

# Appendices

The following appendices, with the exception of Appendix A, are templates. They can be modified or adapted to your organization's structure and needs.





**ATTENDANCE FORM - Place an X by the participants initials to signify the week(s) they attended.**

**Leader First and Last Name and Phone Number** \_\_\_\_\_

**Leader First and Last Name and Phone Number** \_\_\_\_\_

**Course Start and End Dates** \_\_\_\_\_

Participant Initials	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	How did you hear about this workshop?
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

## Living Well with Chronic Conditions Workshop - Participant Information Form

Please print your initials \_\_\_\_\_

Birth Date (month/day/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Are you Male or Female (Circle one)

Are you Hispanic/Latino? Yes No (Circle one)

What is your race? You may circle more than one.

Race Categories: (a) American Indian (b) Asian/Asian American (c) Black/African American (d) Native Hawaiian/Pacific Islander (e) White

Do you have or have you had any of the following conditions? PLEASE CIRCLE ALL THAT APPLY.

(a) Arthritis (b) Asthma/Breathing/Lung Disease (c) Cancer (d) Chronic Pain

(e) Chronic Joint Pain Depression/Anxiety Disorders Diabetes Fibromyalgia

Heart Disease High Blood Pressure High Cholesterol Kidney Disease

Osteoporosis Stroke None

Other condition(s) \_\_\_\_\_

If you listed more than one condition above, which condition prompted you to take the workshop? \_\_\_\_\_

What is your zip code? \_\_\_\_\_

What is the number of persons in your household, including yourself? \_\_\_\_\_

Have you taken the Living Well with Chronic Conditions workshop before? Yes \_\_\_ No \_\_\_

Which of the following best describes your reason for taking the workshop? (Circle the best response)

- 1- I have a chronic condition, and I'm attending for myself.
- 2- I am the care giver/support person for the person attending the workshop.
- 3- I am the care giver/support person for a person not attending the workshop.

Thank You!

## Living Well with Chronic Conditions Program

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### ***Confidentiality Statement***

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Thank you for participating in the Living Well with Chronic Conditions workshop. As a program participant, we ask that you provide a small amount of demographic data on the *Conditions Summary Report – Individual Form*. Please be assured that your form will be protected and there will be no identifying information connected to your responses. We (Workshop Leaders) will maintain these paper forms securely and privately until we send them to the Survey Coordinator for the State. The Survey Coordinator will enter the information into a database. The information will be compiled with information from workshop participants around the country. Further, the information stored in the database will *not* include your names or any information that identifies you.

While you may leave any question blank, we encourage you to complete the survey. Summarized information from all participants will help us demonstrate how this program is serving people who will benefit the most. Your responses are extremely helpful.

Again, your form will be kept confidential. Your responses will not affect any services or programs you are getting. If you have any questions about what is being asked, please ask your Workshop Leaders.

Thank you again for taking a few minutes to complete this important survey.

# # #

*For Workshop Leader Use Only:*

For questions about the survey process, contact the State Survey Coordinator, Randy Tanner at 801-538-9193 or [rtanner@utah.gov](mailto:rtanner@utah.gov).

Funding provided by the U.S. Administration on Aging and managed by the Center for Healthy Aging at the National Council on Aging.





**FORMULARIO DE ASISTENCIA – Colocar una X en la semana correspondiente a las iniciales de los participantes, para indicar la semana que asistió.**

**Nombre, Apellido, y Teléfono del Líder** \_\_\_\_\_

**Nombre, Apellido, y Teléfono del Líder** \_\_\_\_\_

**Fecha de Inicio y Fin del Curso** \_\_\_\_\_

Iniciales del Participante	Semana 1	Semana 2	Semana 3	Semana 4	Semana 5	Semana 6	¿Cómo se enteró sobre este programa?
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

## **Reporte del Resumen de Condiciones – Formulario Individual**

Taller “Tomando Control de su Salud”

**Iniciales:** \_\_\_\_\_

**Fecha de Nacimiento (mes/día/año):** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Es usted (Sexo):** Masculino o Femenino (encierre uno)

**Etnicidad:** Hispano o No-Hispano (H o NH) (encierre uno)

**Raza y Etnicidad:** \_\_\_\_\_

**Categoría de Razas:** Indio Americano/Nativo de Alaska, Asiático, Asiático-Americano, Afro-Americano, Nativo Hawaiano/Isla del Pacifico, Blanco, Otro

