Getting Ready for Male Reproductive Health Services

An Assessment and Implementation Toolkit

CARDEA
Training, Organizational Development and Research

Getting Ready for Male Reproductive Health Services: An Assessment and Implementation Toolkit

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TABLE OF CONTENTS

Click any heading or subheading below to jump to that section.

Section 1: Getting Started

Background And Goals

Why the Need for This Project?

Despite significant improvements in recent years, the disparity between reproductive health services for women and for men is still quite striking. Reproductive health (RH) care has traditionally been viewed as a woman's need, for the obvious reasons of pregnancy, childbearing, and female-focused contraceptive methods. However, men stand to benefit from increased and improved services through better awareness of how to protect their own health and how to reduce their chances of unintended fatherhood or of contracting sexually transmitted infections (STIs). Their female partners benefit from increased support from their partners for contraceptive usage and potentially healthier relationships. Finally, taxpayers and society as a whole benefit from cost savings from a focus on prevention rather than on expensive treatment.

Family planning agencies benefit as well from expanded male services. Not only is this a national priority of DHHS OPA/OFP, but clinic experiences with the process and tools outlined here indicate that *all* services and *all* clients – meaning females as well as males – benefit from the team formation, assessment and improvement process detailed in this manual. As more young males become involved in the delivery of family planning services, they will serve as powerful new advocates for male involvement initiatives with policy makers and potential funders. Assuming that policy makers accept the premise that men who are included in comprehensive family planning clinical services are more likely to help prevent unintended pregnancies and diseases and to become good fathers than those whose first introduction to reproductive health is the delivery room, they will recognize the value of investing in male reproductive care.

Research shows that: "Obstacles to care include the tendency of many men not to seek regular, routine checkups; the fact that health insurance often does not cover the services that men need; and the high proportions of men—particularly poor men—who do not have health insurance. Few health professionals are specifically trained to provide men with sexual and reproductive health education and services."[1]

The Department of Health and Human Services Office of Population Affairs/Office of Family Planning (OPA/OFP) has funded a series of research projects focusing on the family planning and related reproductive health needs of males.

OPA's research identified barriers to access including: services not provided in a male-friendly environment, and services not being provided in the broader context of men's health concerns. Further, their research identified key elements needed to increase the number of male clients utilizing reproductive health services including:

- Health systems need to tailor services to meet male specific needs;

[1] Finer, LB, Darroch, JE and Frost, JJ, Services for Men at Publicly Funded Family Planning Agencies, 1998-1999, *Perspectives on Sexual and Reproductive Health*, Volume 35, Number 5, September/October 2003.

- Reproductive health issues need to be incorporated into a holistic approach for male health and delivered in non-traditional venues;
- Service sites need to be well integrated with a network of health and social service providers; and
- Outreach and education programs need to be linked to quality clinical services.

The primary purpose of the male research project is to study the effectiveness of a comprehensive service delivery model aimed at increasing the number of males who access family planning and related preventive health services in clinical settings.

The model's components include: 1) restructuring the clinic environment, 2) targeting community outreach, and 3) promotion of male services via clinic in-reach activities with existing clients. These model elements are supported by training and technical assistance to build the capacity of clinics and their staff to provide male reproductive health services.

Why Assess Services?

Assessment should take place before any changes are made. Assessment:

- offers feedback to staff, supervisors and administration on their present practices and changes in their practices over time;
- enhances readiness of staff for training and technical assistance; and
- prepares staff and the organization for implementation of changes.

Tips for Successful Assessment and Implementation

- Implementing any major change – including the assessment phase – is best led by an interdisciplinary team, made up of representation from *all* levels of staff – reception/clerks/support, clinical, health education, and management.
- Individuals chosen for this team should exhibit the following characteristics: Enjoy the respect of their colleagues and peers; Be seen as leaders, even if they're not in official leadership positions; Have excellent communication skills; Show willingness to self-reflect and self-assess and to make changes; Practice critical thinking skills; Have a positive attitude.
- The team using these tools must foster a safe environment for assessments and discussions. Staff should be assured that any input provided will not be used to judge individuals or agency departments. A staff's responses on any assessment *should not* have any adverse effects on that staff person or employment. All assessment materials should be secured in a safe location, e.g., locked file cabinets at administrative agency offices.
- Top management must show support for the assessment, changes recommended and for the team by guaranteeing the interdisciplinary team time to meet and work together; the amount of time will vary from agency to agency.
- Top management must show support for the change by communicating *positively* to the entire staff.
- The entire staff must be involved in the change, through opportunities to share their concerns as well as ideas.

ASSESSMENT TEAM

Why Do We Need a Team?

Putting together a team of staff members from a variety of positions will:

- provide a range of perspectives,
- communicate to all staff that management is committed to this endeavor,
- establish more credibility than merely having managers/administration involved, and
- result in more comprehensive and creative solutions and ideas.

The team members can work together to identify challenges and barriers to providing effective male services, and brainstorm corrective measures. They will also work to implement possible improvements and ultimately evaluate whether or not the changes have succeeded.

Who Should Be On the Team?

Creating and maintaining a male-friendly clinic is everyone's job, and "everyone" includes managers, clinical personnel, clerical personnel, and even clients. The Male Services Team should therefore be made up of a multidisciplinary team of "experts" representing multiple disciplines within the organization.

The team leader should be someone with enough authority to institute change successfully. The leader must be able to make resource allocation decisions that support the team's work and oversee implementation and evaluation of the processes.

Some of the tools – especially those soliciting staff input – should be used by an external facilitator. More about that expert is described below, in those tools.

> "Including the right people on an improvement team is critical to a successful improvement effort."
>
> **Institute for Health Care Improvement**, *Science of Improvement–Forming the Team*
>
> http://www.ihi.org/knowledge/Pages/HowtoImprove/ScienceofImprovementFormingtheTeam.aspx

What Should the Team Do?

The team, or workgroup, has these basic tasks:

1) Choose the tools for studying the clinic's existing services
2) Implement use of the tools
3) Review the findings
4) Summarize and analyze the findings
5) Communicate team activities and updates with other staff
6) Set priorities and timelines for implementing changes based on findings
7) Assess how well the changes are working

When the team has accomplished all of its objectives, some additional planning for "next steps" should be discussed. Ongoing monitoring of male services should be scheduled periodically as bad habits easily re-emerge and good habits usually need continued encouragement.

Getting the Team Started

Setting the tone for the group is essential and begins before the first meeting. Invite selected staff to participate and give members a sense of what this experience will be like and what is expected of them. Staff should understand that this is an honor, that their work is important, and that this is going to be interesting and challenging.

Top level administration should provide their support to the team by ensuring that the team has regular meeting times, and if needed, provides coverage for their time out of clinic.

Some tips for engaging the team members follow:

- When scheduling the first team meeting, create an invitation. Use wording such as… "You're invited to join in a serious–yet fun, challenging–yet rewarding, scientific–yet creative endeavor to learn how we can improve our service delivery for males. Let's meet in the conference room at 11:00 a.m. sharp on Tuesday, April 20."
- Invite a higher-level administrator, such as your CEO or Executive Director, to kick off the meeting. This communicates to the team that management is committed to this project, has high expectations of the team, and that management will continue to support the team's work.
- If at all possible, provide drinks and snacks. It's hard to focus on an empty stomach, and food is a simple way to break the ice.
- Start the meeting on time. Most importantly, you must arrive first to set up the room and greet participants. Greet each individual warmly and personally. Welcome them and encourage them to take a seat. Remind everyone that, while this is serious, a positive and relaxed attitude will help everyone to be creative and avoid being stuck in old ideas and ways.

Using this Manual

The team members should familiarize themselves with the tools in this manual. See Tools At-a-Glance at the beginning of Section 2. They should determine which tools they will use, and who will lead the implementation of each tool. Some of the tools require an external facilitator or content expert, so the team will need to identify and work with that person.

Each tool is followed by a "Results" page, where the implementer/facilitator of the tool and others should capture the findings.

DATA COLLECTION AND ANALYSIS

A Few Words about Ethics and Assessment

Whether we are providing services to clients, assessing or evaluating programs, or doing research in the broad arena of health and human services, our work is guided by ethical concerns for all participants. Three broad principles have been codified for guiding research with human beings. These principles are also applicable to program implementation and assessment; they serve as a clear reminder about how we should approach work in our field. The principles were first codified in the Belmont Report (1979), published as the summary findings of a national commission that studied research funded through the federal government. The principles include: respect for persons, beneficence and justice.

Quoting from the Belmont Report:

Respect for persons: "incorporates at least two ethical convictions: first, that individuals should be treated as autonomous agents, and second, that persons with diminished autonomy are entitled to protection. The principle of respect for persons thus divides into two separate moral requirements: the requirement to acknowledge autonomy and the requirement to protect those with diminished autonomy."

Beneficence: "Persons are treated in an ethical manner…by making efforts to secure their well-being. Such treatment falls under the principle of beneficence. The term 'beneficence' is often understood to cover acts of kindness or charity that go beyond strict obligation...[B]eneficence is [also] understood in a stronger sense, as an obligation. Two general rules have been formulated as complementary expressions of beneficent actions in this sense: (1) do not harm and (2) maximize possible benefits and minimize possible harms."

Justice: "Who ought to receive the benefits of [assessment] and bear its burdens? This is a question of justice, in the sense of 'fairness in distribution' or 'what is deserved.'… Another way of conceiving the principle of justice is that equals ought to be treated equally…There are several widely accepted formulations of just ways to distribute burdens and benefits. Each formulation mentions some relevant property on the basis of which burdens and benefits should be distributed. These formulations are (1) to each person an equal share, (2) to each person according to individual need**,** (3) to each person according to individual effort**,** (4) to each person according to societal contribution, and (5) to each person according to merit." It can be seen how conceptions of justice are relevant to [assessment] involving human subjects. For example, the selection of subjects needs to be scrutinized in order to determine whether some classes (e.g., particular racial and ethnic minorities) are being systematically selected simply because of their availability…rather than for reasons directly related to the problem being studied.

We've quoted at length from the Belmont Report to help provide a context for assessment activities you may choose to undertake. Our text above does not prescribe what you should or should not do. Rather it highlights some issues that the assessment team, agency management, and program staff

should keep in mind when deciding on which program components are scrutinized and how data are collected and secured.

A Few Words About Analyzing Your Data

In general, your Assessment Team will be collecting quantitative and qualitative data. Quantitative data are

- answers to questions that could be coded as Yes/No, or
- choosing one answer from a multiple choice item, or
- involve numbers—like how many patients were seen on a particular day.

Qualitative data refer to answers to questions where you write down words reflecting what a person says or what you observe or read.

For each of these data types, evaluators often use software to analyze the results. But we believe that generally you do not have to go that route. First, for quantitative data (like the yes/no questions on the Environmental Assessments) you will probably not have enough different environments or clinics to allow your team to do a statistical analysis using computer software (such as SPSS, SAS, Excel, EpiInfo, etc.).

For your qualitative data, it is also possible to enter your text into specialized computer programs for analysis (e.g., nVivo or Atlas.ti). But we think this approach would be well beyond what you need for the assessment analysis process. We think you can generate results from qualitative – and the limited quantitative – data using some simple, common-sense approaches outlined below.

Analysis Strategies

Your data will consist of answers to questionnaires, observations, as well as the transcripts and/or notes from discussion groups. It can be easy to get overwhelmed by this amount of input, so your first step will be to organize or sort your data from each instrument or event where notes were collected into more manageable categories.

1) Read through your transcripts or notes or the compilations of questionnaire answers, and look for common themes. Start broadly; you can generate more specific themes as you continue to review your data.
2) It is best if all members of the team read over all transcripts, notes, questionnaires.
3) Once one person has generated some themes within each “data set” then that summary document should be shared with each team member interested in doing analysis. Others should review and add ideas or comments. When we say “data set” we mean a specific type of data collected. It generally is defined by the distinct instruments and activities listed in this manual. For example, there are tools for environmental assessment, clinic mapping, staff discussion guide, male services outreach assessment, etc.
4) When different data sets are summarized it is then time to explore what themes or issues are common (or different) across data sets. Do you get the same picture of clinic services based on the staff discussion guide as you do from male services outreach, etc.?
5) As you work with your data we believe that you will identify patterns. One way to do this is “coding,” which simply means you go through the data and label words or phrases that occur

repeatedly. For example, in your staff discussion group, perhaps you notice the phrases “female clients” or “impact on females” or “our current clients.” These phrases might be labeled “Impact on current clients” and you can include descriptive information from each data source that characterizes what that impact might be.

6) At this point, you’re focused on the details—which is a good thing. Try and withhold your natural tendency to jump to definitive judgments or positing strategies to solve problems or address issues. You’re still in the phase where you’re going from ‘raw’ data to more general understandings of those data.

7) As the team reviews the initial set of themes you should also keep in mind where there are exceptions to those broader data or where one area’s results contradict data from another instrument or area of assessment.

8) Finally, as summary results were being generated we expect that the Assessment Team would also have been identifying ideas to strategies that address “next steps.” That is, given the results what possible actions should be considered as potential recommendations to management? These conjectures can be maintained on documents separate from each instrument. They should, though, have a reference or link to the form or data from which it was generated.

9) Once the team has followed this or a similar and consistent process for reviewing and summarizing the data and generating possible action steps, then it is important to transfer this information to each instrument’s “Results” form. The summary data or results would fall under the ‘Findings’ section and action steps or implications would be listed under the “Ideas” section.

Finally, as you go through these processes, think about how you want to share your results with others at the clinic or agency. What format will best display the data – a graph, table, text bullets? Thinking through this process will also help you to continue to fine tune the organization of your data. Ultimately, your key findings and possible actions need to be shared with management and other staff. We would expect that process to be even more complex than your data analyses—since prioritizing key issues and actions are also affected by larger themes within and beyond your organization, e.g. resources, staffing, relationships with other community agencies, and broader economic and social conditions.

Section 2: Assessment Tools

Tools At-a-Glance

The tools are listed in order of appearance in this section.

Tool	Who Uses	Who Participates	Page #
Male Services Environmental Assessment	Assessment Team	Assessment Team	14
Clinic Mapping Exercise	Assessment Team	Staff	20
Tracking Patient Flow	Assessment Team *or* External Expert	Staff	24
Tracking Staff Activity	Assessment Team *or* External Expert	Staff	25
Client Satisfaction Assessment	Assessment Team	Clients	29
Staff Discussion Guide	External Facilitator	Staff	32
Training Needs Assessment	Assessment Team	Staff	36
FP Client Discussion Guides (Male Client, Female Client, Potential Male Clients)	Assessment Team	Clients	40
Male Services Outreach Assessment	Assessment Team	Outreach Staff	50
Community Partners Discussion Guide	Assessment Team	Community Partner Staff	52

ASSESSING CLINIC ENVIRONMENT

The activities in this section are designed to help you look at the environment, using a broad definition of the term. In this sense, environment includes staff interactions with clients, paperwork, protocols, patient education materials, and other factors that impact a client's experience in calling, approaching, and visiting your clinic.

One very important factor is clinic efficiency. Are clients given an appointment within 2-3 days of calling for one? Once at the clinic, do clients spend more time in contact with staff than in the waiting room? Can clients get in and out of the door in a reasonable amount of time? Since clinic efficiency is so important, you may want to work with an external expert consultant on this. We have also provided some simple-to-use tools to gather your own data.

Tools in this Section

- Male Services Environmental Assessment
- Clinic Mapping Exercise
- Tracking Client Flow
- Tracking Staff Activity
- Client Satisfaction Survey (sample)

Male Services
Environmental Assessment

This checklist should be completed by an interdisciplinary team, made up of representation from *all* levels of staff – reception/clerks/support, clinical, health education, management.

The environmental assessment has two parts. The first part focuses on the agency as a whole, or, if you are part of a much-larger agency, such as a health department, this part could focus on your overall division or area in which you are positioned.

The second part addresses specific clinic site's environments. If you only have one clinic, complete both parts. If you have multiple clinics, complete the first part, then use the second part with each clinic site that wants to improve/increase male services.

