills in clinical nutrition areas and will identify at least one area for improvement Class members will write a goal and a plan for skill improvement	Skills development plan template to be developed	.5 hour for presentation .5 hour for planning	Nutrition Services Director Class members
	Presents case studies to peer group for discussion	Presentation of information on case study presentation formats	Class members will present a nutrition case study for discussion at a subsequent class	Case study presentation template to be located or developed	3.0 hours for case study presentation	Nutrition Services Director Class members
	Utilize the Nutrition Care Manual		Before coming to class, each member will access the nutrition care manual , print off and bring one piece of education material	Nutrition Care Manual access (online tool)	.5 hour presentation of NCM access and use	Nutrition Services Director Class members

APPENDIX E: Nutrition Program Manager Management Competency Based Training Curriculum Framework Evaluation Tool

Evaluation Question	*Evaluator Comment*
Is each competency objective addressed in the framework?	
Do methods in framework cater to a variety of learning types (auditory, kinetic, and visual)?	
Do planned content and methods adequate address competency definition and objectives?	
Are planned content and methods appropriate for adult learners?	
Do planned content and methods provide opportunity for knowledge application? If so, is this adequate?	
Are there sufficient experiences and opportunities for discussion for learners to develop deep understanding of content?	
Is the planned "in class" time of 38 hours adequate to cover competency objectives and content?	
Are there formal and informal assessments of competency attainment in framework?	
General Comments and Recommendations?	

APPENDIX F: Nutrition Program Manager Management Curriculum Framework Competencies and Objectives
Communication Skills

- Listens to others
- Gives and receives feedback
- Presents information orally and in writing clearly and concisely
- Prevents and manages conflict
- Encourages expression of ideas and opinions
- Communicates information so that it is timely and relevant to employees
- Respects the expression of opinions and perspectives from others
- Plan and conduct meetings to maximize participation and achieve desired outcomes

Definition of Competency: The capacity to speak clearly and express self well in group and one on one settings, presents information clearly and concisely in writing, conveys ideas in terms the listener can understand, demonstrates attentive listening and conveys understanding to others, identifies sources of conflict, uses conflict as a consecutive means to exchange ideas

Objectives of the competency

- Make a clear and effective oral presentation to NPM peers
- Identify the nine steps to planning and effective meeting
- Plans and conducts a meeting using the nine steps framework
- Identify, analyze, and effectively respond to conflicts in the workplace
- Develop an action plan to effectively respond to a conflict situation

Personnel Management

- Provides development opportunities for employees
- Understands the procedures and requirements involving employee discipline
- Seeks to resolve confrontations and disagreements and complaints in a constructive manner
- Fosters cooperation, communication, and consensus among group workers
- Motivates staff

Definition of competency: The capacity to provide clear direction, set clear priorities, foster a common vision, to identify employee performance goals and targets, provide feedback to employees on goal progress and accomplishments, clarifies workers' roles and responsibilities, establishes positive relationships with employees and develop them through application of motivation and coaching skills, creates commitment and enthusiasm in others, provides timely, specific and constructive feedback and gives challenging, developmental assignments

Objectives of the competency

- Define the disciplinary process of the organization
- Draft a sample performance correction agreement
- Construct an example of documenting a disciplinary transaction
- Describe the role managers and supervisors play in creating and empowering environment
- Constructs a plan to identify employee performance goals and provide feedback on employee progress
- Identify potential content specific "experts" in the WIC or health department

<u>*Assessment, Planning, and Evaluation*</u>

- Gathers and analyzes relevant information to assess actual performance and then uses that information to set priorities and make plans for change
- Encourages alternate solutions and plans to problems
- Designs interventions to improve patient/customer satisfaction
- Performs internal monitoring for quality assurance

Definition of the competency – the capacity to develop comprehensive project plans, monitors progress against goals, assigns clear responsibilities, breaks down work into management portions, gathers relevant information, considers broad range of issues and factors, perceives relationships amongst diverse information and uses logic effectively

Objectives of the competency

- Describe the basic deliverables of the WIC program and state the role of the NPM in meeting the deliverables
- Describe how WIC funding is provided to the state, district and local levels
- Conduct a complete self review using WIC program monitoring tool
- Develop a written plan to address any findings from the self review
- Accurately prepare an annual supply budget for target caseload
- Describe how and when target caseload is set
- Using target caseload and historical caseload data, determine the number of appointments needed per day and per month from October to March
- Identify resources both needed and current and develop a written plan to meet target caseload while maintaining a quality program
- Identify the key performance measures and develop a written plan for meeting the performance measures
- Accurately perform all clerical duties in the WIC program

Promoting Health and Preventing Disease

- Develops interventions that include education and prevention for families and individuals

Definition of competency: the capacity to receive, review, and communicate best practices in dietetics

Objective of competency

- Completes a comprehensive nutrition assessment
- Uses motivational interviewing to determine clients goals and plans to meet goals as well as likeliness to change
- Accurately documents nutrition assessment/counseling session
- Identifies skills level in various clinical topics using likert scale rubric
- Develops a written plan for continuing education to address low skill areas
- Presents case studies to peer group for discussion
- Accesses the Nutrition Care Manual