LIVE WEBINAR

Group Systems for the Virtual Dietitian: The 3 Cs for Implementing Successful Group Programs Online

PRESENTED BY Sarah Hall,

MS, RD, LD

October 17th, 2023 2 - 3 pm ET



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This activity will also award credit for dietetics (CDR CPEU).



Introduction



- RD for 17 years
- Experience in corporate wellness, LTC, clinical (inpatient and outpatient) and private practice
- 10 years business experience
- Top 100 podcast "The Sarah Hall Show"
- Founder of Extreme Business Makeover®



Learner Objectives

- Assess the effectiveness of group models in virtual private practice.
- Apply information and intervention strategies related to coaching, curriculum, and community systems to improve the patient experience.
- Analyze the pros and cons of insurance and private-pay models in private practice, as they apply to group programs.
- 4. Evaluate and understand the learning and communication styles of patients to improve client retention and outcomes in the virtual environment.



Intro to Topic

When I created my trademarked system for running groups, I didn't want it just to be a group.

I wanted it to be a **hybrid system** that included **3 key aspects** I felt resulted in the **best transformation in clients/patients**:

- 1. Curriculum, for easy learning
- Community, to provide a feeling that the client/patient is not alone and has a tribe to be a part of
- 3. Coaching, for direct feedback, support, and accountability from me, the RDN

This is what I call the 3 Cs System.



Let's Discuss the Traditional Group Model

- Traditional groups work for a lot of RDs, even me when I was in the clinical setting
- Typically have start and stop dates
- Comprised of set, live curriculum with a standard appointment process
- Less 1:1 time but flexible support
- Usually do not have much pre-recorded curriculum
- Great for outpatient/clinical settings

The traditional group model has worked and tends to be good for outpatient style settings

However, it's quickly becoming antiquated for private practice RDs, especially those who want to grow their business and fully support their clients at the same time. Let's discuss more...



Traditional Group Model: Is It Outdated?

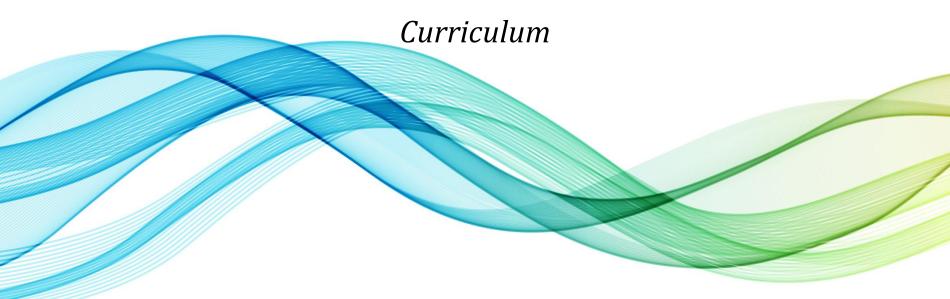
- Traditional groups contain live curriculum and maybe some community but very little coaching, or 1:1 time
- The RDN can feel out of touch with client/patient progress, as well as their struggles and needs
- Traditionally, RDNs have felt they needed to do 1:1
 or group or courses
- The patient/client usually fails in the traditional group setting due to feeling disconnected and not supported
- As a result, deficits within the cycle of transformation continue (similar to clinical, i.e., if a patient no-shows for a follow up or is seen at bedside with no continued nutrition care plan)



How I Know the New Way Works

An Introduction to the Virtual Group Model

Key Considerations for Each of the 3 Cs





What is Curriculum in the Group Setting?

A **framework**, usually presented in live or recorded formats, that lead to transformative outcomes in the patient or client.

What is Curriculum in the Group Setting?

Benefits to the client/patient:

- Quick and easy learning
- Client/patient can listen and learn on their own time
- Client/patient can repeat learning by rewatching lessons
- Ease of access to RDN education and resources for client/patient



What is Curriculum in the Group Setting?