Part One—Agency

In your agency's **clinic sites**, which types of visits are available for male clients?
[Circle all that apply.]

a. Annual exams
b. STD/STI screening
c. Athletic physicals
d. Sexual health counseling and services
e. Birth control education/counseling
f. Medical revisits
g. Infertility counseling/services
h. Other: _____

Note: Please answer the following questions specific to *male reproductive health and family planning services* (RH/FP)

Organizational Support	**YES**	**NO**
Does the agency's (or department's) mission focus on female clients?	**Y**	**N**
Does the agency's literature and website reflect serving male RH/FP clients?	**Y**	**N**
Protocols, Policies and Procedures		
Do you have a policy describing male RH/FP services?	**Y**	**N**
Have agency procedures been assessed to determine if they are inclusive of men and male RH/FP services?	**Y**	**N**
Do intake and other clinic data forms include items related to male RH/FP clients?	**Y**	**N**
Do chart materials include items related to male RH/FP clients, e.g., graphics of male and female genitals?	**Y**	**N**

Are there protocols for male RH/FP services?	**Y**	**N**
Does your new employee orientation include male RH/FP client services issues?	**Y**	**N**
Do your agency protocols specifically promote male friendliness?	**Y**	**N**
Do your protocols encourage staff to promote male services to female clients (i.e., in-reach)?	**Y**	**N**
Is there a protocol for communicating with couples who show up for FP/RH services?	**Y**	**N**
Is there a protocol for communicating with men who are not clients but who escort their partners to the clinic for services?	**Y**	**N**
Do clinical services operate under the responsibility of (or have access to) a clinician with experience or training in male RH/FP services?	**Y**	**N**
Do job descriptions state expectations regarding staff provision of male RH/FP services?	**Y**	**N**
Do staff performance evaluations include assessment of male RH/FP service delivery?	**Y**	**N**

Part Two—Clinic Sites

Clinic Site Name: _____

Physical Environment	**YES**	**NO**
Is the reception area free of signs or posters that are negative toward men?	**Y**	**N**
Are positive images of and messages about men displayed in the clinic?	**Y**	**N**
Are positive images of and messages about women displayed in the clinic?	**Y**	**N**
Are services provided in a confidential and private setting?	**Y**	**N**
Does the clinic offer male-specific hours?	**Y**	**N**
Does the clinic offer male RH/FP services in a separate setting from where women receive RH/FP services?	**Y**	**N**
Does the clinic offer male RH/FP services in the same areas where women receive RH/FP services?	**Y**	**N**
Are RH/FP male and female clients seen in the same physical clinic area during the same block of time?	**Y**	**N**

Programs and Services	**YES**	**NO**
Are educational materials provided to promote and support men's RH/FP health?	**Y**	**N**
Is information about community resources and referrals available for male RH/FP clients?	**Y**	**N**
Is information about community resources for males accessible to all clients – male and female?	**Y**	**N**
Are there resources specific to males in your community referrals list?	**Y**	**N**
Are services regularly evaluated to ensure they are meeting male clients' needs?	**Y**	**N**
Does the clinic have a referral system for care beyond the scope of this project?	**Y**	**N**

[Go to next page]

Staff/Volunteers

Are staff observed and provided feedback about their work with male clients? **Y** **N**

Do you have male staff? **Y** **N**

If yes, in what roles? [Check all that apply]

__ Clinician

__ Health educator (in the clinic)

__ Community health educator, outreach worker

__ Support staff, i.e., reception, cashier, etc.

__ Administration/management

__ Other: _____

Environmental Assessment Results

Instructions

The interdisciplinary team should complete one results page for Part One–Agency and one for each clinic site reviewed.

Clinic site: _____ Date Completed: __ / __ / __

Interdisciplinary team members: _____

Findings

List below the most significant findings (Ah-ha moments) from assessment. Include both positive and critical observations.

Ideas

List below the ideas that the team and staff offered for improvement.

Clinic Efficiency Activities

Clinic Mapping Exercise

The purpose of conducting this activity is twofold. First, it's very helpful to raise staff awareness of client's clinic flow experience in typical appointments. Most staff have no idea how many "stops" a client goes through, or how frequently clients are directed back to a waiting area. Increasing their awareness of this can help staff to become more empathetic and client-centered. Secondly, this provides needed information about the actual number of "stops" and staff that clients visit. Once this is determined, it's easier to see where and how to reduce the number of stations clients visit in a given visit.

This exercise can be led by an Assessment Team member, or an external facilitator. It will require 30-60 minutes, depending on the number of participants. You can do this with your entire staff at once, or with smaller groups at different times (see Instructions.)

Tracking Patient Flow

Use this form and spreadsheet to collect and analyze data on how actual *clients* move through your clinic, and how much time particular visit types and specific stops take. You can adjust the form to reflect your clinic's particular processes and needs.

Tracking Staff Activity

This form and spreadsheet allow you to get a clear picture of how many clients *staff are seeing* over a particular time frame. Data can be analyzed by individual staff person, by staff designation (RNs, PAs, etc.), or for the clinic overall.

By tracking both client flow and staff activity, you can put the data together to get a complete picture of current reality, which should inform decisions that impact clinic efficiency, including adjusting appointment schedules and staff assignments.

Contact austin@cardeaservices.org for more information and an adaptable spreadsheet, pre-loaded with formulas for analysis.

"[Time studies] opened the door to good communication with staff about how to effect change and how increased productivity means increased $$."

Clinic manager, 2009

Clinic Mapping Exercise

You will need: Ledger paper or half-sheets of easel paper, many colored thin-tipped markers, and masking tape.

Instructions

Divide the group into groups of 3-5. If you have multiple clinic sites, have each site team work together. If the groups are larger than 6-7, split them into smaller groups. If working with an entire staff from one clinic site, you can break the groups up so that the same types of staff are together (i.e., clerks in one group, clinicians in another, etc.) to see if there are differences in perception.

Hand out a sheet of ledger or easel paper, one per group. Give each group 5-6 different colored markers.

Tell the groups that they're going to map their client's experiences in the clinic. First, ask them to use a black marker to draw a "blueprint" of the clinic, including all of the parts of the clinic that a client could be in. They don't need to include the administrative offices, if clients do not go there.

Once all groups have done that, ask them to think about the different types of visits a male client might have – wellness check, STD check, athletic physical, etc. Ask them to choose a color for each one and to draw the client's progress through the clinic for each visit, starting at the front door, and proceeding along every step of the way, until they check out. They should include every time the client goes to the waiting/reception area, as well. At each stop, they should place an 'x'.

Give the groups 10-15 minutes. Ask each group to post their map on the wall, and give each group 3-5 minutes to present back to the other groups. Have everyone cluster around the map, so they can see it. (Do a "gallery walk.") Make note of any differences and ask the group about them. For example, if one group shows only 4 stops for an athletic physical, and another group shows 5 stops, or if a different order in stops is shown.

After all groups have shared their maps, ask everyone to return to their seats, and lead a discussion, using these and other questions:

- What are your thoughts about our clients' experience at our clinic(s)?
- How does our clients' experience – number of stops, etc. – compare to your experience at your health care provider?
- Did you become aware of anything, any ah-has? What were they?
- How does putting a "male lens" on this influence your thoughts about clients' experience?
- What are your ideas about improving clients' flow through the clinic?

As the group shares ideas for improvement, note them on easel paper.

Summary Discussion

Point out that we get so used to doing things the same old way; it's really hard to step back and view our practice with a new eye. This project gives us a chance to look at everything we do, and everything we ask clients to do, with a fresh perspective.

Tell the group that we're in a unique position at the moment, of gathering information, but not making actual changes. That's why we carefully listed the great ideas that staff had for making improvements, and we'll keep that list. However, we're *not going to make any changes* until other assessments are completed and the actual implementation phase of the project begins.

Encourage staff to continue to share ideas among themselves and with you for making improvements on clinic flow. Ask them to go back to their sites and try to see the clinic layout through a new male clients' eyes.

Clinic Mapping Results

Instructions

Complete one results page every time you conduct the Clinic Mapping Exercise.

Clinic site: _____ Date Completed: __ / __ /__

Number and type of staff: _____

Number of stops by visit type: _____

_____

Findings

List below the findings (Ah-ha moments) generated by staff in the discussion part of the exercise. Include both positive and critical comments.

Ideas

List below the ideas you and staff offered for improvement.

Tracking Patients and Staff

Tracking Patient Flow and Staff Activity

Tips for Gathering Good Data:

- Try to capture patient's arrival time, not check-in time.
- Be sure to document every time the patient is in contact with a staff person.
- You may also want to document tasks like paperwork, i.e., mark the "time in" when patient receives paperwork and the "time out" when they return it to staff.
- Cycle time ends when the patient leaves your clinic. It does not include post-visit charting. You may still document time it takes to do post-visit charting during tracking.
- It is recommended that you collect data over the equivalent of 2 weeks of clinic time, to minimize the impact of extraordinary situations on overall averages.
- Study your data to explore why back-ups or bottlenecks occur. Are the NPs ever waiting for patients? Were there a lot of "drop-ins" preceding the patient you are tracking? Write it all down!

TRACKING PATIENT FLOW

1. Date: _____
2. Patient ID: _____
3. Appointment: ☐ Yes ☐ No
4. Visit type: ☐ Initial ☐ Annual ☐ _____
5. Arrival time: _____
6. Departure time:_____
7. Stops:

☐	Eligibility		☐	Education		☐	Post
☐	Lab/vitals		☐	Exam		☐	Other____
☐	Other____		☐	Other____			

8. Special Comments:

9. *Optional:* Stop_____ Time in _____ Time out _____ Staff initials _____

TRACKING PATIENT FLOW

1. Date: _____
2. Patient ID: _____
3. Appointment: ☐ Yes ☐ No
4. Visit type: ☐ Initial ☐ Annual ☐ _____
5. Arrival time: _____
6. Departure time:_____
7. Stops:

☐	Eligibility		☐	Education		☐	Post
☐	Lab/vitals		☐	Exam		☐	Other____
☐	Other____		☐	Other____			

8. Special Comments:

9. *Optional:* Stop_____ Time in _____ Time out _____ Staff initials _____

Tracking Staff Activity

(To be duplicated for each staff person)

Agency:
Provider Name/Designation (e.g., front desk, RN, NP):

Date of clinic session	Time In (available to see clients)	Time Out (charting completed)	Total # of Clients Seen this Session	Special Comments

Tracking Staff Activity

(To be duplicated for each staff person)

Agency:
Provider Name/Designation (e.g., front desk, RN, NP):

Date of clinic session	Time In (available to see clients)	Time Out (charting completed)	Total # of Clients Seen this Session	Special Comments

Clinic Efficiency Assessment Results

Instructions

The interdisciplinary team should complete one results page in summary from your clinic efficiency activities for each site.

Clinic site: _____ Date Completed: __ / __ / __

Interdisciplinary team members: _____

Findings

List below the most significant findings (Ah-ha moments) from assessment. Include both positive and critical observations.

Ideas

List below the ideas that the team and staff offered for improvement.

Client Satisfaction

Why ask clients for their input?

Conducting client satisfaction activities can help you to:

- Identify opportunities for service improvements
- Identify what clients really want
- Allocate resources more effectively
- Develop proactive responses to emerging client demands
- Provide feedback to all stakeholders about program effectiveness
- Evaluate the effectiveness of new program strategies (for example, assess success of newly implemented technologies from the clients' perspective)

Challenges

Obtaining accurate and honest input from clients, particularly in publicly-funded reproductive health care settings, is very difficult. This is due in part to a "courtesy bias," where clients are reluctant to express dissatisfaction with services.[2] However, by using a low threshold of dissatisfaction, shortcomings in service delivery can be identified. In plain terms, this means that clinics should be sensitive to subtle indications of dissatisfaction. Clinics should view a 5% negative response to any item as an indication that improvements are needed. [3]

"Customers don't expect you to be perfect. They do expect you to fix things when they go wrong."

Donald Porter
V.P. British Airways

Courtesy bias appears to be a characteristic of client satisfaction assessments that is not likely to change. But measuring client *expectations* as well as satisfaction can help. This is valuable in a number of ways. First, by simply asking about satisfaction, we never learn what it is that patients expect or think is important. Additionally, "(e)xpectation scores can be used as a baseline for comparing satisfaction scores; dissatisfaction is indicated if a satisfaction score is lower than the expectation score."[4]

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[2] Avis, M., Bond,.M., and Arthur, A. "Questioning patient satisfaction: an empirical investigation in two outpatient clinics," (1997), *Social Science and Medicine.* Kenny, D. "Determinants of patient satisfaction with the medical consultation," (1995), *Psychology and Health.* Simmons, R. and Elias, C. "The study of client-provider interactions: a review of methodological issues, (1994), *Studies in Family Planning.*

[3] Williams, Timothy, Schutt-Aine, Jessie, and Cuca, Yvette. "Measuring Family Planning Services Quality Through Client Satisfaction Exit Interviews," (2000), *International Family Planning Perspectives.*

[4] Cembrowski, George S., MD , PhD, et. al. "Are Phlebotomy Services Completely Satisfying Our Patient Customers?" *1995 Institute: Frontiers in Laboratory Practice Research.*

The following tool is an example; the language used was suggested by clients. You can adapt this to meet your needs. Additional tools – including Spanish versions – are included in *Client Satisfaction Made Easy,* available at Cardea's website: http://www.cardeaservices.org/resourcecenter/client-satisfaction-made-easy

Client Satisfaction Assessment

Please complete this *before* your exam and keep it with you.

I am:

☐ Female ☐ Male

☐ Under 18 years old
☐ Between 18 and 24
☐ Between 25 and 34
☐ Between 35 and 45
☐ Over 45 years old

☐ A new patient at this clinic
☐ A returning patient at this clinic

How would you describe your race/ethnicity? _____

How would you rate: Lousy=1, Bad=2, Okay=3, Good=4, Great=5

The process of scheduling your appointment	1	2	3	4	5
The location of the clinic	1	2	3	4	5
The greeting you received from staff today	1	2	3	4	5

How important is it to you, that:
Not at all important=1, Not important=2, Nice but not necessary=3, Important=4, Very Important=5

The clinic visit does not take too long	1	2	3	4	5

Please complete the next section *after* your exam.

How would you rate: Lousy=1, Bad=2, Okay=3, Good=4, Great=5

The quickness of staff to see you	1	2	3	4	5
The readiness of staff and clinic for your visit	1	2	3	4	5
Time spent waiting for clinician/nurse/doctor	1	2	3	4	5
Time spent waiting for tests and lab work	1	2	3	4	5
Length of time spent at the clinic	1	2	3	4	5

Was your visit too short, too long, or just right?

What else would you like us to know?

Please return this card when you are finished.
Thank You for your feedback!

Client Satisfaction Assessment Results

Instructions

The interdisciplinary team should complete one results page in summary from your client satisfaction activities for each site.

Clinic site: _____ Date Completed: __ / __ / __

Interdisciplinary team members: _____

Findings

List below the most significant findings (Ah-ha moments) from client input.

How do satisfaction ratings compare to expectation ratings?

Ideas

List below the ideas that the team and staff offered for improvement.

ASSESSING STAFF TRAINING NEEDS

Without doubt, the most important feature of a male-friendly clinic is its staff. If your agency has not traditionally provided services for many men, *or* if your agency has served men, but not in reproductive health, your staff will need quite a bit of training to increase both their comfort and their competence.

Even if you have a long history of serving male clients in reproductive health, training should be ongoing. Determining what kind of training to offer, for whom, and how often, is complex. And while asking staff what training they would like is part of the equation, a good assessment of staff training needs requires more.

Our model clinic[5] found "in-reach" to be a key strategy for recruiting male clients. This simply means that staff talk to current clients – male and female – about your services for males. Don't assume that staff are doing this! Ask them if they are, remind them to do so, and observe staff in all areas of the clinic – reception, education/counseling, and exams.

Asking male clients how they heard about your clinic should reveal this, as well. A question about this should be included on your existing forms, and staff should be trained to follow up with clients to get more information. You should hear responses such as "my girlfriend/sister/mother/neighbor comes here, and she told me about your male clinic/services." If you don't, it may be time for more staff training on talking to clients about services.

The following tools are designed to capture information from staff about *their* perspective on serving males and on their training needs, but you'll learn about staff training needs from other tools as well.