**¿Tiene o ha tenido alguna de las siguientes condiciones? Favor de marcar con un círculo todo lo que corresponda**

Artritis	Enfermedades de Asma/Pulmón	Cáncer	Dolor Crónico
Dolor Crónico de Articulación	Depresión/Ansiedad	Diabetes	Fibromyalgia
Enfermedades del Corazón	Presión Sanguínea Alta	Colesterol Alto	Enfermedades del Riñón
Osteoporosis	Derrame Cerebral	Ninguno	

Otra condición(es) \_\_\_\_\_

¿Si usted marcó más de una condición, por cual condición está usted tomando este curso? \_\_\_\_\_

¿Cuál es su código de área? \_\_\_\_\_

¿Cuántas personas viven en su casa, incluyendolo a usted? \_\_\_\_\_

¿Ha tomado el curso “Tomando Control de su Salud” anteriormente? Sí\_\_\_ No\_\_\_

¿Por qué tomó usted este curso? (Encierre uno)

- 1- Porque tengo una condición crónica.
- 2- Porque cuido/doy apoyo a una persona que está asistiendo al curso

**¡Muchas Gracias!**

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## ***Declaración de Confidencialidad***

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Gracias por participar en el taller Tomando Control de su Salud. Como un participante del programa les pedimos proveernos una pequeña información demográfica en el Reporte del Resumen de Condiciones – Formulario Individual. Confíe en que su información será protegida y que no habrá ninguna intención de identificar a usted con relación a sus respuestas. Nosotros (los líderes del taller) mantendremos estos formularios en absoluta reserva hasta que los enviemos al Coordinador de Encuestas del Estado. El Coordinador de Encuestas ingresará la información en la base de datos y ésta será recopilada con la información de otros participantes del taller alrededor del país. Además, la información guardada en la base de datos no incluirá sus nombres o ninguna otra información que lo identifique.

A pesar que pueda dejar algunas preguntas en blanco, les pedimos por favor completen la encuesta. La información resumida de todos los participantes nos ayudarán a demostrar cómo este programa está sirviendo a la gente para su máximo beneficio. Sus respuestas son de inmensa ayuda.

Nuevamente le recordamos que el formulario será guardado confidencialmente. Sus respuestas no afectarán ningún servicio o programas en la que esté participando. Si usted tiene alguna duda de estas preguntas, por favor pregunte a sus líderes del taller.

Gracias nuevamente por tomar unos minutos para completar esta valiosa encuesta.

# # #

*Para el uso del Líder solamente:*

Para preguntas acerca del proceso de la encuesta, contactarse con Randy Tanner, Coordinador de las Encuestas del Estado, al 801-538-9193 o [rtanner@utah.gov](mailto:rtanner@utah.gov).

## Fidelity Checklist

YES	NO	<b>Program Coordinator Qualifications</b>
		Has adequate program coordination experience or aptitude
		Is familiar with the terms of the license under which your organization is offering the program
		Reports necessary data in a timely manner to funding agencies if applicable
		<b>Leader Qualifications</b>
		Leaders come from the same communities you are serving
		Are not afraid to speak in front of groups
		Read, write and speak the language of the workshop participants
		Are literate at about 10 <sup>th</sup> grade level in the language they facilitate workshops
		Are willing to teach workshops during “off hours – Saturday, evenings etc.”
		Are able to attend all 4 days of training and complete two practice teaching sessions during training
		Are available to facilitate a workshop within six months of training
		Have transportation to get to the site of workshops
		Are willing to facilitate in the communities that you wish to serve
		Are committed to facilitate once a year to remain an active leader
		Are willing to attend a new 4 day training if they become inactive
		Are a model of healthy behaviors to participants
		<b>Fidelity Before Leader Training</b>
		Apply for, renew, or confirm receipt of your organization’s program license
		If operating under another organization’s license, verify with the holder of the license that you may proceed with the training
		Read the Coordinator Handbook
		Adhere to recommended schedule for leader trainings (Total of 4 days: 2 days per week for 2 weeks is preferred)
		<b>Fidelity During Leader Training</b>
		Training is at least 4 six-hour days given over no more than 2 weeks
		Trainees participate in two practice teaching activities during training
		Trainees complete the second practice teaching session and demonstrate a minimum set of core competency as observed by the Master trainer or T-trainer
		<b>Fidelity After Leader Training</b>
		All new leaders facilitate within six months
		All new leaders are observed at one of the first 3 workshop sessions they teach
		If leaders do not facilitate within six months, there is a short update before they facilitate
		All leaders facilitate at least once a year
		After 1 year, if leader has not facilitated they must be retrained
		Leaders about whom you have concerns do not facilitate workshops
		<b>Fidelity During Workshops – Physical Environment and Material Resources</b>
		Have the necessary number and quality of educational materials and supplies
		The location of training is appropriate for your population
		Ensure the room/facility is appropriate for training and your population