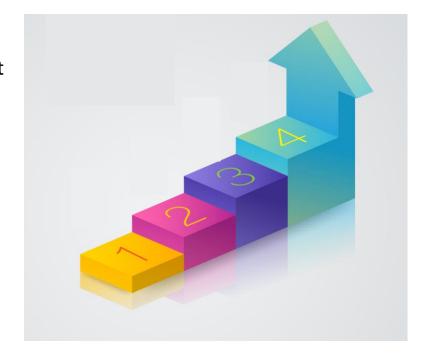
Benefits for you, the RDN or practitioner:

- Less repetitive teaching
- Saves you time
- Allows you to scale your practice to work with more patients/clients
- Easy use of technology that helps with time management
- Better client/patient service



Curriculum Considerations and Needs

- Step by step framework that guides a client/patient from where they currently are to the ultimate results they are trying to achieve
- Think: larger teaching topics that are necessary for the client/patient to know and understand in order to make a full transformation



Setting Up Curriculum

Free, low-cost options for setting up curriculum:

- Canva
- Zoom
- Loom
- Facebook Groups/Guides
- Thinkific
- Practice Better
- Kajabi
- Others



Key Considerations for Each of the 3 Cs



What is Community in the Group Setting?



- Think of the phrase "find your tribe," and that's what a community should feel like to your patient/client
- People love human connection they like to hear other's stories and be a part of something bigger than just going through the motions themselves
- A community is so much more than just a Facebook group

What is Community in the Group Setting?

Benefits to the client/patient:

- Better outcomes
- Better motivation due to involvement with others
- They often times get better ideas, brainstorm more, and find what others are doing inspirational
- They no longer feel alone



What is Community in the Group Setting?

Benefits for you, the RDN or practitioner:

- Very scalable: the community can eventually take care of itself with you being the fearless leader, checking in here and there
- Better outcomes for your clients
- Better client retention, which increases overall business revenue



Community Considerations and Needs

Privacy

Allowing 1:1 time for personal discussions

Keeping a weekly pulse on the community: you are the leader, so you want to make sure that nothing negative is happening and that everyone is taken care of

Key Considerations for Each of the 3 Cs



- Coaching is a direct form of education, troubleshooting, and support from you (the RDN)
 and/or health care practitioner
- Opposite of recorded curriculum (although it can be done live)
- Carried out by you, the practitioner



You can coach in the group setting in a variety of ways:

- Live group Q&A call
- Live group training sessions where you have a particular topic you're educating on
- 1:1 private check-ins, using a survey/form and giving feedback
- Q&A threads that are available within your community for quick responses
- 1:1 calls and/or chat support





Benefits to the client/patient:

- They feel much more supported because they can ask questions and get real-time feedback to troubleshoot their challenges
- As an outcome, they get better results
- They feel motivated and inspired because they're actually accomplishing something with your help

Benefits for you, the RDN or practitioner:

- Allows you to show up and do what you do best: support your clients
- Can be done in a way that is completely scalable to grow your practice the way you desire as well
- Helps you balance your schedule with the other features of community and curriculum



Coaching Considerations and Needs

You will need to set up the frequency and flow that feels good to you -1:1 calls vs chat support vs feedback forms, etc.

A typical program might look like one face-to-face call per month, chat support Monday through Thursday 9 to 2pm, community Q&A thread post, and a group call weekly

As your business and client load grows, you need to evaluate your time and adjust your deliverables accordingly

Accepting Payment in Group Settings

Payment options:

- Monthly
- Paid in full with discount
- Buy-now-pay-later programs (Affirm, After Pay, Apple Pay later, etc.)
- Debit/credit card
- Combined insurance and private pay



^{*}A lot of payment processors like Stripe and Square actually connect to curriculum tools like Kajabi and Practice Better

How to Evaluate Learning and Communication Styles Among Your Clients



Develop an intake process that includes a questionnaire
 Ask how the client prefers communication, what they value when it comes to communication, and how they learn best
 Offer free communication and personality style testing (e.g., Enneagram) to learn more about each of your clients
 This can be part of your intake process as well
 Ask more questions!

Evaluate Client Learning Styles

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 Adjust your teaching style to benefit the client, particularly in the 1:1 components of your group setting

What Does This Mean for Your Patients/Clients?

- Better outcomes, results, and transformations
- In turn, clients are happier about their results
- They become more serious:
 - They stick to the treatment plan
 - They own their own personal goals and action items
- Added accountability from the RDN <u>and</u> the patient community they're now connected to
- They feel better supported and gain confidence in what they are doing and in themselves!

Putting It Into Practice

- A good, best practice for running group programs is to include ALL components of the 3 Cs
 - Curriculum
 - Community
 - Coaching
- Have open communication systems for fast troubleshooting with clients
- Study and master how to build a community: having high level communication increases client transformation and retention

Now go start planning your new or evolved program!



Questions?

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The Latest on Lowand No-Calorie Sweeteners: What You Need to Know

PRESENTED BY

Tyler Townsend, MS, RDN, LDN Vandana Sheth, RDN, CDCES, FAND

October 24, 2023 2–3 pm ET



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