The Training Needs Assessment is designed to solicit input from individual staff members. It should be accompanied by assurances that staff can be honest, with no fear of recrimination. Ideally, you will establish a mechanism where the input can be truly anonymous, for example conducting a survey online, or if done on paper, providing a locked box.

Tools in this section

- Staff Discussion Guide
- Training Needs Assessment

[5] Women's and Men's Health Services of the Coastal Bend, Texas (formerly Planned Parenthood of South Texas) was our "model clinic," having demonstrated use of the three key strategies – focus on outreach, staff training (including in-reach) and environment – to increase their unduplicated male client population from under 200 annually in 2002 to over 1,400 in 2008. At the same time, their numbers of female clients also rose.

Staff Discussion Guide
Male Services

Use this discussion guide to learn from your staff how you can improve services to males in your clinic. If your staff is too large to involve everyone, choose representatives from all areas of the clinic.

This discussion guide is best used by an experienced facilitator from outside the agency. Places to find such a person could include a local university, a family planning training center, local or state health department, or a volunteer agency in your community.

The reason for this is to help staff feel more comfortable sharing their thoughts, concerns and ideas that they might hesitate to share with a staff person. If it isn't possible to find someone outside the agency, it will be very important for the staff person leading this to assure the group of confidentiality.

Leading the Discussion Group

Facilitation: The moderator who conducts a group meeting must encourage interaction and solicit honest responses, while also keeping the group on task. Effective moderators use group facilitation and communication skills, especially in establishing rapport, and asking open-ended and follow-up questions. The moderator should:

- Use open-ended questions; avoid yes/no questions.
- Use probing follow-up questions: "What influenced your answer?" or "Please say more about that."
- Encourage alternative points of view: "Does anyone feel differently?" or "What are some other points of view?"

Note-taking: In addition to a moderator or facilitator, you'll need someone else to take notes. A note taker must be very skilled in capturing what participants actually say, as well as summarizing when appropriate.

Resources: Conducting the discussion group doesn't have to be expensive, complicated or time-consuming. The greatest resource you'll invest will be staff time to plan for, conduct and follow up on what you learn from the group. Additional resources include paper and pens for the note taker(s), (or a laptop computer if you have one), possibly a tape recorder and tapes, a comfortable private space, preferably in a neutral location, and some simple incentives, such as food and soft drinks.

Staff Input: Male Services in Title X Clinics

Introduction

(Moderator: you may want to read the sentences in quotations as they are written)

- Introduction of moderator and note taker
- Welcome and thank the staff
- Objective of the meeting: *"Since our clinic will be offering/improving reproductive health services to men, we are interested in hearing your suggestions and recommendations on how to effectively conduct outreach and in-reach to promote male services."*
- Confidentiality: *"Everything we talk about today is confidential and will not be discussed outside of this meeting. No one's name will appear in any written summaries we will prepare from the information you provide. We will be talking for approximately one hour. If there is any part of the discussion you do not wish to participate in, you do not have to. If there is anything you say that you would prefer not be used in written summaries, please let me know and I will make sure to exclude that information."*
- Optional: Tape recorder: *"The opinion of each one of you is very important to us. We will be taking notes; however, it will not be possible to take notes of everything that is said. Therefore, we have brought a tape recorder so that we won't miss any part of the conversation. Is it alright with you if we use the tape recorder?"*

If they say "yes," turn on tape recorder and re-state *"you have given us permission to record this conversation, right?"*

Ask probing questions about:

Vision

Probe:

- How well male reproductive health/family planning services fit into this agency's vision and mission.

Environment

Probe:

- The physical environment, clinic hours and staff.
- Experience serving males in the clinic.
- Future hopes and concerns.

Outreach

[Define outreach with the group: Outreach means going out into the community working with community members, and working with other community organizations, to promote your services for males.]

Probe:

- Current outreach – successes and challenges.
- Who – target population and how is that defined.
- Promotional message and media outlets.
- Partners and collaborators.
- Future hopes and concerns.

In-reach

[Define in-reach with the group: In-reach is when your clients, staff, board members and other programs tell their male friends, family, clients and partners about the clinic and service.]

Probe:

- Current successes and challenges.
- Who – which staff should/could do in-reach.
- Future hopes and concerns.

Training

Probe:

- Staff skills and readiness to change environment and conduct outreach and in-reach.
- Training required to successfully change the environment and conduct outreach and in-reach.

Thank the group for their participation and ideas

Staff Discussion Results

Instructions

The external facilitator and note-taker should complete one results page for each staff discussion.

Clinic site: _____ Date Completed: __ / __ / __

Number and type of staff: _____

Moderator: _____

Observer/note taker: _____

Findings

List below the most significant findings (Ah-ha moments) from this group discussion. Include both positive and critical comments without identifying any speakers.

Ideas

List below the ideas offered for improvement.

Training Needs Assessment

In the past year, about how much training **in total** have you had for your work with clinic clients?

__ No training in the past year
__ Less than 1 day (1-7 hours)
__ 1 - 2 days
__ 3 - 4 days
__ 5 - 6 days
__ 7 or more days of training, past year

Have you **ever** had training in working with *male* clients? __ Yes __ No

In the past year, have you had training in working with male clients? __ Yes __ No

During the past year, in what **content areas** have you had training in working with male clients?

[Check all that apply.]
__ No training in working with male clients
__ Family planning clinical services
__ STD/HIV prevention services
__ In-reach (promoting male services to existing male *and female* clients)
__ Education/counseling
__ Other reproductive health areas: _____
__ Outreach to males
__ Other training on working with males, please list topics:

How important is it for you to receive more training in the next year for providing FP/RH clinical, education or counseling services to **female** clients?
__ Not important
__ Somewhat important
__ Moderately important
__ Very important
__ Extremely important

How important is it for you to receive more training in the next year for providing FP/RH clinical, education or counseling services to **male** clients?
__ Not important
__ Somewhat important
__ Moderately important
__ Very important
__ extremely important

How would you rate your level of skills in providing FP/RH clinical, education or counseling services to **female** clients?
__ I do not provide clinical, education or counseling services
__ Poor

__ Fair
__ Good
__ Very good
__ Excellent

How would you rate your level of skills in providing FP/RH clinical, education or counseling services to **male** clients?
__ I do not provide clinical, education or counseling services
__ Poor
__ Fair
__ Good
__ Very good
__ Excellent

The following questions refer to clinical, counseling or educational services with clients during the **past month (4 weeks) of work.**
For each item below, please rate how frequently you have done these things in the past month at work.

In your work with clients during the past month, how often have you:	**Never**	**Rarely**	**Some-times**	**Half the time**	**Most of the time**
talked with female clients about birth control methods.	1	2	3	4	5
asked clients about their sexual partners.	1	2	3	4	5
spoken with female clients about condom use.	1	2	3	4	5
talked with clients about how they could talk to their sexual partners about birth control.	1	2	3	4	5
asked about female clients' male family members or male friends need for services such as STD/HIV testing.	1	2	3	4	5
asked male clients about their satisfaction with the clinic and its services.	1	2	3	4	5
talked with female clients about male services at this clinic.	1	2	3	4	5
asked female clients about their satisfaction with the clinic and its services.	1	2	3	4	5

If you had the opportunity to attend training on male services, which of the following topics would most benefit you and your work? [Check all that apply.]

__Contraceptive Methods & Counseling for Men

__Sexual Health: Talking with Men

__Male Reproductive Health

__STIs and Men

__Vasectomy Counseling

__Client Outreach: Reaching Males

__Community Partnerships: Collaboration with Results

__Male Exams— Practicum

ASSESSING COMMUNITY PARTNERSHIPS AND OUTREACH

This section provides you with tools to gather input from clients, your own outreach/education staff, and staff of agencies in your community with whom you already do, or could, partner to maximize resources and referrals.

Strong partnerships with other agencies in your community that serve males is very helpful in growing your male clientele, but only if they are aware of what services you offer. You can't make any assumptions about this, so be sure to include them in your assessment. A tool designed specifically for them is included below.

One essential "tool" is simply to ask male clients: "How did you hear about us?" This question should be added to your existing intake forms. However, staff should be taught to probe further to get details. For example, if a client answers, "a health fair," staff should ask, and document, which health fair, at what location, etc. In this way, and *only in this way,* can you learn what outreach efforts have been successful, and if they are worth continuing.

Tools in this section

- FP Client Discussion Guides: for current male clients, current female clients, and potential male clients
- Male Services Outreach Assessment
- Community Partners Discussion Guide

FP CLIENT
Discussion Guides

Use these discussion guides to learn from your clients how you can better serve males from your community in your clinic. Clients can include both *existing male and female clients* as well as *potential male clients* who use services in other community agencies. Therefore, there are three guides included, one for each type.

Each discussion guide can be useful for several reasons. First, it is useful to understand your clients' perception of the services they receive at your clinic. Secondly, it can be used to understand how to better attract potential male clients to use reproductive health services at your clinic. Ultimately the most important reason for using this guide is to effectively and efficiently provide comprehensive health and social services to young men in the community.

The discussion guides can be used by agency staff responsible for promotion, outreach and community education. They can be used when meeting one-on-one or in a group setting.

Leading the Discussion Group

Facilitation: The staff person (moderator) who conducts a group meeting must encourage interaction and solicit honest responses, while also keeping the group on task. Effective moderators use group facilitation and communication skills, especially in establishing rapport, and asking open-ended and follow-up questions. The moderator should:

- Use open-ended questions; avoid yes/no questions.
- Use probing follow-up questions: "What influenced your answer?" or "Please say more about that."
- Encourage alternative points of view: "Does anyone feel differently?" or "What are some other points of view?"

Note-taking: In addition to a moderator or facilitator, you'll need someone else to take notes. A note taker must be very skilled in capturing what participants actually say, as well as summarizing when appropriate.

Resources: Conducting the discussion group doesn't have to be expensive, complicated or time-consuming. The greatest resource you'll invest will be staff time to plan for, conduct and follow up on what you learn from the group. Additional resources include paper and pens for the note taker(s), (or a laptop computer if you have one), possibly a tape recorder and tapes, a comfortable private space, preferably in a neutral location, and some simple incentives, such as food and soft drinks.

***Key Terms*:** reproductive health services include birth control; pregnancy tests, giving out condoms; STD/HIV testing, treatment and counseling; and physical exams.

Male Clients' Input: Male Services in Title X Clinics

Introduction

(Moderator: you may want to read the sentences in quotations as they are written)

- Introduction of moderator and note taker
- Welcome and thank the participants
- Objective of the meeting: *"Since our clinic will be offering/improving reproductive health services to men, we are interested in hearing your suggestions and recommendations on how to effectively conduct outreach and in-reach to promote male services."*
- Confidentiality: *"Everything we talk about today is confidential and will not be discussed outside of this meeting. No one's name will appear in any written summaries we will prepare from the information you provide. We will be talking for approximately one hour. If there is any part of the discussion you do not wish to participate in, you do not have to. If there is anything you say that you would prefer not be used in written summaries, please let me know and I will make sure to exclude that information."*
- Optional: Tape recorder: *"The opinion of each one of you is very important to us. We will be taking notes; however, it will not be possible to take notes of everything that is said. Therefore, we have brought a tape recorder so that we won't miss any part of the conversation. Is it alright with you if we use the tape recorder?"*

If they say "yes," turn on tape recorder and re-state *"you have given us permission to record this conversation, right?"*

Male Clients

Ask probing questions about:

Service History

Probe:

- How did you find out about this clinic?
- Where were you getting reproductive health services before?

Service Utilization

Probe:

- What services have you been using here at this clinic?

Experiences

Probe:

- What have been your experiences regarding the services you have used at this clinic (staff, confidentiality, etc.)?
- What has worked well; what has not worked well?

Action Plan

Probe:

- What needs to be changed to enhance male reproductive health services in this clinic?
- How can we promote male services in this community?

Thank the group for their participation and ideas

Male Clients' Input: Male Services in Title X Clinics Discussion Results

Instructions

The facilitator and note-taker should complete one results page for each discussion with clinic male clients.

Date Completed: __ / __ / __

Clinic Male clients: _____

_____

Moderator: _____

Observer/note taker: _____

Findings

List below the most significant findings (Ah-ha moments) from this group discussion. Include both positive and critical comments without identifying any speakers.

Ideas

List below the ideas offered for improvement.

Female Clients Input: Male Services in Title X Clinics

Introduction

(Moderator: you may want to read the sentences in quotations as they are written)

- Introduction of moderator and note taker
- Welcome and thank the participants
- Objective of the meeting: *"Since our clinic will be offering/improving reproductive health services to men, we are interested in hearing your suggestions and recommendations on how to effectively conduct outreach and in-reach to promote male services."*
- Confidentiality: *"Everything we talk about today is confidential and will not be discussed outside of this meeting. No one's name will appear in any written summaries we will prepare from the information you provide. We will be talking for approximately one hour. If there is any part of the discussion you do not wish to participate in, you do not have to. If there is anything you say that you would prefer not be used in written summaries, please let me know and I will make sure to exclude that information."*
- Optional: Tape recorder: *"The opinion of each one of you is very important to us. We will be taking notes; however, it will not be possible to take notes of everything that is said. Therefore, we have brought a tape recorder so that we won't miss any part of the conversation. Is it alright with you if we use the tape recorder?"*

If they say "yes," turn on tape recorder and re-state *"you have given us permission to record this conversation, right?"*

Female Clients

Ask probing questions about:

Male Service

Probe:

- What is your opinion about men coming to this clinic to use reproductive health services? What are pros and cons?

Male partners, male family members or male friends

Probe:

- What experiences have you had around your male partners, male family members or male friends using reproductive health services in this clinic?
- Have you referred any of your male partners, family members or male friends to this clinic? If yes, for what services?
- What do you think it would take for you to invite your male partners, male family members or male friends to come here for reproductive health services?

Experiences

Probe:

- What have been your experiences regarding the services you have used at this clinic (staff, confidentiality, etc.)?
- What has worked well; what has not worked well?

Action Plan

Probe:

- What needs to be changed to enhance male reproductive health services in this clinic?
- How can we promote male services in this community?

Thank the group for their participation and ideas

Female Clients' Input: Male Services in Title X Clinics Discussion Results

Instructions

The facilitator and note-taker should complete one results page for each discussion with clinic female clients.

Date Completed: __ / __ / __

Clinic female clients: _____

Moderator: _____

Observer/note taker: _____

Findings

List below the most significant findings (Ah-ha moments) from this group discussion. Include both positive and critical comments without identifying any speakers.

Ideas

List below the ideas offered for improvement.

Potential Male Clients' Input: Male Services in Title X Clinics

Introduction

(Moderator: you may want to read the sentences in quotations as they are written)

- Introduction of moderator and note taker
- Welcome and thank the participants
- Objective of the meeting: *"Since* [name of clinic] *will be offering/improving reproductive health services to men, we are interested in hearing your suggestions and recommendations on how to effectively conduct outreach and in-reach to promote male services."*
- Confidentiality: *"Everything we talk about today is confidential and will not be discussed outside of this meeting. No one's name will appear in any written summaries we will prepare from the information you provide. We will be talking for approximately one hour. If there is any part of the discussion you do not wish to participate in, you do not have to. If there is anything you say that you would prefer not be used in written summaries, please let me know and I will make sure to exclude that information."*
- Optional: Tape recorder: *"The opinion of each one of you is very important to us. We will be taking notes; however, it will not be possible to take notes of everything that is said. Therefore, we have brought a tape recorder so that we won't miss any part of the conversation. Is it alright with you if we use the tape recorder?"*

If they say "yes," turn on tape recorder and re-state *"you have given us permission to record this conversation, right?"*

Potential Male Clients

Ask probing questions about:

Service History

Probe:

- Where do men get information about health, and specifically reproductive health?
- Where do men go for health or reproductive health services in this community?

Service Utilization

Probe:

- What kinds of services do they use at these places?
- Do men in this community have any concerns about their health?
- Do men in this community have any concerns about STDs?
- Do men in this community have any concerns about contraception?

Experiences

Probe:

- What do you hear about men's experiences regarding the services they use at these places?
- What works well; what does not work well?

Action Plan

Probe:

- What kinds of changes would it take to have men in this community use the reproductive health services in [name of clinic]?
- How can we promote male services in this community?