YES	NO	
		Group size is 10-20 participants (or whatever min and max your organization has established)
		Offered 2.0 to 2.5 hours a week over six weeks
		Workshops are cancelled and rescheduled if not enough participants
		Venue is safe, handicap accessible, and available by public transportation
		<b>Fidelity During Workshops – Leader Performance</b>
		Two leaders teach the workshops (a substitute may be used if necessary)
		Leaders are present at all sessions, arrive on time and do not leave early
		Leaders use facilitation techniques appropriately and effectively
		Weekly attendance records are kept
		Names, addresses, and emails of participants are kept
		Program coordinator talks with every leader between the first and third session of every workshop
		When problems arise, leaders are observed
		Protocol in place for documenting performance problems
		<b>Leader Retention</b>
		If your program does not have a Master Trainer coordinator refer to the Living Well Coordination Workgroup meeting for program ideas and answers to pertinent questions
		In a systematic way leaders are asked what kind of support they need
		Conduct exit interviews with all leaders who leave your program or who have not taught for 1 year or more
		A defined protocol for resolution of potential personality conflicts, communication problems, improper behavior with participants and co-leaders or co-trainers is in place
		<b>Fidelity After Workshops</b>
		Track leader activity – how many programs they teach, retention.

## Leader Interview Questions

**Please note that these are example questions that you can use for a phone or face to face interview with potential leaders**

1. Why do you want to volunteer to be trained as a peer leader?
2. Our peer leaders in general either have chronic conditions or have been a caregiver for someone with chronic conditions. Does this apply to you?
3. Our leaders are positive role models for the workshop participants. Please describe some of the ways you practice positive self-care for yourself and/or in managing your condition.
4. Do you have experience leading groups? Please describe.
5. Do you have any previous volunteer experience, and if so what?
6. Have you worked with a variety of people (i.e. different education levels, cultures, and physical or mental challenges)?
7. This program is heavily scripted. It is critical for legal and liability reasons that leaders not share personal advice. Being a leader is not an opportunity to share what has worked for you personally. Are you comfortable moving forward knowing that if you offer personal advice, you cannot continue to be a peer leader in this program?
8. Do you see any barriers or challenges in being a leader (i.e. energy, time, transportation, availability, chronic condition limitations)?
9. If you are selected we would require you to attend a 4 day training course for peer leaders. Can you attend? We would also require you to co-lead one to two workshops within a 12 month time frame (pending your health). Do you see any barriers to this? (Inform them of the agreement form to sign.)
10. Have you taken the regular 6-week Living Well with Chronic Conditions workshop? If no, inform them that they may be required to attend a participant workshop first if requested by trainers or the program staff. Additionally they may be required to complete a pre-training reading assignment (Chapters 1-15 of the "Living a Healthy Life..." book (3<sup>rd</sup> Edition)).
11. Do you have any questions regarding the program and/or being a peer leader?

Conclude interview and inform a successful interviewee that they will be mailed or given a registration packet.

### **Additional Questions (only if time or if necessary)**

- What kinds of people do you find it easy or hard to work with?
- What causes you stress and how do you deal with it?

Living Well with Chronic Conditions

Workshop Leader Training Application

Personal Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Primary phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Birth year: \_\_\_\_\_

1. Do you have a chronic health condition? Yes No

If yes please describe: \_\_\_\_\_

2. Have you ever taken the Living Well with Chronic Conditions Workshop? Yes No

If yes, give date and location: \_\_\_\_\_

**Leader Agreement:** You cannot teach the course until you have attended all four days of the training. Trainee leaders are required to make a commitment to teach two workshops for [Name of your organization]. You will receive \$150 in compensation for each full workshop taught [OR include your organization's compensation plan details here]. Workshop leaders are not employees of [Name of your organization], however, but volunteers. The compensation is not a salary, and is intended to reimburse leaders for expenses of commuting and other incidentals incurred while teaching the course.

Leaders must teach the workshop **only** as outlined in the course manual.

