Referral Quality Staff Observation Activity: OVERVIEW



The **STAR Model: Referral Quality Staff Observation Activity** is a training activity designed to build the confidence and comfort of staff providing referrals.¹ It also provides an opportunity to improve the quality of referrals through peer feedback.

About the STAR Model

The STAR model is a referral approach that helps service providers to make high-quality referrals. The model encourages staff to provide referrals that are:

- » **Supportive:** Do you know your role with your clients, and are you supporting them through provision of referrals to meet their other health care or community resource needs?
- » **Thorough:** Do you have the knowledge you need and have you passed on what you can about those services to your clients?
- » **Active:** Have you helped your clients locate and schedule, as indicated, the care they need? Have you assessed your clients' needs for supportive resources (e.g., language translation, culturally/linguistically appropriate services, child care, transportation) to help them utilize the services they are seeking?
- » Referral Quality: Do you continuously learn from and update information in your referral information systems to ensure high-quality referrals? If appropriate, can you check with your clients about their referrals at a later date?

About the Referral Quality Staff Observation Activity

Purpose: Participants take turns as both client and referral-maker practicing scenarios using the STAR model to assess the enacted referral.

Instructions: Participants pair off.

Handouts:

» Handout 1: STAR model

» Handout 2: scenarios & discussion questions

Activities:

- 1. Introduce the Star model of providing referrals. Encourage the participants to refer to Handout 1, which outlines the four points of the STAR.
- 2. Using Handout 2, have participants act out one or more scenarios. One participant plays the client, another plays the referral-maker, while all other participants are observers/mentors.

Adapted from Zurek M, O'Donnell J, Hart R, Rogow D. Referral-making in the current landscape of abortion access. Contraception 2015; 91(1): 1–5. https://www.contraceptionjournal.org/article/S0010-7824(14)00701-X/fulltext



- 3. Ask participants to role-play and get feedback from their partners. (When participants seem stuck, offer help and be ready to respond with model language.)
- 4. After all participants have grown more comfortable using this model for providing referrals, seek one pair to volunteer acting out a role play in front of the entire group (a "fishbowl" activity). Get feedback on the role play from the larger group.
- 5. Use Handout 2's participant debrief questions to facilitate discussion.

Referral Quality Staff Observation Activity: HANDOUT 1: STAR MODEL



Keep the four points of the STAR model in mind to provide effective and supportive referrals.

STAR Model for Effective Referrals* Be a STAR!



SUPPORTIVE

- » "I know my role in the face of my client's need."
- » "Supporting my client's decision is the best way I can do my job helping her/him."

THOROUGH

- "I have the correct information about the service she/he needs."
- » "I am knowledgeable about the care she/he is seeking."

ACTIVE

- » "I actively help my client locate and schedule the care she/he needs."
- "I actively assess my clients' needs for supportive resources (e.g., language translation, culturally/ linguistically appropriate services, child care, transportation) to help them be able to utilize the services they are seeking."

REFERRAL-QUALITY

- » "I follow up and ask about my client's experience accessing referrals I have provided."
- » "I use her/his experience to better help the next client seeking a referral."

Adapted from:

Zurek M, O'Donnell J, Hart R, Rogow D.

Referral Quality Staff Observation Activity: HANDOUT 2—SCENARIOS & DISCUSSION QUESTIONS



This handout can be printed on double-sided paper.

Scenarios

- 1. Tina is 24. Her mother died in her 30s from breast cancer. Tina found a lump that you can also palpate on exam. She has missed several appointments and had to reschedule this appointment twice, once when she had to wait. She has no child care for her children, and her partner is often abusive if she is late getting home. She does not have a primary care provider, and only has state family planning-only Medicaid. What do you do?
- 2. Alex is 20. He is undocumented and uninsured. He has sex with men and women, and came to the clinic for STD screening. He is found to be positive for both chlamydia and syphilis. You can treat him for chlamydia with Azithromycin, but you do not stock the Penicillin G benzathine for syphilis treatment. What do you do?
- 3. Grace is 23 and has a two-year old. She receives a positive pregnancy test result. She tells you she is happy, but also a little nervous. She had gestational diabetes with her first pregnancy and had to have a C-section. She has moved since then and doesn't know any midwives or OB/GYN providers in the area. What do you do?
- 4. Maria is 22. She is a client at a small, part-time rural clinic. She has three children—the youngest just 3 months old—and tells you she is desperate to not get pregnant again. She has used condoms and oral contraceptives but had a hard time remembering to take her pills and got pregnant using both. She was given a Depo-Provera shot at the hospital before discharge, but she worries that she will not be able to make it to the clinic on schedule for the next shots. She is interested in getting a Nexplanon, but you do not have a provider on staff trained to insert at this time. What do you do?

Referral Quality Staff Observation Activity: HANDOUT 2—SCENARIOS & DISCUSSION QUESTIONS



Discussion Questions

- 1. In your pairs, reflect on your experience doing the role plays:
 - » What went well?
 - » Not so well?
 - » Was every aspect of the STAR model considered?
- 2. After each scenario done in front of the group, share observations referring to the STAR model. Was the staff member in the scenario:
 - » **Supportive?** Compassionate? Non-judgmental?
 - » In what ways?
 - » Thorough? Complete?
 - » Did the staff member gather and share all of the information needed for an effective referral?
 - » Was the staff member knowledgeable about the services?
 - » Active? Was this a "warm" or "cold" handoff?
 - » Did the staff member do enough to locate and schedule the care the client needed?
 - » Did the staff member address all of the potential barriers the client might face, keeping her/him from utilizing the referrals?
 - » Referral-Quality? Was there anything that could be improved?
 - » Was there anything missing?
 - » Did the client seem satisfied? Would you be if you were the client?
 - » What could have been done or said differently?