Thank the group for their participation and ideas

Potential Male Clients' Input: Male Services in Title X Clinics Discussion Results

Instructions

The facilitator and note-taker should complete one results page for each discussion with potential male clients.

Date Completed: __ / __ / __

Potential Male clients:

_____

_____

Moderator: _____

Observer/note taker: _____

Findings

List below the most significant findings (Ah-ha moments) from this group discussion. Include both positive and critical comments without identifying any speakers.

Ideas

List below the ideas offered for improvement.

Male Services
Outreach Assessment

This checklist should be completed by members of your community education/outreach team.

Agency: _____

Team members:_____

Clinic site: _____

NOTE: You may need to complete an outreach assessment for each clinic, rather than the agency overall. That will depend on how your outreach and community education practices and policies are structured.

	YES	NO
Has a needs assessment been completed to plan outreach activities for men?	**Y**	**N**
Do you have formalized community partnerships to promote and provide reproductive health/family planning (RH/FP) services to men?	**Y**	**N**
Do you have a written plan to ask female clients to encourage male partners, friends and family to use clinic services?	**Y**	**N**
Do you have a formal outreach plan to promote RH/FP male services?	**Y**	**N**
Do you have promotional materials to promote RH/FP male services?	**Y**	**N**
Do you have a distribution plan for your promotional materials?	**Y**	**N**
Does your outreach plan target males and females to promote RH/FP male services?	**Y**	**N**
Are you a part of a coalition/network where you can promote male RH/FP services?	**Y**	**N**
Do staff regularly meet with other organizations to promote male RH/FP services?	**Y**	**N**

Outreach Assessment Results

Instructions

The outreach team should complete one results page for each clinic site reviewed.

Clinic site: _____ Date Completed: __ / __ / __

Findings

List below the most significant findings (Ah-ha moments) from assessment. Include both positive and critical observations.

Ideas

List below the ideas that the team and staff offered for improvement.

Community Partners
Discussion Guide

Use this discussion guide to learn from your partners how you can better serve males in your clinic. Partners could include community based organizations; faith based organizations, schools and other social service agencies, or even private industries or businesses.

Being aware of the services other agencies provide will help your clinic staff refer young men to services that are beyond the focus of your family planning clinic. It also helps partnering agencies to pool their resources and not duplicate services. Ultimately the most important reason for collaborating and forming partnerships is to effectively and efficiently provide comprehensive health and social services to young men in the community.

> **"Now we are actively involved with community partners who refer men to us."**
>
> OPA Male Research Project participant

This discussion guide can be used by agency staff responsible for promotion, outreach and community education. It can be used when meeting one-on-one or in a group setting.

Leading the Discussion Group

Facilitation: The staff person (moderator) who conducts a group meeting must encourage interaction and solicit honest responses, while also keeping the group on task. Effective moderators use group facilitation and communication skills, especially in establishing rapport, and asking open-ended and follow-up questions. The moderator should:

- Use open-ended questions; avoid yes/no questions.
- Use probing follow-up questions: "What influenced your answer?" or "Please say more about that."
- Encourage alternative points of view: "Does anyone feel differently?" or "What are some other points of view?"

Note-taking: In addition to a moderator or facilitator, you'll need someone else to take notes. A note taker must be very skilled in capturing what participants actually say, as well as summarizing when appropriate.

Resource: Conducting the discussion group doesn't have to be expensive, complicated or time-consuming. The greatest resource you'll invest will be staff time to plan for, conduct and follow up on what you learn from the group. Additional resources include paper and pens for the note taker(s), (or a laptop computer if you have one), possibly a tape recorder and tapes, a comfortable private space, preferably in a neutral location, and some simple incentives, such as food and soft drinks.

Community Partners Input: Male Services in Title X Clinics

Introduction

(Moderator: you may want to read the sentences in quotations as they are written)

- Introduction of moderator and note taker
- Welcome and thank the participants
- Objective of the meeting: *"Since our clinic will be offering/improving reproductive health services to men, we are interested in hearing your suggestions and recommendations on how to effectively conduct outreach and in-reach to promote male services."*
- Confidentiality: *"Everything we talk about today is confidential and will not be discussed outside of this meeting. No one's name will appear in any written summaries we will prepare from the information you provide. We will be talking for approximately one hour. If there is any part of the discussion you do not wish to participate in, you do not have to. If there is anything you say that you would prefer not be used in written summaries, please let me know and I will make sure to exclude that information."*
- Optional: Tape recorder: *"The opinion of each one of you is very important to us. We will be taking notes; however, it will not be possible to take notes of everything that is said. Therefore, we have brought a tape recorder so that we won't miss any part of the conversation. Is it alright with you if we use the tape recorder?"*

If they say "yes," turn on tape recorder and re-state *"you have given us permission to record this conversation, right?"*

Ask probing questions about:

Vision

Probe:

- How well do male reproductive health/family planning services fit into your (the partner's) agency's vision and mission?

Incentives

Probe:

- How do you think your agencies and your clients will benefit from the partnerships?

Resources

Probe:

- What resources would it take to enhance male reproductive health in this community?

Skills

Probe:

- What skills would be needed by your agency's staff to promote male reproductive health?
- What training would be needed to achieve these skills?

Action Plan

Probe:

- What steps need to take place to enhance male reproductive health in the community?

Thank the group for their participation and ideas

Community Partner Discussion Results

Instructions

The facilitator and note-taker should complete one results page for each discussion with community partners.

Date Completed: __ / __ / __

Community partners: _____

_____

Moderator: _____

Observer/note taker: _____

Findings

List below the most significant findings (Ah-ha moments) from this group discussion. Include both positive and critical comments without identifying any speakers.

Ideas

List below the ideas offered for improvement.

Section 3: So What? Now What?

Making Sense of it All

Now that you have completed your assessments, and you've compiled and analyzed your data, you're ready for the big question:

How will you increase your ability to see more male clients?

In order to accomplish this goal, you can do one or more of the following:

- Increase number of staff
- Increase staff hours
- Increase clinic hours
- Increase space in clinic (exam rooms, etc.)
- Increase overall efficiency

How to know which actions are right for your clinic? The tools below are designed to help you focus on the activities that will get you the most significant results.

Based on your "results" pages from completing the various assessments and discussions, you can use the following as a guide to make changes to improve/increase your male reproductive health services.

Each area – general, environmental, outreach, and staff training – is followed by a worksheet you can use to identify priorities and develop an action plan.

General Assessment Findings

If you learned …	Ideas to address
Vision, Resources, Policies	
Vision is not congruent with male services Mission is not congruent with male services	Explore options for rewriting vision Establish ad-hoc work group to rewrite vision Develop male-specific vision and/or mission statement with team/site if rewriting vision statement for agency not viable option
Resources insufficient for providing male services	Identify which specific resource(s) —e.g., staff, money, supplies, equipment, time—is lacking and solicit staff input for creative ways to address
Policies, protocols, procedures are not inclusive of males, specific to RH services	Revise policies, procedures, forms to be inclusive of males Update medical protocols Communicate and/ or provide in-service on new policies and procedures to staff Implement new procedures, protocols, forms
Issues/concerns identified under “ah-ha moments” on assessment tools’ results pages	Explore ideas offered on results pages from assessment tools: • Which are most likely to resolve the issues? • Which are most viable? • Which do you need additional support/resources to accomplish?

General Assessment Findings Worksheet

Identify up to five priorities. For each, complete the following:

Priority #1

Activity:	
Person(s) responsible	
Timeframe	
Measure of success	

Priority #2

Activity:	
Person(s) responsible	
Timeframe	
Measure of success	

Priority #3

Activity:	
Person(s) responsible	
Timeframe	
Measure of success	

Priority #4

Activity:	
Person(s) responsible	
Timeframe	
Measure of success	

Priority #5

Activity:	
Person(s) responsible	
Timeframe	
Measure of success	

Environmental Assessment Findings

If you learned …	What to do/How to do it
Organizational obstacles (structural, communications, climate, administrative) keep staff from providing exemplary male services	Redesign relevant organizational structures or systems: • Establish ad-hoc workgroups of staff to explore options • Conduct strategic planning meetings among all staff • Obtain TA for external expertise in how to best do this
"No" answers on the Male Services Environmental Assessment	Determine which are priorities: • Which ones are most likely to deter males from using your services? • Which ones do you have the power and the resources to "fix"? • Which ones will you need additional support/resources to "fix"?
Issues/concerns identified under "ah-ha moments" on Male Services Environmental Assessment results pages	Explore ideas offered on results pages: • Which are most likely to resolve the issues? • Which are most viable? • Which do you need additional support/resources to accomplish?
Issues/concerns identified under "ah-ha moments" on Client Discussion Guide results pages	Explore ideas offered on results pages: • Which are most likely to resolve the issues? • Which are most viable? • Which do you need additional support/resources to accomplish?
Issues/concerns identified from client satisfaction or clinic efficiency activities	Explore ideas to address concerns with staff: • Which are most likely to resolve the issues? • Which are most viable? • Which do you need additional support/resources to accomplish?

Environmental Assessment Findings Worksheet

Identify up to five priorities. For each, complete the following:

Priority #1

Activity:	
Person(s) responsible	
Timeframe	
Measure of success	

Priority #2

Activity:	
Person(s) responsible	
Timeframe	
Measure of success	

Priority #3

Activity:	
Person(s) responsible	
Timeframe	
Measure of success	

Priority #4

Activity:	
Person(s) responsible	
Timeframe	
Measure of success	

Priority #5

Activity:	
Person(s) responsible	
Timeframe	
Measure of success	

Community Partnerships and Outreach Assessment Findings

If you learned …	What to Do/How to do it
Males are not hearing about your services (from your staff in clinic, or from outreach efforts)	Train clinic staff how to talk to existing clients about services for males Redirect current outreach efforts
Community partners lack incentives to refer to clinic	Invite partners' ideas about meaningful incentives Provide incentives
No formal relationship between/among partners	Consider creating a Memorandum of Agreement signed by both parties, delineating roles and expectations (even if no monetary relationship)
Issues/concerns identified under "ah-ha moments" on Staff/Client Discussion Guide results pages	Explore ideas offered on results pages: • Which are most likely to resolve the issues? • Which are most viable? • Which do you need additional support/resources to accomplish?
Community partners are unclear about why they should refer males to your family planning program	Share data and resources about men and family planning Consider conducting a needs assessment and share findings
Community partners do not collaborate beyond their service delivery specialty	Establish a broad-based coalition of providers who routinely target males Establish routine meeting times, roles and potential functions of each partner
Community partners are unaware of your services	Review/update promotional materials; consider adding key referral sites Conduct an in-service with their staff, or arrange for key staff to visit your clinic

Partnerships/Outreach Assessment Findings Worksheet

Identify up to five priorities. For each, complete the following:

Priority #1

Activity:	
Person(s) responsible	
Timeframe	
Measure of success	

Priority #2

Activity:	
Person(s) responsible	
Timeframe	
Measure of success	

Priority #3

Activity:	
Person(s) responsible	
Timeframe	
Measure of success	

Priority #4

Activity:	
Person(s) responsible	
Timeframe	
Measure of success	

Priority #5

Activity:	
Person(s) responsible	
Timeframe	
Measure of success	

Staff/Training Assessment Findings

If you learned …	What to Do/How to do it
Staff lack skills or knowledge essential for the job	Provide training: • Assign exemplary staff to train/coach others • Obtain external training
Staff are not doing in-reach, i.e., not talking w/clients about male services	• Provide staff training on the importance of in-reach • Provide regular, ongoing data to staff about male client numbers • Provide regular, ongoing feedback to staff about their in-reach efforts
Supervisors lack skills or knowledge to mentor, coach, provide feedback and training	Provide supervisor training: • Assign exemplary staff to train/coach others • Obtain external training
Issues/concerns identified under "ah-ha moments" on Staff Discussion Guide results pages	Explore ideas offered on results pages: • Which are most likely to resolve the issues? • Which are most viable? • Which do you need additional support/resources to accomplish?
Issues/concerns identified via client satisfaction activities	Discuss issues with staff and solicit their input on how to address Ask other agencies how they've resolved similar issues
Training needs identified on training needs assessment or through other means	Identify local resources who can provide face-to-face training Identify existing training, including face-to-face, via webinars or online training

Staff/Training Assessment Findings Worksheet

Identify up to five priorities. For each, complete the following:

Priority #1

Activity:	
Person(s) responsible	
Timeframe	
Measure of success	

Priority #2

Activity:	
Person(s) responsible	
Timeframe	
Measure of success	

Priority #3

Activity:	
Person(s) responsible	
Timeframe	
Measure of success	

Priority #4

Activity:	
Person(s) responsible	
Timeframe	
Measure of success	

Priority #5

Activity:	
Person(s) responsible	
Timeframe	
Measure of success	

TOOLS FOR CHANGE

This would be a good time to revisit the "Tips for Successful Assessment and Implementation" provided on page 3. Here they are again. Pay particular attention to the last three.

Having a structured approach to change can help prevent, or at least anticipate, problems. In the following pages, we provide two models that we've found useful for managing the change process. The first, the "5 elements model," can be used as either a planning or a diagnostic tool. All five elements must be present in order to effectively make, and sustain, a significant change. The model shows what happens when an element is missing.

The second model is from the Institute for Healthcare Improvement's (IHI) Model for Improvement. (Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance.)*

This framework emphasizes testing changes on a small scale using Plan-Do-Study-Act (PDSA). This is a scientific approach for "action-oriented learning." In other words, making changes is somewhat trial and error. By implementing modifications in phases and for short time frames, staff can assess the success of the change and revise the modification as necessary until the desired result is accomplished. When staff know a change is just a trial and not necessarily permanent, they will be less hesitant to try new approaches.

Finally, we offer a framework for working with what is sometimes the most challenging element of change – the human element. In Supporting Staff Through Change, we explore how the Trans-theoretical model of change (aka Stages of Change) can help us take a step back, and support staff who are at various places in accepting and implementing the necessary changes to make your clinic more male-friendly.

Tips for Successful Assessment and Implementation

- Implementing any major change – including the assessment phase – is best led by an interdisciplinary team, made up of representation from *all* levels of staff – reception/clerks/support, clinical, health education, and management.
- Individuals chosen for this team should exhibit the following characteristics: Enjoy the respect of their colleagues and peers; Be seen as leaders, even if they're not in official leadership positions; Have excellent communication skills; Show willingness to self-reflect and self-assess and to make changes; Practice critical thinking skills; Have a positive attitude.
- The team using these tools must foster a safe environment for assessments and discussions. Staff should be assured that any input provided will not be used to judge individuals or agency departments. A staff's responses on any assessment *should not* have any adverse effects on that staff person or employment. All assessment materials should be secured in a safe location, e.g., locked file cabinets at administrative agency offices.
- Top management must show support for the assessment, changes recommended and for the team by guaranteeing the interdisciplinary team time to meet and work together; the amount of time will vary from agency to agency.
- Top management must show support for the change by communicating *positively* to the entire staff.
- The entire staff must be involved in the change, through opportunities to share their concerns as well as ideas.

THE 5 ELEMENTS MODEL

One model we like to use reminds us to have these five elements in place in order to effectively move forward:

Vision + Skills + Incentives + Resources + Action Plan ➔ Motivated/Change[6]

What happens when an element is missing?

If the *vision* is missing, or isn't effectively communicated, staff will be confused, uninspired, and are likely to experience the change as mere drudgery.

If staff – and managers! – don't have the *skills* needed, the result is anxious people, who are set up to fail.

We often forget that *incentives* are important. This doesn't necessarily mean monetary or even physical. It's human to want to know: "what's in it for me?" It's worth it to invest in helping staff figure out for themselves how they will benefit from the changes. If we don't, they're not likely to be motivated, and change will be slow to occur.

What happens if we plunge ahead, without ensuring staff have the *resources* they need? They'll be understandably frustrated, and the desired change probably won't happen.

Finally, if we don't take the time to lay out a clear *action plan,* staff will be uncertain about their roles and responsibilities, and may make attempts at change, but are unlikely to follow through. The plan should include who is responsible for what, by when, and how you'll know you were successful.
Keeping these five elements in mind as you plan for, and progress through, change, will greatly enhance your chances for success.

Vision + Skills + Incentives + Resources + Action Plan ➔ Motivated/Change[1]

What happens when an element is missing?