I agree to teach one entire Living Well with Chronic Conditions Workshop within 6 months. **I will teach in strict accordance with the course as written in the Leaders Manual, and as taught during the leader training.** I will attend all four days of the leader training.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RETURN APPLICATION FORM BY: [filled in by coordinator] TO: [Program Coordinator]

Date

Dear Prospective Trainee:

[Name of your organization] would like to thank you for your interest in becoming a leader for the Living Well with Chronic Conditions workshop. The training program to become a peer leader will take place on four days. It is necessary for trainees to attend all four days of the training. The schedule is as follows:

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Days, Dates	Time	Location
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**About the workshop:**

The Living Well with Chronic Conditions workshop meets for 2.0 to 2.5 hours, once a week for six weeks. The workshop will be offered at community sites (community centers, senior centers, churches, etc.) in [Area of workshops being offered]. Each class will be taught by two trained peer leaders (that’s you!).

**Registration procedure:**

After we receive the application we will call you for a phone interview. We will then mail you complete information about the training, including a map and directions, at least one week before the training. There is no fee for attending the training. As a trainee, you will be required to make a commitment to lead at least one Living Well with Chronic Conditions workshop for [Name of your organization] within six months of completing the training. In most cases we will match you with one of our experienced community leaders for your first workshop.

When you sign the application to attend this training program you agree to teach the required course. In addition, before teaching the course you must sign another agreement to strictly observe the guidelines, rules and procedures established for the Living Well with Chronic Conditions workshop. If you have any questions please call us at (XXX)XXX-XXXX.

Thank you!

[Your Logo Here]

[Name of your organization]

### Leader Contract

[Name of your organization] enters into this agreement on \_\_\_\_\_ (date) with \_\_\_\_\_ (hereinafter referred to as "VOLUNTEER").

Volunteer name

Recitals. VOLUNTEER has knowledge and experience as a Leader for the Living Well with Chronic Conditions self-management classes and is willing to lead workshops for [name of your organization]. [Name of your organization] is willing to engage \_\_\_\_\_ as a Volunteer, and not as an employee, on the terms and conditions set forth herein.

Terms and Conditions. This Agreement shall commence on the date hereof and shall remain in effect for one year until completion of the Work Plan (Exhibit A) as evidenced by final billing of any fees due and payable to VOLUNTEER, or until (whichever date is later), such time as this Agreement is terminated by either party by giving written notice of at least fifteen (15) days in advance. Upon completion, this Agreement may and should be renewed. [Name of your organization] reserves the right to terminate or not to renew this contract if the VOLUNTEER'S performance is determined to be under our performance measures standards.

In the event that this Agreement is terminated, the obligations of [name of your organization] and VOLUNTEER under this Agreement shall terminate. In the event of termination, VOLUNTEER shall deliver to [name of your organization] copies of all reports, documents, and the work performed by VOLUNTEER under this Agreement, and upon receipt thereof, [name of your organization] shall pay VOLUNTEER for services performed to the date of termination.

Compensation. In consideration of the services to be performed by the VOLUNTEER, [name of your organization] agrees to pay VOLUNTEER after facilitating an entire six week workshop at one site according to the Compensation Schedule (Exhibit B).

VOLUNTEER performs services as a Volunteer and not as an employee. Nothing herein shall be construed to provide for an employer-employee relationship between [name of your organization] and VOLUNTEER, and [name of your organization] will not withhold taxes or make employee tax payments for VOLUNTEER.

Indemnification. VOLUNTEER hereby indemnifies and agrees to defend and hold harmless [name of your organization] from and against any and all claims, demands and actions, and any liabilities, damages or expenses resulting there from, including court costs and reasonable attorney's fees, arising out of or relating to the services performed by VOLUNTEER under this agreement.

Confidential Information. All data, documents, discussions or other information developed or received by or for VOLUNTEER in performance of this Agreement are confidential and not to be disclosed to any person except as authorized by [name of your organization], or as required by law.

Ownership of Materials. All reports, documents or other materials developed or discovered by VOLUNTEER or any other person engaged directly or indirectly by VOLUNTEER to perform the services required hereunder shall be and remain the property of [name of your organization] without restriction or limitation upon their use.

Acknowledgement. [Name of your organization] and VOLUNTEER represent and warrant their intention to complete this Agreement in its entirety. Both parties have read and understood this agreement and, by signing below have agreed to all of its terms and conditions.

In Witness whereof, the undersigned have executed this agreement as of the dates set forth below.

[REPRESENTATIVE OF YOUR ORGANIZATION]

[VOLUNTEER]

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Exhibit A

### Work Plan

This Work Plan is an addendum to and governed by the Leader Contract dated between [name of your organization] and \_\_\_\_\_.

