| Workshop Location: | Date: | | Observer: | |
| --- | --- | --- | --- | --- |
| Leaders’ Names: | | Start time: | | End time: |
| Reason for Fidelity Check: New Leader 🞎 First Session 🞎 Complaint Lodged 🞎 General Check | | | | |

| ***General Observations*** | |
| --- | --- |
| 1. In your opinion, was the training space comfortable for the group (e.g. room size, room temperature, lighting, noise level, etc)? | Yes No  Comments: |
| 2. Were charts 2: SELF-MANAGEMENT TOOL BOX,  3: GUIDELINES, 4: BRAINSTORMING, 5: PARTS OF AN ACTION PLAN, and 6: PROBLEM SOLVING STEPS posted on the wall during the class? | Yes No  Comments: |
| 3. Were the leaders on time/early and did the workshop start on time? | Yes No  Comments: |
| 4. Was the session agenda posted at the beginning of the session? | Yes No  Comments: |
| 5. Did the charts follow the appropriate guidelines:   * Used dark colored marking pens * Legible handwriting * Easily readable from across the room | Yes No  Comments: |
| 6. Did leaders appropriatly paraphrase to deliver material presented in the leaders’ manual? | Yes No  Comments: |

| ***Activity – Feedback/Problem-Solving Session*** | |
| --- | --- |
| Leader facilitating: | |
| 1. Did the leaders briefly restate their action plans and report their successes? | Yes No  Comments: |
| 2. Did the leaders ask for a volunteer participant to report on their action plan in the same way? | Yes No  Comments: |
| 3. Did the leaders praise participants for achieving their action plans or for modifying and being good  self-managers? | Yes No  Comments: |
| 4. If a participant stated that they did NOT achieve their action plan, did the leaders problem solve with the group? | Yes No N/A Comments: |
| 4a. Did the leaders utilize Chart 6: STEPS TO PROBLEM SOLVING according to the leaders’ manual guidelines? | Yes No  Comments: |

| ***Activity – Making An Action Plan*** | |
| --- | --- |
| Leader facilitating: | |
| 1. Did the leader utilize Chart 5: PARTS OF AN ACTION PLAN to facilitate this activity? | Yes No  Comments: |
| 2. Did the LEADER remind participants that an Action Plan is something THEY WANT to do? | Yes No  Comments: |
| 3. Did the leaders model action planning correctly for participants by stating: WHAT, HOW MUCH, WHEN, and a CONFIDENCE level? | Yes No  Comments: |
| 4. Was each participant given the chance to make an action plan? | Yes No N/A Comments: |
| 5. When creating action plans, did the PARTICIPANTS explain WHAT, HOW MUCH, WHEN, and a CONFIDENCE level? | Yes No  Comments: |

| ***Facilitation Skills*** | |
| --- | --- |
| 1. Were the leaders respectful by accepting differing points of view and by avoiding making judgments of participants’ ideas, progress or action plans? | Yes No  Comments: |
| 2. Were the leaders able to keep participants on topic (redirecting off-topic conversations, etc)? | Yes No  Comments: |
| 3. If participants were reluctant to participate in activities, did the leaders gently encourage, but NOT force, their participation (even if unsuccessful)? | Yes No  Comments: |
| 4. When using personal examples, did the leaders talk about themselves for less than one minute? | Yes No N/A Comments: |
| 5. Did the leaders add content material, stories, anecdotes, or information not provided in the leaders’ manual (these might include stories or inspiration, information about community programs, etc.)? | Yes No  Comments: |
| 6. Did the leaders leave out or skip over content material provided in the leaders’ manual? | Yes No  Comments: |
| 7. Were the participants provided a snack? | Yes No  Comments: |

| ***Additional Observations/Comments*** | |
| --- | --- |
| 1. In your opinion, did these leaders work well together? | Yes No  Comments: |
| 2a. Were the leaders able to keep participants on topic? 2b. In your opinion, did the leaders handle problem people appropriately (e.g. judgmental, overly talkative, etc)? | Yes No  Comments: |
| 3. Was there a resource table available at this workshop? | Yes No  Comments: |
| 4. What else did you observe at this workshop that will help us understand the quality of the programming at this location? | |

| ***Session Specific Activities Observed:*** | |
| --- | --- |
| Leader facilitating: | |
|  | Yes No  Comments: |
|  | Yes No  Comments: |
|  | Yes No  Comments: |
|  | Yes No  Comments: |

| ***Activity Specific Question Bank*** (Fill in table with questions for the particular session) | |
| --- | --- |
| Session 1 | 1. Did the leader clearly explain how brainstorming works? 2. Did the introduce action planning and provide their own as an example? |
| Session 2 | 1. Did the leader effectively use Chart 6 without explaining each point in extreme detail? 2. Did leaders allow ample time for discussion around managing difficult emotions? 3. Did the leaders briefly point out the different exercises in Chapter 7 of Living of Healthy Life with Chronic Conditions book? 4. Did the leader add the additional list after the brainstorm about places risky for falling? |
| Session 3 | 1. Did leaders follow Charts 15 and 16 when going through decision making? 2. Did the leaders use two different colors of marker for the Pain and Fatigue brainstorm? 3. Did leaders model exercise with one marching and one seated conducting? 4. Did leaders explain the body scan and offer alternatives for those who did not want to participate? |
| Session 4 | 1. Did leaders demonstrate diaphragmatic and pursed-lip breathing? 2. Did leaders accurately deliver instructions, and take time to ensure participant understanding, on how to use the food guide to find recommended portion and nutrients for 3 food items? 3. Did leaders go through the scripts for communication? 4. Did leader only go over the first three problem solving steps for the problem solving activity? |
| Session 5 | 1. Did leaders go through the nutrition label clearly to ensure all participants learned how to read them? 2. Did the leader brainstorm ways to remember to take medications? 3. Did the leaders list only 2 or 3 examples of negative thinking that they could change into a positive thought? 4. Did the leaders asks participants to write a letter to their physicians about how the program has effected them? |
| Session 6 | 1. Did leaders conduct the brainstorm for healthcare professionals and healthcare organizations on one sheet with two different colored markers? 2. Did the leaders help participants set personal goals for the next 3 to 6 months? Did they model their own accurately? |
| ***Additional Comments:*** | |