[No Vision] + Skills + Incentives + Resources + Action Plan	➔ Confusion/Drudgery
Vision + [No Skills] + Incentives + Resources + Action Plan	➔ Anxiety/Failure
Vision + Skills + [No Incentives] + Resources + Action Plan	➔ Unmotivated/Slow change
Vision + Skills + Incentives + [No Resources] + Action Plan	➔ Frustration/Limited or no change
Vision + Skills + Incentives + Resources + [No Action Plan]	➔ Uncertain/False starts

[6] Adapted from Delores Ambrose, 1987

PLAN, DO, STUDY, ACT

The Plan-Do-Study-Act (PDSA) cycle was originally developed by Walter A. Shewhart as the Plan-Do-Check-Act (PDCA) cycle. W. Edwards Deming modified Shewhart's cycle to PDSA, replacing "Check" with "Study." [See Deming WE. *The New Economics for Industry, Government, and Education*. Cambridge, MA: The MIT Press; 2000.]

Stage	What happens	Example
Plan: Identify an Opportunity and Plan for Improvement	Assemble your team; examine what you're currently doing; identify potential improvements or solutions; develop an improvement theory Create a problem or goal statement: What are we trying to accomplish? How will we know a change is an improvement? What change can we make that will result in that improvement?	***THE CHANGE:*** **What are we testing?** Our intent is to test action planning with patients, using a form we got at our last national meeting. **Who is testing the change?** We are going to initially test action planning with two patients on their next visit. **When are we testing?** The next two patient visits. **Where are we testing?** The test will be conducted at our FX facility**.** ***PREDICTION:*** **What do we expect to happen?** We expect to be able to create an action plan with our patients but that it will take a lot longer than our usual session. ***DATA:*** **What data do we need to collect?** Subjective findings from the provider and nurse stating how the action planning unfolded and discussion with patients as the action plan is made. **Who will collect the data?** Clinical champion. **When will the data be collected**? Immediately after each patient visit the provider and nurse will discuss their sense of the action planning. Patients will be asked their views of action planning, too. **Where will the data be collected?** In the exam room.
Do: Test the Improvement Theory by Carrying Out the Change	Carry test out on a small scale; Collect, chart, and display data to determine effectiveness of the test; Document problems, unexpected observations and unintended side effects	**What was actually tested?** We tested action planning with two patients. **What happened?** We tried action planning with the first two diabetic patients that we saw. We used a form to guide action planning, and we were able to come up with specific actions in each case. **Unexpected Observations?** We found that the action planning went more smoothly than we expected, and we didn't run over our usual time. **Problems?** No real problems were encountered other than some confusion in our explanation of action planning with the first patient, however, we were able to recover after checking our reference

		notes (in the exam room!). Our first test aims to develop action planning; to measure effectiveness of the action planning, we have to wait for a week to follow up with the patients to see whether they were successful with their plan.
Study: Check the Results	Determine if test was successful ; Compare against baseline and measures of success stated in the AIM statement; Describe and report what you learned	**Complete analysis of data, summarize what was LEARNED, compare data to predictions** Our initial feeling was that the patients would not be comfortable with action planning. It turned out that the explanation of self-management we had provided to them made sense and they were able to make a plan in the session.
Act: Standardize the Improvement or Develop a New Theory	Make changes based on what you learned: If improvement was successful, test it on a larger scale and make plans to standardize improvements; If not successful, develop a new theory and test it. Continue through the cycle until you get it right. Celebrate and communicate your success!	**What changes should we make before the next cycle?** We will practice action planning with each other twice so our delivery is smoother in the exam room. **What will the next tests be?** (1) We will use action planning with the next five diabetic patients from our registry; (2) We will test our ability to follow up by phone on the action plans developed by the first two patients.

Below are two worksheets; use whichever one makes the most sense to you, or adapt to meet your needs.

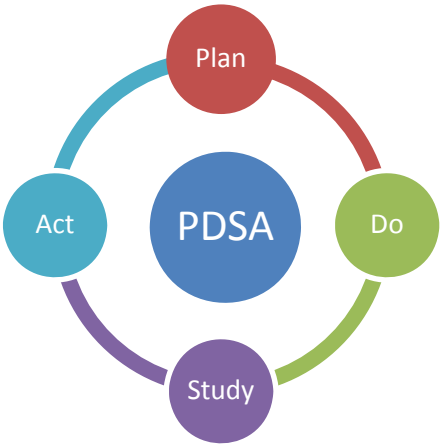
"They always say time changes things, but you actually have to change them yourself."

Andy Warhol
The Philosophy of Andy Warhol

PDSA Worksheet (Example 1)

Model For Improvement **Cycle:_____ Date:_____**

CYCLE FOR LEARNING AND IMPROVEMENT
Objective:



PLAN:
Questions:

Predictions:

Plan for change or test: who, what, when, where

Plan for collection of data: who, what, when, where

DO: carry out the change or test; collect data and begin analysis.

STUDY: complete analysis of data; summarize what is learned.

ACT: are we ready to implement the change that we tested? Plan for the next cycle.

Quality Improvement Test of Change (PDSA) Worksheet (Example 2)

Agency Name:_____ **Date:**_____

Quality Improvement Project Aim: (*Problem statement worded in a specific and measurable way)*	
Where are you starting? What is your baseline data/performance measurement?	
Describe your test of change/idea/intervention (relate it to an identified **Root Cause**)	
Anticipated Change: what improvement do you expect to result from the planned intervention?	

PLAN

List the tasks needed to implement this pilot test process/policy/procedure	**Person Responsible**	**Timeframe**	**Where is plan element to be tested**
1. **2.** **3.** **4.** **5.** **6.** **7.**			

How will you document/measure the planned results/outcomes?	
Quantitative Measures (e.g. % of clients who receive contraceptive counseling)	**Qualitative Measures** (e.g. ease of use, time it took, staff/ client impact)

How will you collect these data?

_____

_____

DO (Implementation and Documentation of Implementation Steps)

Describe what actually happened when you implemented the test process/policy/procedure. Did your test project go as planned? What worked and what didn't work? Did you data collection method(s) work? Why or why not?

STUDY

Describe the measured results. Using the measures you selected during the planning step, what were your test results?	
Quantitative Measures (e.g. % of clients who receive contraceptive counseling)	**Qualitative Measures** (e.g. ease of use, time it took, staff/client impact)

How did your data/results compare to your predictions & your baseline data/measurement?

Look at your qualitative and quantitative data again. What lessons have you learned from the data and feedback collected? What does it tell you about the effect of the tested change? If it showed no improvement or proved impractical for any reason, what change do you want to test next? If it showed improvement, how will you expand the test? If you predict that an expanded test will show similar results, will they be enough to reach your stated aim/goal, or do you need to add other changes for a cumulative effect?

ACT

Describe what modifications to the plan will be made for the next cycle based upon what you learned.

SUPPORTING STAFF THROUGH CHANGE

One model for change we can use to understand better how we, and our co-workers, deal with change is the Trans-Theoretical Model (TTM), otherwise known as the Stages of Change model (Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992). This theory proposes that we typically progress through five stages as we incorporate a new behavior, attitude, or skill into our lives. The wonderful news about this is that we can learn to identify at what stage a colleague is, and offer support to help them move forward.

Stage	Behavior	What *you* can do to help
Precontemplation	Doesn't intend to change, feels no need to change. May feel hopeless, defensive, ashamed or angry.	*Support feelings:* You seem sad/ scared/nervous. *Ask non-threatening questions*: What do you think about . . .? How would you handle this? *Listen.*
Contemplation	Growing awareness of need to change. More open to feedback. Thinking about change, not taking action. Indecisive, not ready to commit to change.	*Support feelings:* This seems scary to you. *Ask open questions:* What would happen if . . .? How would it be to . . .?
Preparation	Intent to take action in near future. May have already begun taking some steps toward change.	*Show understanding and support:* Other staff feel the way you do. This is a really tough decision. You're making a great start. I like what you've already done.
Action	In process of changing. Practices new behavior consistently.	*Ask supportive questions:* How can we help you stick with this?
Maintenance	Feels confident and comfortable with behavior.	*Show support:* What an accomplishment! Good job. Look how far we've come.
Relapse	Reverts to any former stage	*Support feelings:* You seem frustrated/sad. *Ask non-threatening questions*: What helped you . . .? What do you think about . . . ?

Stages of Change Worksheet

Think about an actual change your team is going through right now, or a change you anticipate, or a change you would like to promote. List and stage key members of your team in regard to this change, and why you think they're in that stage (indicators).

Name	Stage	Indicators
1.		
2.		
3.		

Now list these key people again, and write down one thing you can do or say to support them.

Name	What you can say or do
1.	
2.	
3.	

What is one thing you can do as a team leader to support *your entire team* as it faces this change?

Who can help *you*, and what can they do?

Section 4: Making Lasting Change

In this section, we address two key areas to ensure that the changes you've worked so hard to implement will live on.

First is ***staff training***, since they will be the ones to actually carry out the changes. Below are two training activities: Benefits of male services, and Increasing comfort with male clients.

In addition, Cardea has a free, self-paced, online training course, *Risk Assessment, Education & Counseling for MĞŶ in ReproductivĞ Health* available at http://www.cardeaservices.org/resourcecenter/risk-assessment-education-counseling-for-men-in-reproductive-health

Or scan this with your QR reader!

"Training allowed us to get to underlying concerns and hesitations held by providers."

OPA Male Research Project participant, 2013

Next we look at how you can ***use routine data*** you already collect to continue to monitor your male services in "Effective Evaluation for Program Improvement."

TRAINING ACTIVITY: BENEFITS OF MALE SERVICES

Who should attend
All staff

Time needed
One hour

Objectives

- Explain the benefits that enhancing reproductive health services to men will have on clinic services, staff, and male and female clients
- List three core elements to effective service delivery
- Describe how the clinic environment impacts males' access to services
- Define in-reach and provide tips and ideas for in-reach with clients

Materials
Easel and newsprint, markers
Optional PowerPoint slides available here:
http://www.cardeaservices.org/resourcecenter/documents/Benefits_of_Male_Services_protected.pptx After you download this ppt, you'll need to click "read only" to open it.

Or you can create handouts from the slides.

Instructions
Go over the objectives of the session.

Ask group: What are some advantages or positive aspects, of serving male clients?
List on newsprint.

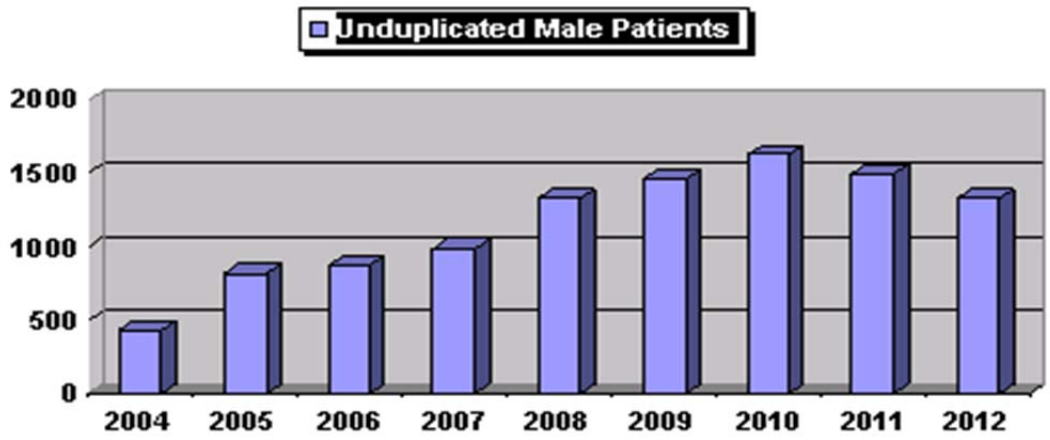
Ask group: What are some concerns you have about serving male clients?
List on newsprint.

Tell group: Fortunately, we have some information from some clinics that have started serving men. As we go over this information, take note of how many of the positive aspects we listed are covered, and how many of our concerns are addressed.

Show slides, or just go over the information included in the slides.

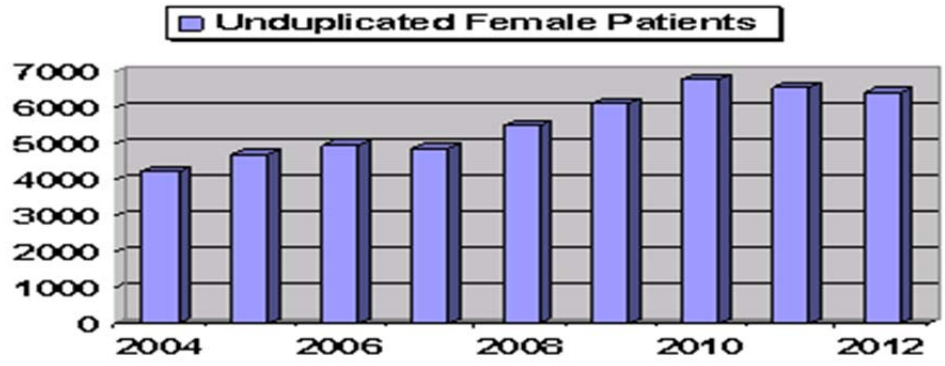
Introduce the information by telling the group: this data came from Male Central Clinic, Women's and Men's Health Services of the Coastal Bend. Thanks to Efrain Franco, Director of the clinic, for sharing his slides. Between 2004 and 2012, the agency embarked on a project to increase their services to males.

The Results



Since implementation in March of 2004, the Male Central Clinic has conducted 14,003 clinical visits for men. This is a breakdown of unduplicated male patients seen each year.

What happened to the Women?



Since offering male services in their family planning clinic, they have seen their women's visits increase by **40%.** This shows a breakdown of **unduplicated** female patients seen each year.

Ask group: What do you make of this? That their female patient numbers went *up* at the same time they were seeing more males?

The agency staff knew, however, that is wasn't just about numbers, so they surveyed both their male and their female clients. This is what they learned (next 2 slides).

2012 male patient feedback

- 100% think men and women should share responsibility for preventing STDs & pregnancy.
- 100% reported it's valuable for guys to learn more about both male and female methods of birth control.
- 99% thought clinic services help men support their partner(s)' use of birth control—
  - refer her to clinic for services 65%
  - pick up pills or supplies for her 51%
  - remind her to take pills or get appt 73%
  - remind her to use EC 60%
- 99% thought info at clinic helped men and women communicate better about pregnancy and disease prevention.

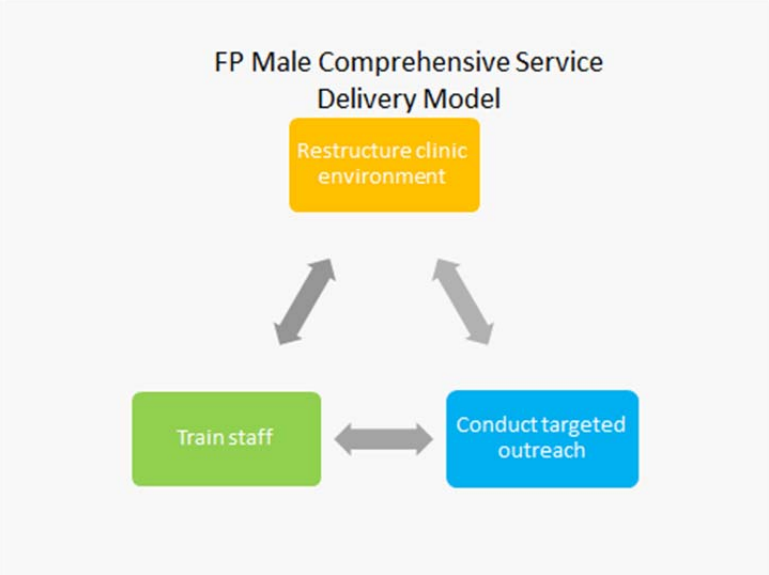
2012 female patient feedback

- 99% think guys need to know more about male and female bc methods.
- 100% think guys should share responsibility for pregnancy and disease prevention.
- 99% think guys who know more about bc & STDs will be better partners.
- 92% said women who come to this clinic are better prepared to expect their partners to share responsibility.
- 92% will refer males to the clinic.