Volunteer name

**Start Date:** \_\_\_\_\_

**Completion Date:** \_\_\_\_\_

**Position Description:** Living Well with Chronic Conditions Workshop Leader

**Basic Function:** Under supervision of Program Coordinator, the VOLUNTEER will provide chronic disease self-management instruction according to the Stanford University Chronic Disease Self-Management Program Leaders' Manual.

**Reporting Relationships:** The VOLUNTEER reports directly to the Program Coordinator on all class instruction related duties and activities.

**Responsibilities:** Specifically, the VOLUNTEER will be responsible for:

- Co-teaching at least [two] class series (six 2.5-hour classes) during the contract period of one year.
- Following all rules and regulations as set forth during his/her training
- Following all rules and regulations as set forth in the Leader Contract and Leader Guidelines and Responsibilities

## **Exhibit B**

### **Compensation Schedule**

- [Name of your organization] agrees to compensate VOLUNTEER for services performed in accordance with the terms and conditions in this agreement.
- If VOLUNTEER chooses to request the stipend, he/she shall bill [name of your organization] within five days after completion of a class series for time spent in providing services associated with fulfilling the above contract. The stipend amount shall not exceed \$XXX.XX.
- VOLUNTEER should submit a stipend invoice with workshop information referenced. Invoices must be approved by the Program Coordinator and signed by the Program Manager.
- Invoices will be paid within 60 days of submission provided that all class forms, reports and training materials have been returned to [name of your organization].

[Your organization name, address, and phone number]

## STIPEND INVOICE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

SSN: \_\_\_\_\_

WORKSHOP LOCATION	SESSION DATE	Supervisor INITIAL

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Volunteer

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Program Manager

TOTAL
\$

Please have this form into the office **NO LATER** than **5 days after completion of workshop.**  
**No reimbursement** can be made without the Manager's signature.

Return methods:

Fax: XXX-XXX-XXXX

Mail: [Organization's name and mailing address]

# LEADER EVALUATION FORM

Please evaluate the teaching session on the following by marking the appropriate number that best corresponds to your response:

Leader's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Workshop Location: \_\_\_\_\_

<b>Leader Evaluation Checklist</b>					
	(4)EXCELLENT	(3)GOOD	(2)FAIR	(1)POOR	N/A
Arrived on-time and prepared to teach session					
Followed the Leaders Manual content and process					
Modeled session activities appropriately					
Worked as a partner with co-leader.					
Used brainstorming techniques correctly (ie. repeated question, used silence, offers own response only at end of brainstorm)					
Used problem-solving (directed questions back to the group for a brain storm)					
Encouraged group participation					
Modeled Action Planning appropriately					
Positively reinforced group members					
Handled problem people appropriately					

Comments:

Recommend leader?

Yes

No

If no, please explain:

(Your Logo Here)

## **Leader Guidelines and Responsibilities**

### **CERTIFICATION, EXPERIENCE, AND TRAINING**

- Complete required training successfully.
- Complete any other additional training if recommended by the project staff.
- Facilitate at least two 6-week workshops per year.

### **CURRICULUM**

- Follow the curriculum and limit the program content to information and activities as described by the Leaders Manual. Bring your ideas and suggestions up at leader updates or with the program coordinator.
- Introduce yourself as a Leader with the organization you're volunteering for. Refrain from using any other titles or affiliations with other agencies.

### **PRIVACY AND CONFIDENTIALITY**

- Do not sell or advertise any items in class, promote religious beliefs, or bring outside speakers or guests to the class. Do not recruit class participants for any type of campaigns.
- Keep the participants' identity and contact information confidential. Use their telephone numbers only to remind them of the classes or communications related to the class. Follow HIPAA privacy rules (<http://www.hhs.gov/ocr/privacy/>).

### **RESPECT FOR DIVERSITY**

- We believe no one should be discriminated against or become the target of ridicule, disrespect or gossip due to their ethnicity, religion, gender, national origin, age, physical disability, political affiliation, sexual orientation, color, marital status, veteran status or medical condition. Peer leaders who exhibit discriminatory behavior will lose their affiliation with the project.

### **BEFORE EACH WORKSHOP**

- Pick up all materials at least two days before you begin to teach the workshop series. This will give you an opportunity to organize the material and split responsibilities with your fellow leader.

## **DURING AND AFTER EACH CLASS**

- Keep in contact with your program coordinator during the workshop series to report attendance and to discuss and resolve any problems.
- Return workshop materials, participant data forms, and evaluation forms to the office no later than 5 days after completion of the workshop.

## **SHOW YOUR PROFESSIONALISM BY BEING A TEAM PLAYER**

- Be punctual. Respect other people's time by arriving 10-15 minutes early and organizing yourself. Always start and end the workshop on time. Model the behavior that you want to see in the participants.
- When preparing your charts, be sure and make the writing legible by using big letters. Remember, the participants need to be able to read the charts from a distance.
- Do not miss any of your workshops. If an emergency arises, call your fellow leader and let him/her know what is going on. Also, you must make arrangements with another leader within 48 hours before the class to replace you in your absence. It is also your responsibility to communicate the situation and the name of your replacement to the program coordinator as soon as possible.
- Leaders work as a team and respect one another. Never contradict or interrupt your partner in front of the class. Find time after the class or during the break to indicate mistakes to your partner.
- Try to resolve differences directly with your co-leader in private, always maintaining a positive and open attitude. Notify the program coordinator only if the differences cannot be resolved at that level. The program coordinator will assess the situation and make a reasonable attempt to solve the problem. Prolonged unresolved problems due to lack of cooperation or adherence to contract rules may result in termination of the contract.

## **IF YOU HAVE ANY QUESTIONS**

- If you have any questions, call your program coordinator. If there is something you are not sure about, or a participant asks you a question you do not have the answer to, call your program coordinator and he/she will help you get the information by the next workshop meeting.

## **CONTINUE LEARNING!**

- Attend and actively participate in appropriate meetings to share experiences, new ideas, and learn new information about the program.

**WELCOME, GOOD LUCK AND THANK YOU!**

## **LWCC Sample Leader Refresher Course Agenda**

(Agenda for those that have not taught a workshop within 6 months of training)

- 12:00 pm Welcome and Program Updates and Announcements
- 12:30 pm Review of Teaching Techniques
- 1:00 pm Practice Teaching
- 2:30 pm Action Planning/Feedback Review
- 3:00 pm BREAK
- 3:15 pm “What if” Problem Solving Scenarios
- 3:45 pm Confidentiality, HIPAA, and Fidelity
- 4:15 pm Question and Answer Discussion
- 4:30 pm Adjourn

## **LWCC Sample Annual Leader Update Meeting Agenda**

(Agenda for annual update meeting/training)

- 12:00 pm Welcome/Appreciation and recognition
- 1:00 pm Program Updates and Announcements
- 1:30 pm Action Planning/Feedback Role Play
- 2:15 pm Workshop Challenges and Reflections
- 3:00 pm BREAK
- 3:15 pm “What if” Problem Solving Scenarios
- 3:45 pm Confidentiality, HIPAA, and Fidelity
- 4:15 pm Question and Answer Discussion
- 4:30 pm Adjourn

***The following are possible activities to use at update trainings, or an annual refresher. You can pick and choose from the activities below to create your own agenda, or add your own activities.***

- Activity Set Up: Program Updates and Announcements

Resources: Local program coordinator to give updates about number of workshops offered in the year, signups for upcoming workshops, and any other information and announcements.

- Activity Set Up: Review of Training Techniques Highlighting Brainstorming

Materials: White board and marker

Update Trainer: Use Activity #12 (Day 1, pages 43-44) in the Master Trainer Manual to review this activity

- Activity Set Up: Practice Teaching

Materials: Practice Teaching Assignments (for participants), Practice Teaching Feedback Forms (to be used by Trainer only), Charts 7 and 8

Update Trainer: Use Activity #25 (Day 2, pages 42-44) in the Master Trainer Manual to pass out practice teaching assignments. Use Activity #41 (Day 4, pages 5-8) to facilitate the activity

- Activity Set Up: Action Planning/Feedback Review

Materials: White board and marker

Paraphrase the following: We will now be role playing examples of situations where people are having a difficult time either making their action plan or completing the plan. I will play the role of the participant, and I need some volunteers to play the role of the leaders. We will start with making an action plan, and then later on we will role play feedback.

### **Role play the following action planning scenarios:**

1. **Trainer plays the following role:** Participant with low confidence level  
*\*\*What you are looking for: ask for the barriers, find out if the person has any ideas of how to solve the problem, ask permission to get the group's help, group problem solve, restate action plan*
2. **Trainer plays the following role:** Participant does not want to make a plan  
*\*\*What you are looking for: not spending too much time, or making the person do a plan*

3. **Trainer plays the following role:** Participant action plan is not health related  
*\*\*What you are looking for: not judging the plan and remembering it can be anything they want to do*
4. **Trainer plays the following role:** Participant making a plan for every day or trying to do several things in one plan  
*\*\*What you are looking for: reminder to participant that we want to be successful and that building some wiggle room into the plan can help with unexpected situations that may come up. However, if the participant really wants to do it every day and confidence is high, then proceed.*