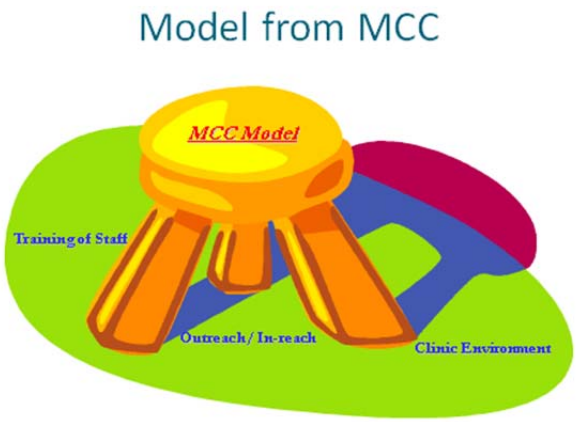
Ask group: What are your reactions and thoughts to this? Refer back to the list of advantages to providing male services – how do these results confirm our thoughts? And how about our concerns – how do these results address some of our concerns?

Tell the group: This agency did such a great job serving males, while still seeing female clients, that they became the "model clinic" for a national research project funded by the Department of Health and Human Services Office of Family Planning. This project took the lessons learned to five additional agencies and replicated "the model."

What is "the model"? The Women's and Men's Health Services of the Coastal Bend found that 3 interrelated components were needed to be successful.



Explain: Environment is broadly defined, to include: staff interactions with clients, paperwork, protocols, patient education materials, and other factors that impact a client's experience in calling, approaching, and visiting your clinic. Staff training means *all* staff! Inreach means encouraging your existing clients – male and female – as well as staff, to talk about the clinic's male services with friends and family. Inreach may also mean educating other staff, especially if yours is a large agency with other departments. Staff in other areas of your agency should also be advocates for your services. Outreach efforts need to be targeted to reach males who need, and will use, your services.



Break the group up into three groups. Assign each group one element of the model: Environment, Staff Training, Outreach. Tell the groups their task is to list or describe what it would take to make their element male-friendly.

Give the groups 10-15 minutes, then ask each to report back. Applaud each group's work, and give the other groups an opportunity to ask questions and add ideas. Ideas may include the following. (Lists included on slides 12 – 14.)

Environment:

- Signage and Promotion—includes men and gives clinic a "male identity"
- Staff Marketing—receptionists to clinicians inform everyone of services for males
- Visual Messaging - use images that portray men positively and that guys like (e.g., sports)
- Literature - stock male magazines, brochures & information men find interesting
- Change the channel to something other than the WE Network or Lifetime
- Hide the stirrups!

Staff Training

- Clinical staff may need specific training on male services
- All staff must believe that male sexual health is important and young men want to be responsible
- Confront stereotypes and myths, such as: family planning is for women only; guys only want to see male providers
- It takes more effort to make young men comfortable
- Staff must believe providing services to males will not detract from services to females
- All staff should be trained to talk to clients about male services (i.e., "inreach")
- Inreach may mean that staff come up with a "script" - at least at first

Outreach

- Outreach should be targeted to reach males specifically
- Outreach efforts should be tracked to see which ones work and which don't result in new patients
- Educate staff from other departments that family planning and reproductive health services are available to men and women

Wrap up

Revisit the two lists you began with – advantages and concerns. Ask staff if any concerns remain, and if so, make a note of them. Depending on what those concerns are, you may be able to address them by simply asking the group for their ideas. Or, they may be more complex, and require administration/management attention.

TRAINING ACTIVITY: INCREASING COMFORT WITH MALE CLIENTS

Who should attend
All staff, especially any who will have direct contact with male clients, including reception

Time needed
One hour

Objectives
- Increase awareness of male's perspectives
- Discuss strategies for helping males feel more comfortable in a clinic setting
- Practice using strategies with scenarios

Materials
Easel and newsprint, markers
Scenarios
Optional: use the PowerPoint slides, available here: http://www.cardeaservices.org/resourcecenter/documents/Increasing_Comfort_with_Male_Clients_protected.pptx After you download this ppt, you'll need to click "read only" to open it.

Preparation
Copy the Small Group Case Discussion page and cut it up so that each scenario is on a separate slip of paper. Note that there are 3 versions of Scenario 1 for 3 different types of staff.

Instructions
Go over the objectives of the session.

Facilitate a discussion on "Men's Needs and Roles," using the information provided below (and using the slides, if you wish). This material is adapted from EngenderHealth's *Counseling and Communicating with Men*, accessed from http://www.engenderhealth.org/files/pubs/gender/mrhc-2/participant/mrh_2p.pdf on July 2, 2013.

Men's Needs and Roles lecturette/discussion
Men are often decision-makers, socialized to "take charge." Ask: If that's the case for a male in your clinic, how might that impact his experience there? Point out that he may feel like he should be able to solve his own problems, so it could make it hard for him to hear suggestions from us. So one thing we can do is to affirm his being in the clinic at all, and ask how he's solved problems before, or what he's done in a similar situation.

Men often don't like to appear ignorant. Especially about sex! Again, this is a reflection on how men are socialized. Point out that this could cause a conflict, since he may feel that he's

"supposed" to already have all the answers. This could make it hard for him to admit that he doesn't know something, or to ask questions. Ask: So how can we handle this? Explain that we want to be careful to not put a male client in a position of being "tested," for example, we wouldn't want to ask him to demonstrate how to put a condom on a male model, but instead, we can say something like, "I'm sure you already know how to put on a condom, but let me just go over a few key points." You can also say, "many men have questions about …"

Many men are more comfortable with thinking than feeling. This is pretty simple to address; instead of asking a male client how he feels about something, ask: what are your thoughts about this? If he has feelings that he's comfortable sharing, he will!

Tell the group they're going to get a chance to practice using these tips. Briefly review:

- Affirm/validate for "taking charge" and being at the clinic
- Approach him as being knowledgeable and competent
- Guide him to resolve issues/problems
- Ask for thoughts/reactions and not "how do you feel about?"

Break the group into five smaller groups. Give each group one of the scenarios you cut up previously. It doesn't matter which types of staff get the three versions of Scenario 1, they should still talk about it from the perspective of the staff person they're assigned.

Give the groups 10-15 minutes to discuss their scenarios, then ask each group to have a reporter tell the rest of the group what they discussed and how they decided to respond.

As the groups report, promote positive, male-friendly language and attitudes, by affirming them. If any negative comments are made, remind the group that this is a new area for us all, and will take getting used to, and that everyone can help each other adjust by focusing on the positive aspects, as discussed in the previous training activity.

Wrap Up

Congratulate the group for their thoughtful responses, and remind them that your clinic/agency has gone through many changes of many types and you were successful because everyone did their part. The same is true for providing male services.

Small Group Case Discussions

Scenario 1

Front desk staff:

Jon, a 15 year old male, walks up to the reception desk. He is nervous being in the clinic and timidly says he's "mostly here for condoms, and other stuff, I guess." While waiting, a group of teen girls from his high school walk into the clinic. He is afraid they may recognize him and approaches you with his dilemma.

Discussion questions:

1. What might be the cause of this behavior?
2. What strategies or responses could be used?

Scenario 1

Medical Assistant:

Jon, 15 year old client, first visit to clinic, comes in to talk about condoms. He seems nervous and speaks very quietly. When you begin asking about some things from the questionnaire he filled out in the waiting room, he asks, "Why do you need to know about that?" As soon as you start talking about sex, he looks away and seems very uncomfortable.

Discussion questions:

1. What might be the cause of this behavior?
2. What strategies or responses could be used?

Scenario 1

Clinician:

Jon is here for a possible STI check. You explain to John that he'll need to pull down his pants for an exam and he is extremely reluctant.

Discussion questions:

1. What might be the cause of this behavior?
2. What strategies or responses could be used?

Small Group Case Discussions, continued

Scenario 2

A male client acts like he knows it all and does not need to learn from or listen to the service provider. He says, "You don't have to go through all that. Believe me, I know all this stuff already."

Discussion questions:

1. What might be the cause of this behavior?
2. What strategies or responses could be used?

Scenario 3

A male client is flirtatious, makes sexual remarks, or sexualizes the interaction.
He says to you: "You must really like talking about sex all day to do this job."

Discussion questions:

1. What might be the cause of this behavior?
2. What strategies or responses could be used?

ONGOING MONITORING

Effective Evaluation for Program Improvement

What should clinics monitor when innovating to increase male FP users?
Given FP agencies' widespread adoption of electronic health record (EHR) systems, program managers have many options for monitoring the impacts of program innovations such as increasing male family planning (FP) users. As your agency or clinic works to increase male FP users and reproductive health services, there are a variety of useful measures you may want to track.

First, it makes sense to make sure that any measures you consider connect to your project goals. Ideally, you should identify at least one quantitative indicator for each of your primary program goals associated with increasing male FP/RH users and services. Think about what information you will need to know down the line to help with programmatic decision making. For example:

Goal 1 - increase male patients coming for reproductive health services

Indicator 1 - quarterly counts of (unduplicated) male reproductive health patients

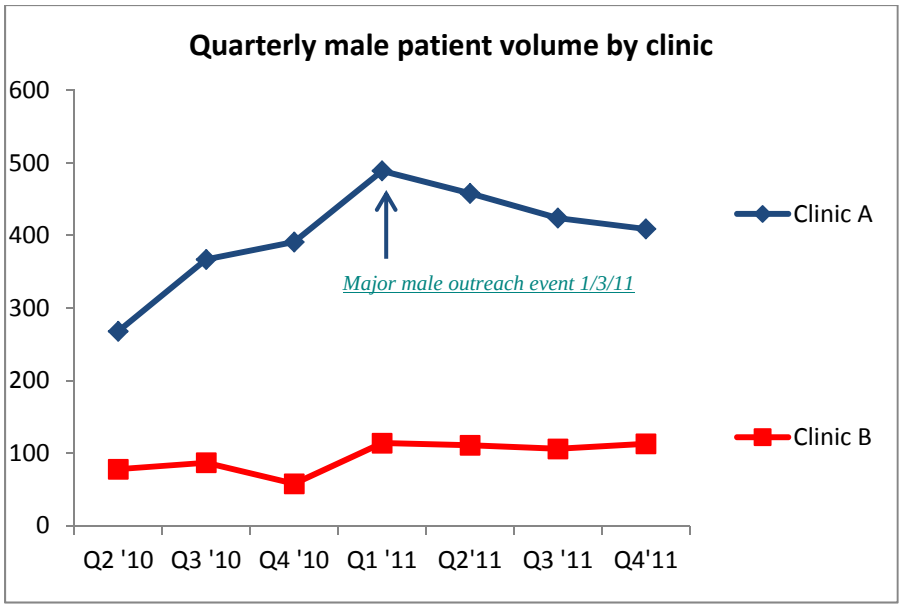
Goal 2 - increase annual STI screening for male patients

Indicator 2 - % of male users screened for specific STI (chlamydia, gonorrhea, syphilis, HIV) within the program or fiscal year

Goal 3 – increase FP counseling for male patients

Indicator 3 - % of male reproductive health visits per quarter (or year) at which contraceptive or STI/HIV prevention counseling was provided

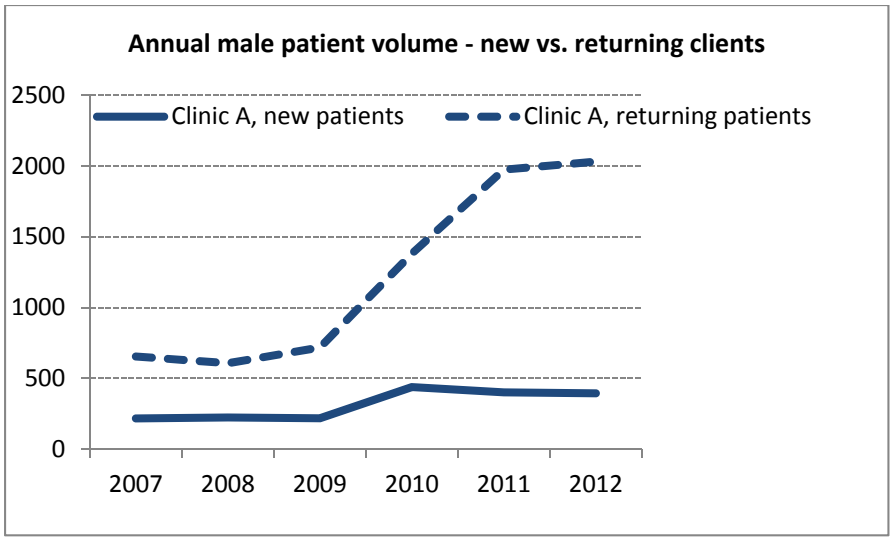
Beyond these basic indicators, additional measures can be useful for evaluating expansion of male reproductive health services:
Male and female client volume – Tracking the number of patients visiting the clinic over time tells you how well your efforts to attract male patients are working. We recommend tracking the number of male and female patients separately. It is important to monitor changes for both men and women. Increasing male FP users should not come at the expense of female users. Keep track of events that may have affected patient volume.



Male user characteristics We suggest tracking race, ethnicity, limited English proficiency, and age. Racial categories should follow federal OMB guidelines, which can be found here: http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=172. Ideally, it is also useful to capture multiple racial categories that clients might specify. Age categories should also be generated. Although female patients are generally grouped by ages 15-19, 20-24, 25-29, and 30 years or older, you may want to explore varying those categories when describing your male users - particularly if your program is focused on a special population, e.g. teens or men in their 20's.

Besides these demographic characteristics, it can be useful to monitor whether the men coming to your clinic are new or returning clients. Defining these terms can get tricky, depending on your clinical setting and system. If the reproductive health program is part of a larger healthcare agency then one might want to identify whether the male FP client is new to the agency overall or just a new user of the reproductive health program. Similarly, for a group of clinics under one administrative agency it may be useful to identify whether a male client is new to the agency as a whole or if he is new to a particular clinic but had received services at another agency healthcare setting in the past. Determining new versus returning clients also depends on the scope and sophistication of your agency's information system.

Finally, it may be useful to identify where your male clients reside. Some types of targeted outreach focus on particular communities or geographic areas, therefore knowing client addresses and/or ZIP codes can help you assess whether you are reaching particular populations. In addition, it is possible to convert addresses to U.S. Census tracts so that you can describe the distribution of clients in greater detail.

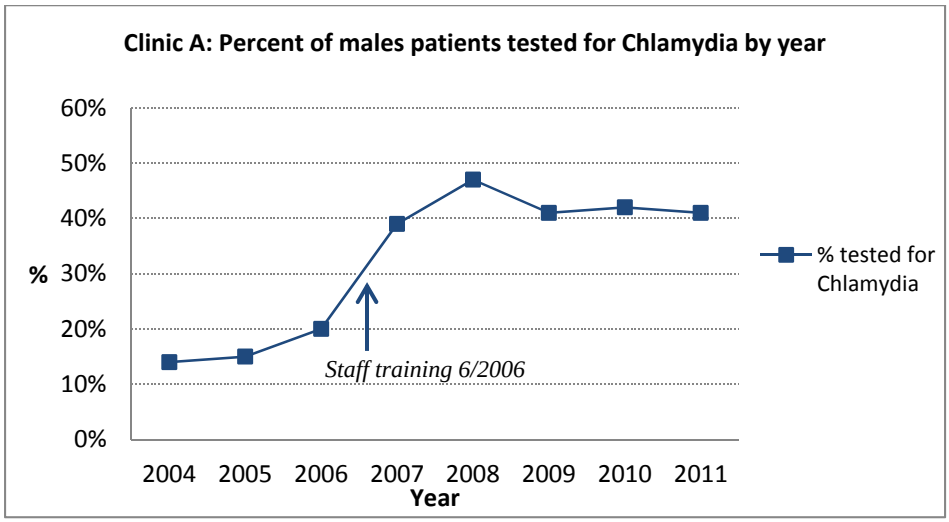


Another issue when working to characterize male FP users is whether you can summarize 'unduplicated users' rather than visits. Each approach has its strengths and weaknesses. Unduplicated user data involves having only one record or line of data for each unique male client. Visit data includes a record or line of data for every male visit. This issue is important if you have a large number of patients that visited your clinic multiple times within a given quarter or year.