**Role play the following feedback scenarios:**

1. **Trainer plays the following role:** Participant does not complete his/her action plan  
*\*\*What you are looking for: ask for the barriers, find out if the person has any ideas of how to solve the problem in future, ask permission to get the group's help if appropriate*
2. **Trainer plays the following role:** Participant adjusts his/her action plan  
*\*\*What you are looking for: point out that sometimes action plans need to be adjusted and that is part of good self-management*

- Activity Set Up: Workshop Challenges/Reflections AND “What if” Problem Solving

Materials: White board, marker, and 3x5 note cards

**Update Trainer:** Brainstorm the following question with the group. Be sure to have someone write the list on a white board.

**Ask:** “What challenges have you experienced while facilitating workshops this year?”

Ask the group to select the top 8-10 challenges and use these as Problem Solving Scenarios. Write each scenario or problem on a 3x5 note card and divide the group into working teams to problem solve and report on their solutions.

If there are any remaining problems left on the white board, the trainer leading the activity can answer these in a group problem solve. Be sure to watch your time on this activity. If not many challenges are brought up in the brainstorm, the leader facilitating the activity can add their own or use from the “What if” questions on the next page.

**Living Well with Chronic Conditions Workshops**

**Fall 2010**

*Mark your first (1), second (2), and third (3), choices*

- |          |   |   |
|----------|---|---|
| 1. ____  | St. Mary's Medical Center<br>450 Stanyan St., San Francisco     | Saturdays, 10:00 a.m. – 12:00 p.m.<br>October 1 – November 5  |
| 2. ____  | Doelger Senior Center<br>Lake Merced Blvd., Daly City           | Saturdays, 10:00 a.m. - 12:00 p.m.<br>October 8 - November 12 |
| 3. ____  | St. James Senior Center<br>Chestnut St., San Carlos             | Tuesdays, 1:30 p.m. – 3:30 p.m.<br>September 27 – November 1  |
| 4. ____  | St. Max Catholic Church<br>Hope St., Mountain View              | Saturdays, 10:00 a.m. – 12:00 p.m.<br>October 1 – November 5  |
| 5. ____  | Sunny Lutheran Home<br>Cupertino Rd., Cupertino                 | Thursdays, 2:00 p.m. – 4:00 p.m.<br>September 29 – November 3 |
| 6. ____  | Camps Community Center<br>West Campbell Ave., Campbell          | Mondays, 1:00 p.m. – 3:00 p.m.<br>September 19 – October 24   |
| 7. ____  | Evergreen Community Center<br>San Felipe Rd., San Jose          | Fridays, 1:00 p.m. – 3:00 p.m.<br>October 7 – November 11     |
| 8. ____  | Live Oak Senior Center<br>111 Church St., Los Gatos             | Mondays, 1:00 p.m. – 3:00 p.m.<br>September 26 – October 31   |
| 9. ____  | Dominican Hospital<br>610 Frederick St., Santa Cruz             | Thursdays, 2:00 p.m. – 4:00 p.m.<br>September 29 – November 3 |
| 10. ____ | Mee Memorial Hospital<br>300 Canal St., King City               | Thursdays, 1:00 p.m. – 3:00 p.m.<br>September 29 – November 3 |
| 11. ____ | Salinas Valley Health Care System<br>450 E. Romie Lane, Salinas | Tuesdays, 1:00 p.m. – 3:00 p.m.<br>October 4 – November 8     |

Name \_\_\_\_\_

Phone: \_\_\_\_\_

Please return this form as soon as possible  
If you have any questions call: 1-800-XXX-XXXX

Note: Calling participants that dropped out of a workshop can provide valuable information but requires careful planning and skill. It is highly recommended that the person making the calls is from the same cultural or ethnic background and that they not be the leader who facilitated the workshop.

### **Participant Drop-Out Phone Call Script**

Greeting: “Hello, I am from XXX organization and wanted to speak to you about the Living Well with Chronic Conditions Workshop series you signed up for. I realize that you did not attend all the sessions, but we like to follow-up with everyone so that we can continually improve how we offer the program. I would like to ask you a couple of questions, and it should not take longer than about 5 minutes. Do you have time to answer a few questions?”

Ask participant the following:

- 1) Ask participant: “Was the workshop held at a convenient time and location?”

If no, ask the participant: “Is there a time and location that you would have preferred?”