Reproductive health services delivered to male users Many of the reproductive health service indicators collected for female users are also relevant to male patients. For example, reporting on their contraceptive methods before and after their service visit makes good sense—particularly if your patient database can capture multiple methods that address pregnancy and STI/HIV prevention. Consider updating your EHR and staff training to include contraceptive response options appropriate for males.

Other simple service measures include: whether a physical exam was done, STI testing (chlamydia, gonorrhea, syphilis, and HIV), STI test results, and various counseling or educational interventions. Ideally, multiple types of counseling should be documented, including counseling on: pregnancy prevention, STI/HIV prevention, intimate partner relationships, STI treatment counseling (as applicable), etc. Referrals for other related services may also be useful for monitoring efforts to connect men with related health and human service issues, e.g. tobacco cessation, alcohol or other drug (AOD) use, nutrition, other medical services, etc. For example, if your agency collects data on whether male clients were tested or screened for STIs, then it is possible to calculate each clinic's screening coverage, i.e., the proportion of clients who had an STI test at one or more clinic visits during a time period. An example chart is provided below for a hypothetical clinic.

STI screening coverage by client status, 2011		
STI	% screened, new client visits	% screened, returning client visits
Chlamydia	63%	36%
Gonorrhea	63%	36%
Syphilis	25%	12%
HIV	52%	30%



Male reproductive health services can certainly go further than the brief list above. In part, it depends on the types of services available at the clinic or agency as well as the goals and scope of program enhancements directed at men. Additional RH services could include: screening for prostate cancer, testicular examination, sterilization counseling and related clinical procedures, etc.

Section 5: Sustaining Change

As with implementing change, we've found that ***sustaining change*** can be best addressed with the use of tools to structure plans for maintenance. We include here several tools for you to use to thoughtfully plan for sustaining the important changes you've made.

Additionally, since one of the greatest barriers to sustaining programs is usually funding, we've provided some basic information about ***increasing revenues*** by billing third-party payers for your services.

Finally, we've provided ***operational workplan*** templates or worksheets, and samples, for preparing an operational work plan, and to write SMART objectives.

"Male services is a self-sustaining entity. It's a good money source."

OPA Male Research Project participant, 2013

SUSTAINABILITY ASSESSMENT TOOL

An excellent, free, online tool can be found at https://sustaintool.org/

This has been developed and produced by:

Center for Public Health Systems Science
GEORGE WARREN BROWN SCHOOL OF SOCIAL WORK

The assessment can be completed by an individual, or a group of people can be invited and the program will compile your results. You can view it as a pdf prior to signing in. The final page of the tool is a summary sheet where you can calculate your score and identify areas where your program's capacity for sustainability could be improved. You can use the results of this assessment to guide sustainability action planning for your program. Having these results will provide a focus to your efforts, so that you don't waste time and effort.

From the developers:
The **Program Sustainability Assessment Tool** is a 40 item self-assessment that program staff and stakeholders can take to evaluate the sustainability capacity of a program. When you take the assessment online you will receive an automated summary report of your overall sustainability. You can use these results to engage in sustainability planning.

- The assessment is made up of 40 multiple choice questions. You will rate your program/coalition/set of activities across the 8 sustainability domains.
- The assessment takes about 10-15 minutes to complete.
- The assessment can be used by programs at the community, state, and national level.
- While the assessment was designed for use by public health programs, we believe it is also relevant for social service or clinical care programs.

When you complete the Program Sustainability Assessment Tool online, you will be able to immediately view your results and save a copy of your Sustainability Report as a pdf.

You can use the assessment as many times as you want, for as many different programs as you want.

Accessed on June 24, 2013 from https://sustaintool.org/assess/go

SUSTAINABILITY PLANNING

Sustainability Planning Begins at the Beginning of the Project

In order to sustain a program, or the effects of a program, it's helpful to consider these three key sustainability concepts:

1. Redefine scope of services – see Figure 1 below
2. Consider creative use of resources – see Figure 1 below
3. Consider routinizing existing activities & services so that they become institutionalized (integrated), i.e. part of what you do on a daily basis.

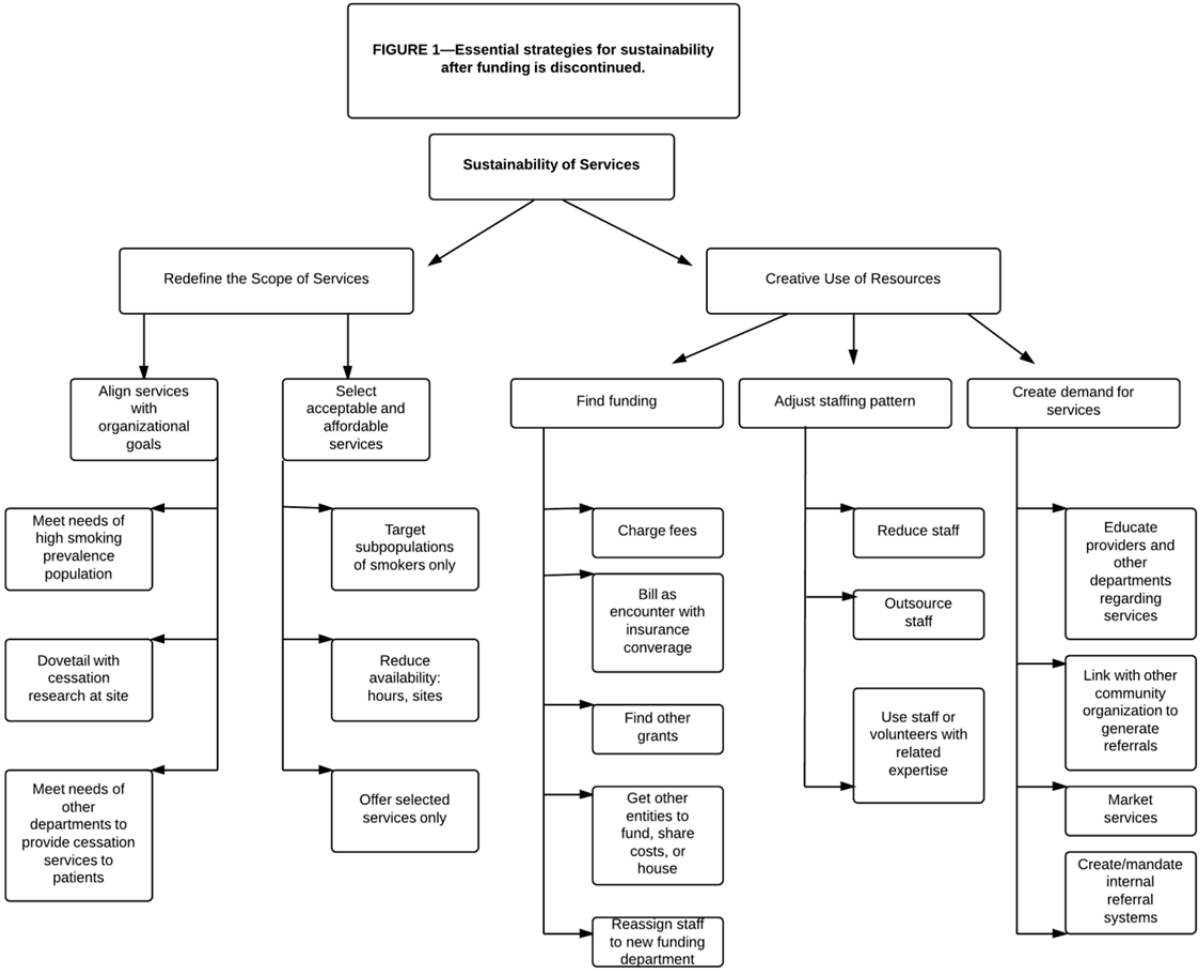
Here are some web-based resources that address sustaining public health programs:

A Sustainable Planning Guide for Healthy Communities, developed in collaboration with the Centers for Disease Control and Prevention (CDC), Coalitions Work; Center for Civic Partnerships, Prevention Institute, YMCA of the USA (Y-USA), Society for Public Health Education (SOPHE), DeKalb County Board of Health, Health Assessment and Promotion, Office of Chronic Disease Prevention, Live Healthy DeKalb (Ga.) Coalition.
http//www.cdc.gov/healthycommunitiesprogram/pdf/sustainability_guide.pdf

Sustainability of Public Health Programs: The Example of Tobacco Treatment Services in Massachusetts, *American Journal of Public Health,* August 2006, Vol 96, No. 8, Nancy R. LaPelle, PhD, Jane Zapka, ScD, and Judith K. Ockene, PhD.
http://www.gswi.org/LaPelle_SustainabilityPublicHealthPrograms.pdf

Understanding the Sustainability of Health Programs and Organisational Change: A Paper for the Victorian Quality Council, June 2007, Hal Swerissen, Faculty of Health Sciences, La Trobe University
http://www.health.vic.gov.au/qualitycouncil/downloads/sustainability_paper.pdf

FIGURE 1—Essential strategies for sustainability after funding is discontinued, from **"**Sustainability of Public Health Programs: The Example of Tobacco Treatment Services in Massachusetts," listed above.



INCREASE REVENUES THROUGH FEES

With ever-increasing cuts to public health funding, more and more publicly-funded clinics are setting up systems and structures to collect fees, either directly from clients, or better yet, given increased coverage to more Americans through the Patient Protection and Affordable Care Act, through third-party payers. Below we have listed some resources for you to begin to learn more about, and to implement, steps in this process.

Revenue Cycle Management Resources

Keys to Successful Revenue Cycle Management - Podcast
Pam Waymack, health care consultant and managing director of Phoenix Services Consulting in Evanston, IL, shares three top tips for optimizing eligibility in the revenue cycle – and how you can train employees for efficiency. This podcast is part of MGMA Take 10 – up to 10 minutes of practical tips for medical practice executives. http://www.mgma.com/article.aspx?id=26440

Shifting to Third-Party Billing Practices for Public Health STD Services
Developed by the National Coalition of STD Directors, but it's not just for STD clinics! This very useful guide offers case studies, a sample "superbill," or encounter form, a terminology reference sheet and much more.
http://www.ncsddc.org/sites/default/files/media/finalbillingguide.pdf

Public Health Billing Resource Manual contains information about billing public health programs and services. It provides procedural guidance on how to bill public and private insurance plans, and resolve outstanding claim and billing issues. Developed primarily to be a billing resource tool; the purpose of this manual is to aid state, district and county public health staff in understanding and successfully navigating their way through the often complex insurance coding and billing process.

http://dph.georgia.gov/sites/dph.georgia.gov/files/Georgia%20DPH%20Billing%20Resource%20Manual%20December%202013.pdf

OPERATIONAL WORK PLAN TEMPLATE

[Insert project period]

Goal #1: *Example: Through **training**, increase the capacity of administrative, clinical, educational and outreach staff to provide quality family planning and reproductive health services to males and females.*				
Narrative Rationale: Example: Results from the staff discussion groups at the (insert clinic site) indicate a need for training regarding men's sexual and reproductive health topics, issues related to men's health in general, how to work with male clients and customer service.				
***Objectives**	***Tasks***	***Responsibility***	***Timeline***	***Evaluation***
Example: By January 30, 20__ conduct training needs assessment	Conduct training needs assessment Compile results & develop training proposal for management review	Director of QA	By Jan. 30, 14	TNA document
By May 30, 20__, provide a series of clinic staff training on men's health topics	Hire training consultants Identify training dates and location Notify staff & schedule training dates and location Coordinate onsite training Assess staff feedback on training			

*SMART Objectives = Simple, Measurable, Attainable, Realistic, Time-Based

Operational Work Plan template

[Insert project period]

Goal #1:				
Narrative Rationale:				
***Objectives**	***Tasks***	***Responsibility***	***Timeline***	***Evaluation***

*SMART Objectives = Simple, Measurable, Attainable, Realistic, Time-Based

How to Make Your Objective S.M.A.R.T

1. **First, write down the goal and the basic idea for this objective:**

   Goal:

   _____

   Basic idea for the objective:

   _____

2. **Write-out answers to the following questions:**

S.M.A.R.T.	Questions:	Your Answers:
S (Specific)	What will be done?	_____
	For whom?	_____
	By whom?	_____
M (Measurable)	How much will things change?	_____
A (Achievable)	Is this objective achievable given the time and resources you've allotted?	❑ Yes
R (Realistic)	Does this objective address the larger goal?	❑ Yes
T (Time-Based)	By when will this objective be completed?	_____

3. **Re-write the objective to include the answers from #2**
   (you don't have to write that it's realistic and achievable – just make sure that it is!)

   _____

   _____

Example

How to Make Your Objective S.M.A.R.T

1. First, write down the goal and the basic idea for this objective:

Goal:

Change clinic environment to be more male-friendly

Idea for the objective:

Put up posters in waiting room of clinics

2. Write-out answers to the following questions:

S.M.A.R.T.	Questions:	Your Answers:
S (Specific)	What will be done?	*Posters put on walls*
	For whom?	*Clinic X*
	By whom?	*Clinic X Male FP Working Group*
M (Measurable)	How much will things change?	*Total of 4 posters*
A (Achievable)	Is this objective achievable given the time and resources you've allotted?	☑ Yes
R (Realistic)	Does this objective address the larger goal?	☑Yes
T (Time-Based)	By when will this objective be completed?	*2/1/2014*

3. Re-write the objective to include the answers from #2

(you don't have to write that it's realistic and achievable – just make sure that it is!)

By 2/1/2014, Clinic X working group will put up 4 'male-friendly' posters in Clinic X waiting room

Section 6: Appendices

ADDITIONAL RESOURCES

Working with Males

5 Minute Male Exam DVD can be purchased from the National Clinical Training Center for Family Planning at http://www.cvent.com/events/nctcfp-marketplace/custom-18-07b36390613745308cf32336cc5de817.aspx

The National Campaign for Teen and Unplanned Pregnancy has many resources on working with young men. http://thenationalcampaign.org/search/node/men%20OR%20boys%20OR%20guys

Guidelines for Male Sexual and Reproductive Health Services (2010)
Developed by the Region II Male Involvement Advisory Committee, this document is intended to be a resource that can be used in the development of clinical services for male family planning clients. http://www.training3info.org/admin/resources/3-24-2010_3_45_26_PM_Male_Guidelines_2nd_Ed.pdf

National Male Training Center for Family Planning and Reproductive Health website offers training and performance improvement information and services. http://www.fpcmtc.org

CPT and ICD codes
http://www.fpcmtc.org/sites/default/files/tools/Sample%20Male%20Family%20Planning%20Codes.pdf

Putting Males Into the Family Planning Picture: A guide to help improve family planning services for males JSI Research and Training Institute. Free download available at http://www.region8familyplanning.org/Materials/putting_males.pdf

Team Building and Change Management

Team Building: Proven Strategies for Improving Team Performance. (4th ed.) 2007. Dyer, William G., Dyer Jeffrey H., Dyer, W.G., Dyer, Gibb W., Schein, Edgar H.

Continuous Quality Improvement in Health Care. 2005. McLaughlin, Curtis P. and Arnold D. Kaluzny.

Total Quality Improvement: The Next Generation in Performance Improvement. New York, NY, 1995. Harrington, James.

The New Project Management: Corporate Reengineering and Other Business Realities. San Francisco, CA, 1994. Frame, Davidson J.

The Change Agent's Handbook: A Survival Guide for Quality Improvement Champions, 1994. Hutton, David.

Sample Forms

Below are three sample forms shared by some of our project partners, one to assess male clients' satisfaction with services, a medical history specific to male clients, and one for a male infection visit. Following these is a sample promotional card that outreach staff can use to promote your services.

Planned Parenthood®
of Montana

MALE SERVICES PROJECT

Male Client Satisfaction Survey

Historically men have not participated in family planning services. Planned Parenthood of Montana (PPMT) is participating in a national project aimed at increasing the number of males who come in for family planning and reproductive health services. We would like feedback about your experiences at PPMT as a male. Our goal is to provide high quality care for our male clients.

Please answer the following questions honestly. We rely on your help to continuously improve our services. However, your participation in this survey is completely voluntary. You can choose not to answer some or all of the questions. The results from this survey will be reported in an anonymous and summarized fashion. Thank you.

ID #: XXXX
Time Two 8/2010

Background Information

1. About how old are you?
   - ☐ 19 years or younger
   - ☐ 20 – 24 years
   - ☐ 25 – 29 years
   - ☐ 30 – 34 years
   - ☐ 35 – 39 years
   - ☐ 40 years or older

2. What is your zip code?

   5 9 ___ ___ ___

3. Are you:
   - ☐ a new client
   - ☐ a returning client

4. What services did you receive at today's visit? Please check all that apply.
   - ☐ Men's checkup
   - ☐ STD test
   - ☐ STD treatment
   - ☐ Wart treatment
   - ☐ Counseling/education
   - ☐ Supply pickup (condoms, birth control, medication, Plan B, etc.)

5. About how long did you spend at the clinic today from when you entered the clinic to now?
   - ☐ Less than 15 minutes
   - ☐ 15 – 29 minutes
   - ☐ 30 – 44 minutes
   - ☐ 45 – 59 minutes
   - ☐ 60 minutes or longer

ID #: XXXX

Clinic Environment

6. The best times for me to come to the clinic are: (Please check all that apply.)
   - ☐ Mornings
   - ☐ Lunchtime
   - ☐ Afternoons
   - ☐ Evenings (after 5 pm)
   - ☐ Weekends

7. Was the total time you spent at the clinic today:
   - ☐ Too short
   - ☐ Too long
   - ☐ About right

8. I felt comfortable calling the clinic to schedule today's appointment.
   - ☐ Strongly disagree
   - ☐ Somewhat disagree
   - ☐ Neither agree nor disagree
   - ☐ Somewhat agree
   - ☐ Strongly agree

9. I felt comfortable entering the clinic building to receive services today.
   - ☐ Strongly disagree
   - ☐ Somewhat disagree
   - ☐ Neither agree nor disagree
   - ☐ Somewhat agree
   - ☐ Strongly agree

10. I felt comfortable sitting in the waiting room of the clinic today.
    - ☐ Strongly disagree
    - ☐ Somewhat disagree
    - ☐ Neither agree nor disagree
    - ☐ Somewhat agree
    - ☐ Strongly agree

Clinic Environment (cont.)

11. At the clinic today, I found the materials (magazines, pamphlets, TV channel) in the **waiting room** to be appropriate for me.
    - ☐ Strongly disagree
    - ☐ Somewhat disagree
    - ☐ Neither agree nor disagree
    - ☐ Somewhat agree
    - ☐ Strongly agree

12. At the clinic today, I found the materials (magazines, pamphlets, posters) in the **exam room** to be appropriate for me.
    - ☐ Strongly disagree
    - ☐ Somewhat disagree
    - ☐ Neither agree nor disagree
    - ☐ Somewhat agree
    - ☐ Strongly agree

13. The decorations in the **waiting room** are:
    - ☐ Too feminine
    - ☐ Too masculine
    - ☐ Just right

14. The decorations in the **exam rooms** are:
    - ☐ Too feminine
    - ☐ Too masculine
    - ☐ Just right

15. We want men to feel comfortable in our clinic. Please write in your ideas for changes that could be made to improve the clinic environment for men.

    _____

    _____

    _____

    _____

    _____

    _____

Interactions with Staff

16. At the clinic today, the staff was friendly and helpful.
    - ☐ Strongly disagree
    - ☐ Somewhat disagree
    - ☐ Neither agree nor disagree
    - ☐ Somewhat agree
    - ☐ Strongly agree
17. At the clinic today, I felt the staff treated me with respect and dignity.
    - ☐ Strongly disagree
    - ☐ Somewhat disagree
    - ☐ Neither agree nor disagree
    - ☐ Somewhat agree
    - ☐ Strongly agree
18. At the clinic today, I felt the staff respected my privacy and confidentiality.
    - ☐ Strongly disagree
    - ☐ Somewhat disagree
    - ☐ Neither agree nor disagree
    - ☐ Somewhat agree
    - ☐ Strongly agree
19. At the clinic today, the staff seemed comfortable providing me with family planning and reproductive health services.
    - ☐ Strongly disagree
    - ☐ Somewhat disagree
    - ☐ Neither agree nor disagree
    - ☐ Somewhat agree
    - ☐ Strongly agree

ID #: XXXX

Interactions with Staff (cont.)

20. At the clinic today, the staff seemed knowledgeable about: (Please check all that apply.)
    - ☐ STDs
    - ☐ Family planning
    - ☐ Safe sexual practices
    - ☐ Ideas for talking with my partner about safe sex
    - ☐ Ideas for talking with my partner about pregnancy planning and/or prevention
    - ☐ Resources in the community available to men
21. We want to provide men with high quality family planning and reproductive health services. Please write in your ideas for changes that could be made to improve the services the staff provides to men.

    _____

    _____

    _____

    _____

    _____

Promotion of Clinic

22. How did you learn about the clinic? Please check all that apply.
    - ☐ Flier or poster
    - ☐ Word of mouth
    - ☐ Television/radio/newspaper advertisement
    - ☐ Internet
    - ☐ Planned Parenthood of Montana's website
    - ☐ A friend
    - ☐ A sexual partner
    - ☐ A family member
    - ☐ A health care professional
    - ☐ School or work
    - ☐ Business or community organization

Promotion of Clinic (cont.)

23. Did the clinic staff talk to you today about referring your sex partner to the clinic for services?
    - ☐ Yes
    - ☐ No
24. I would recommend this clinic without hesitation to a **female** (female friend, family member, sex partner, etc.) in my life.
    - ☐ Strongly disagree
    - ☐ Somewhat disagree
    - ☐ Neither agree nor disagree
    - ☐ Somewhat agree
    - ☐ Strongly agree
25. I would recommend this clinic without hesitation to a **male** (male friend, family member, sex partner, etc.) in my life.
    - ☐ Strongly disagree
    - ☐ Somewhat disagree
    - ☐ Neither agree nor disagree
    - ☐ Somewhat agree
    - ☐ Strongly agree

Thank you for taking the time to complete this survey. We value your thoughts and suggestions. If you have any further comments, please contact:

Jill Baker
Education Director
Planned Parenthood of Montana
406-454-3432
Jill.Baker@ppmontana.org

Elizabeth Rink
Assistant Professor
Montana State University
406-994-3833
elizabeth.rink@montana.edu

Planned Parenthood of Montana **MALE PERSONAL HISTORY**

Please explain any problem(s) under the comment section at the bottom of the page.

A. REVIEW OF SYSTEMS:

YES	NO	GENERAL
		1. My health is generally good
		2. Unexplained weight loss or gain of more than 10 lbs
		3. Night sweats
		4. Cancer - If yes, where/when?
		5. Birth defects or genetic problems
		6. Are you being treated for any illness / condition now If yes, what _____

7. What medication are you currently taking? (over the counter or herbal, or prescription) _____

YES	NO	EYES
		8. Eye problems (except glasses or contacts)
YES	**NO**	**EARS/NOSE/MOUTH/THROAT**
		9. Hearing problems
		10. Frequent nosebleeds
YES	**NO**	**CARDIOVASCULAR**
		11. Heart murmur
		12. Blood Clots (head/leg/lungs)
		13. Stroke or stroke-like problems
		14. High Blood Pressure
		15. High Cholesterol
YES	**NO**	**RESPIRATORY**
		16. Chronic cough or other breathing problem
		17. Asthma
		18. Tuberculosis or exposure to tuberculosis
YES	**NO**	**GASTROINTESTINAL**
		19. Stomach or bowel problems
		20. Liver problems (hepatitis or tumor, etc.)
		21. Gallbladder problems
YES	**NO**	**GENITOURINARY**
		22. Bladder or kidney problems ❑Burning urination ❑Blood in urine
		23. Penile discharge or pain
		24. Genital sores, bumps, or rashes
		25. Scrotum pain, swelling or abnormality
		26. Problems with erection or ejaculation
		27. History of hernia
		28. Pain with sex
YES	**NO**	**MUSCULOSKELETAL**
		29. Arthritis or osteoporosis
		30. Gout
YES	**NO**	**SKIN**
		31. Acne or other skin problems. Please Specify:
YES	**NO**	**NEUROLOGICAL**
		32. Seizures/Epilepsy
		33. Numbness in arms/legs (recurring)
YES	**NO**	**PSYCHOLOGICAL**
		34. Depression
		35. Psychiatric illness
YES	**NO**	**ENDOCRINE**
		36. Thyroid problems
		37. Diabetes
YES	**NO**	**HEMATOLOGICAL/LYMPHATIC**
		38. Anemia
		39. Sickle cell disease/trait
		40. Blood clotting disorder

YES	NO	ALLERGY / IMMUNOLOGY
		41. Are you allergic to any drug, medication, latex or other substance, including local anesthesia What:
		42. Hepatitis B Immunization Date: _____

B. HOSPITALIZATION AND SURGERIES

Year	Reason

C. FAMILY HISTORY

Are you adopted: ❑Yes ❑No

Has your parent, sibling or grandparent had any of the following:

YES	NO	DIAGNOSIS	Relative
		Cancer (colon, breast, skin, prostate, testicular)	
		Diabetes	
		Genetic problems	
		Heart attack/stroke before age 50	
		High blood pressure	
		High blood cholesterol or fats	
		History of blood clotting disorders	
		Osteoporosis	
		Thyroid Problems	

D. SOCIAL HISTORY

YES	NO	HAVE YOU RECENTLY EXPERIENCED		
		Alcohol use - If yes, how many drinks/day		
		Tobacco use: If yes, how many cans/wk or cigs/day___		
		Drug abuse (prescription and/or street drugs)		
		Eating disorders (bulimia, anorexia)		
		Physical abuse:	❑Past	❑Present
		Forced sex:	❑Past	❑Present
		Sexual abuse:	❑Past	❑Present
		Afraid of your	❑Partner	❑Family member
		Would you like to discuss issues of abuse?		

COMMENTS / EXPLANATIONS (by numbers)

Patient Name: _____ **Birthdate:** _____ **Pt #** _____

PPMT 6/2010 CF

MALE PERSONAL HISTORY

E. CONTRACEPTIVE HISTORY

43. What birth control methods have you used? (check all that apply)
☐ Condoms ☐ Vasectomy ☐ Withdrawal
☐ None ☐ Other _____

44. Does your partner use birth control? If yes, please list
☐ Yes ☐ No

F. SEXUAL HISTORY / PERSONAL STD / HIV RISK ASSESSMENT

45. Age of first intercourse? _____

46. Have you ever had: ☐ Oral Sex ☐ Anal Sex ☐ Vaginal Sex

47. How many sex partners have you had: ____ this year ____ lifetime

48. Have you ever had sex with: ☐Men ☐Women ☐Both

49. Are you currently in a sexual relationship? If yes, do you have other partners? ☐Yes ☐No
You have been with this partner _____ week/month/ year

50. History of sexually transmitted infection: ☐Chlamydia ☐Gonorrhea ☐Genital Warts ☐HIV ☐Hepatitis (A,B,C) ☐Herpes ☐Syphilis ☐PID ☐Trichomoniasis ☐None ☐Don't Know ☐Other:

51. Have you ever used needles to inject drugs? ☐ Yes ☐No If yes, have you shared needles or "works"? Example: Injecting drugs, tattooing piercing ☐Yes ☐No

52. Do you use condoms with sex partner(s)?

53. Have your received blood or blood products since 1978?

G. SEX PARTNER(S)

Check each of the following that your sex partner(s) have been TREATED for in the last 5 years: ☐Chlamydia ☐Gonorrhea ☐Genital Warts ☐HIV ☐Hepatitis(A,B,C) ☐Herpes ☐Syphilis ☐PID ☐Trichomoniasis ☐None ☐Don't Know ☐Other

Yes	No	N/A	SEX PARTNERS
			Has your sexual partner received blood or blood products as part of medical care between the years 1978 and 1985?
			Has any sex partner ever injected intravenous drugs? ☐A street drug user ☐Infected with HIV/AIDS ☐Other
			If yes, Have they ever shared needles or "works"? (Injecting drugs, tattooing, piercing)
			Has your partner had sex with someone other than you with the past year?

54. Has your partner has sex with: ☐Men ☐Women ☐Both ☐Unsure

STAFF COMMENTS:

To the best of my knowledge the information I have provided is correct and complete.

Client Signature _____ Date _____

Staff Signature _____ Date _____

I have reviewed the above health history and have made notes in the margin to correct and update the information.

Date reviewed & updated: ____/____/____ Patient initial: _____ Staff Initials: _____
Date reviewed & updated: ____/____/____ Patient initial: _____ Staff Initials: _____
Date reviewed & updated: ____/____/____ Patient initial: _____ Staff Initials: _____

Patient Name: _____ **Birthdate:** _____ **Pt #** _____

PPMT 6/2010 CF

❑ HIV Only

Planned Parenthood of Montana **MALE INFECTION CHECK**

DATE:	AGE:	BCM/Condom Use:
BP: WT: BMI: TEMP:		ALLERGIES:
Current MEDS:		Pertinent ROS of ___/___/___ reveiwed: ❑Reviewed & Updated

Reason for Visit / Chief Complaint / History of Present Illness:

O: EXAMINATION / PHYSICAL FINDINGS

System	WNL	N/D	ABN	COMMENTS
Skin				
Throat				
Pubic Area				
Inguinal Nodes				
Penis				
Scrotum				
Testes				
Perineum				
Anus				

Lab Tests Done: ❑Saline prep: WBC's _____ Trich _____ Buds _____ RBC's _____ Bacteria _____
❑Urine Micro: WBC Bact RBC Other:
❑GC ❑CT ❑HSV ❑HIV ❑Verbal Consent Given ❑RPR

ASSESSMENT:

PLAN: **Adolescents Only** ❑Abstinence discussed ❑ Family Involvement Encouragement ❑ Sexual Coercion discussed ❑ Confidentiality

❑Routine F/U PRN ❑Additional F/U needed:

EDUCATION (check first box for verbal, second box for written)

VISIT REQUIREMENTS	STI/HIV		HEALTH PRMOTION	
❑❑ All Services Brochure	❑❑ Chlamydia FS	❑❑ HIV Test CIIC	❑❑ BP Screening	❑❑ Other_____
❑❑ Recommended Screening	❑❑ Doxycycline FS	❑❑ Molluscum FS	❑❑ Etoh/Drug	❑❑ Other_____
❑❑ All BCM/ECP	❑❑ Genital Warts CIIC	❑❑ Syphilis FS	❑❑ Nutrition/Exercise/BMI	
❑❑ TSE	❑❑ Genital Warts FS	❑❑ Trich FS	❑❑ Sexuality	
❑❑ STD/HIV/Inc risk reduction	❑❑ Gonorrhea FS	❑❑ Zithromax FS	❑❑ Tobacco Cessation	
❑❑ Family Planning/Condom Use	❑❑ Hepatitis	❑❑ STI tx w/o exam	❑❑ Vaccine Preventable dx	
❑❑ Other_____	❑❑ Herpes FS	❑❑ Other_____	❑❑ Gardasil	

Clinician Signature:_____

Patient Name: _____ **Birthdate:** _____ **PT #** _____

PPMT 011/2010 CF MALE Infection Check

❑ HIV Only

PROGRESS NOTES

Name _____ Birthdate _____ Chart# _____

PPMT 011/2010 CF MALE Infection Check

Male Health Services

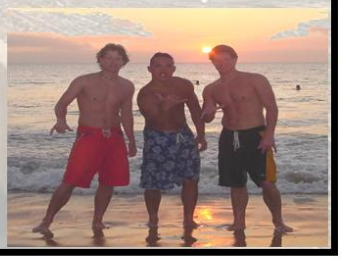
Family Health Centers of San Diego

LOW OR NO COST

Our Services Include:

- Free condoms
- Birth control information
- STI/HIV testing & treatment
- Blood pressure screening
- Reproductive healthcare exams
- Resource and referral services, if needed

Beach Area
Family Health Center
3705 Mission Blvd.
San Diego, CA 92109
Info/Appts: (619) 906-4563
(619) 515-2300



Our Goal

To promote male reproductive health by offering services that address the special needs of males in our community

Feedback

We would love to hear from you ... questions, comments, feedback about the tools!

Please contact us at austin@cardeaservices.org