- 2) Ask participant: “Sometimes participants don’t come back to workshops because the workshop was not what they expected. Was the workshop what you had thought it would be?”

If no, ask the participant: “Can you tell us what you were expecting?”

- 3) Ask participant: “Did you feel the workshop content and materials related to your personal health condition?”

If no, ask the participant: “Can you tell us what you were expecting?”

- 4) Ask participant: “Were you satisfied with the quality of workshop leaders?”

If no, ask the participant: “Can you tell us specifically what you were not satisfied with?”

- 5) Ask participant: “Is there anything else you would like to tell us that could help us improve our program?”

Thank the participant for answering the questions and let them know that this concludes the interview.

Participant Workshop Evaluation Form

1. What was the most important thing that you learned during the last six weeks?

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2. Do you feel that this workshop has given you confidence to talk to your doctor(s) and pharmacist about your medicines?                      yes                      no

3. Would you recommend this workshop to other people?    yes                      no

4. What would you tell other people about this workshop?

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5. How/where did you hear about this workshop? Circle all that apply.

newspaper                      senior center                      friend                      poster/flyer

Other \_\_\_\_\_

6. Why did you take this workshop?

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7. On a scale of 1 to 5, please rate the leaders:

Very poor	poor	average	good	very good
1	2	3	4	5

8. Do you have any additional comments about your leaders?

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**Thank You!**

## Workshop Checklist

(Use this checklist when you prepare materials for workshops. Provide this list to workshop leaders when they pick up workshop materials to give them guidance about when to have paperwork filled out and handed in.)

### Forms

- Attendance Form* **completed each week with a simple check mark**  
**Weeks: 1,2,3,4,5,6**
- Confidentiality Statement* – to be read by a leader before participants fill out the *Conditions Summary Report – Individual Form* **Week: 1, week 2 for any new participants**
- Conditions Summary Report – Individual Form* - **participants complete on first day of attendance.** If people start during week 2, give them a sheet. Count to ensure you have one for each person! **Week: 1, week 2 for any new participants**
- Conditions Summary Report* – leaders transfer all participant's Individual Form information to this form and then gives it to the program coordinator, **within one week of the end of the workshop**
- Participant Workshop Evaluation Form* – **participants complete on the last day of attendance.** Count to ensure you have one for each person!  
**Week: 6 or last day of attendance**

### Inventory for workshop

- Healthy Living books # provided at week one\_\_\_\_\_
- CD's # provided at week one\_\_\_\_\_
- CD Player
- Participant scratch paper
- Markers/ dry erase markers
- Pens/pencils/sharpies
- Kleenex
- Name tags/cases
- Masking tape, sticky gum, or other to hang charts with
- Easels/ easel cases
- Flip chart (extra), if needed
- Tupperware carrying bucket
- Hand cart/bungee cord
- Snacks, water pitcher, paper cups

## **Other Paperwork**

(Including this paperwork may be helpful)

- Leader applications - If any of the participants are interested in becoming leaders, give them an application. Leaders should invite participants who might be good leaders. Leaders should take their name and number so the program coordinator can make a follow up call.
- Leader stipend sheets (Appendix E page 5) – If your organization offers a stipend, supply this form to your leaders
- Living Well with Chronic Conditions referral, invitation, or information cards – available from UAP – if participants want to “refer” others into the program, these cards can be given to them.
- List of upcoming workshops - Specific workshop information can be written on the invitation cards and given to interested persons.
- Business cards of program coordinator – if people have questions, concerns, etc.

### Helpful Hints

- Facilitators ensure that roll sheet, name tags, Kleenex, scratch paper, pens, and snacks are available to participants each week.
- Facilitators are models for every activity.
- Facilitators coordinate the lesson plans (even/odd) and action plan ideas (i.e. One facilitator does an “active” action plan, the other might do a “relaxation” type action plan – this shows the diversity of “ideas” with action plans.)
- Facilitators are active listeners: by being attentive, facilitators are able to recognize statements/questions/comments given by participants that may be helpful cues to re-enforce clarify or be aware of any issues or problems.
- If participants **do not** have - or want to - make an action plan, it is OK; do not try to “force” a person to make one. If the participant has an action plan but seems uncertain about achieving it, ask what the barriers might be to succeeding; ask if participant wants suggestions from the group.
- Be alert to words such as “try to” in an action plan; encourage the person to modify the action plan to be able to achieve it.
- Be aware of what **is not** in the scope of the workshop (i.e., recommending particular doctors, medications, etc. Encourage participants to research the internet, organizations, etc.)