Walking Away from Diabetes Quality Development Tools



Welcome to the QUALITY DEVELOPMENT TOOLS which consist of the DESMOND Assessment Toolkit (DAT) and the DESMOND Observational Tool (DOT). Their purpose is to assess delivery of the programme by the Educator. This set of tools should be used in conjunction with the Educator Pathway and the online Educator Core Behaviour Assessment Guidance Manual. Together they will give you a helping hand through the process and explain how to use tools for assessment and self/peer reflection.

DESMOND Assessment Toolkit (DAT)

Part 1: Core Behaviours Assessment Tool

These behaviours are drawn directly from the DESMOND curriculum and describe the observable behaviours of the Educator.

- **DESMOND Behaviour** if the DESMOND behaviour is **most commonly** seen then a tick is entered into the 'tends to DESMOND' box (left hand box).
- NON DESMOND Behaviour if non-DESMOND behaviour is most commonly seen then a tick is entered into the 'tends to non-DESMOND' box (right hand box).
- Place a tick in the relevant box for each behavioural item (numbered 1-35).

When placing your tick, you are choosing the behaviour that is most commonly seen during all sessions you are reviewing. Core behaviours are likely to occur in most sessions and if they occur in one then they are likely to occur in most. For further details of the meaning and coding for each behaviour please refer to the **online Educator Core Behaviour Assessment Guidance Manual**. Each set of items is grouped into one of five sections;

- Facilitates non judgemental engagement of participants
- Eliciting and responding to emotions/feelings
- Facilitating reflective learning
- Behavioural change, planning and goal setting
- Overall group management

Behaviours are further categorised into two levels of skill - competent and accomplished.

COMPETENT Behaviours: behaviours that DESMOND educators should be seen to be using across the delivery of the module. During assessment visits the tendency of the Educator to use a **competent** behaviour will each be scored 1.

ACCOMPLISHED Behaviours: behaviours that are usually developed with experience or if the Educator is experienced in facilitating groups. During assessment visits the tendency of the Educator to use an accomplished behaviour will each be scored 2.

As core behaviour skills are developed Educators will move along the Score Continuum from Improver through Competent towards Accomplished.

Educators will pass an assessment with a score of 26 or more.

Part 2: Content Assessment Tool

The content criteria have been taken from the Educator manual and curriculum and are scored using a simple 'yes' or 'no' system. The content covered is recorded in terms of what is mentioned $yes(\checkmark)$ or no (x).

Educators should aim to meet content criteria as indicated in each session.



DESMOND Observational Tool (DOT)

Part 3: Educator Talk Time

The DOT is used to assess the interaction between the Educator and the group in terms of who is talking. An electronic prompt on a CD which 'beeps' every 10 seconds prompts the listener to record what type of interaction is taking place at that point in the session. There are 4 sessions that can be assessed using DOT. These are;

- Session C: Blood Glucose
- Session D: How Could Being at Risk of Diabetes Affect My Health
- Session E: Risk Story
- Session F: Physical Activity

An Educator's DOT score will be assessed on Session F **or** Sessions D and E **or** Sessions C and E. If two Educators are being assessed on one QD visit each Educator must deliver 50% of the course. During a mentor visit at least one DOT session should be delivered.

The DOT is split into 3 separate columns where the listener will decide who is speaking at that moment in time when the 'beep' on the CD sounds.

- If the Educator is speaking then put a tally mark in the Educator column of the score sheet.
- If it is one of the Participants (person with diabetes or carer/partner) then put a tally mark in the **Participant** column of the score sheet.
- If it is silent when the beep sounds or if there are a lot of people talking, participants are engaged in activity, the co-Educator is talking or if there is laughter then put a tally mark in the **Miscellaneous** column of the score sheet.

At the end of the session the number of marks are added together in each box and then totalled in the marked scoring box. To calculate the percentage Talk Time of the Educator in the session, take the score for the Educator talking (A) and divide by the score for all three categories (A+B+C). This will give you a number between 0 and 1, so multiply by 100 to convert to a percentage.

Part 4: Educator Reflection and Action Plan

Used by Educators for self/peer reflection after a Walking Away from Diabetes patient course is delivered to support ongoing development.

Part 5: Educator Core Behaviours Summary Sheet

A single page containing **ALL** of the Educator Core Behaviours designed to assist reflection of the overall Educator use of DESMOND behaviours.



Quality Development Summary Sheet



Educator Name:		Name of Module	:			
Assessor Name:		Self Reflection Peer Review Mentor Visit QD Assessment		Date	:	
Venue:		No of people 'at				
Score Continuum	Improver 0		npetent Accomplis 26			
Identify 3 things that went well			Core Behav	riour Score		
			Educator S	core	Pass Mark	Meets Criteria ✓ or 🗙
					26	
			Session Co	ntent Score		
			Session	Score	Criteria	Meets Criteria ✓ or ×
			А		3	
			В		5	
Identify 3 things that could be impro	oved		С		7	
			D		2	
			E		4	
			F		9	
			G		3	
			Н		2	
Issues highlighted/suggestions for i	mprovement in relation to:		DOT Talk Ti	me Score		
			Session	DOT score	Target	Meets Criteria ✓ or ×
☐ Content			С		<65%	
□ DOT			D		<55%	
			E		<65%	
			F		<55%	

Part 1: Core Behaviours Assessment Tool

Educator	Name:			Date:					
FACILIT	ATES NON- JUDGEMENTAL ENGAGEMENT OF ALL PAI	RTICIPANTS							
	DESMOND behaviours	Tends to DESMOND	Tends to non DESMOND	Non DESMOND behaviours					
1.	The Educator uses a range of open body language techniques to support engagement of participants	1	0	The Educator tends to use more closed body language behaviours					
2.	The Educator uses non-judgemental statements in response to participants verbal utterances	2	0	The Educator uses judgemental statements in response to participants verbal utterances					
3.	The Educator seeks answers (including right and wrong answers) from a number of participants before discussing further If observed once during each session If observed more than once during each session	1 2	0	The Educator accepts first right answer and/or immediately provides correct or up to date information					
4.	The Educator seeks clarification of participants contribution	1	0	The Educator rarely seeks clarification of participants contribution The Educator provides general healthy messages					
5.	The Educator seeks to personalise health messages	1	0	The Educator provides general healthy messages					
6.	The Educator avoids giving their own opinion	2	0	The Educator gives their own opinion					
Assess	ment Comments			Maximum Score Educator Score 9					
ELICITII	NG AND RESPONDING TO EMOTIONS/FEELINGS (EMPA	ATHETIC RESP	PONDING)						
	DESMOND behaviours	Tends to DESMOND	Tends to non DESMOND	Non DESMOND behaviours					
7.	The Educator prompts participants to express and explore their feelings about diabetes / being at risk of diabetes	1	0	The Educator avoids prompting participants in emotional discussion					
8.	The Educator acknowledges and/or prompts exploration of participant emotional response			The Educator retreats from/ignores/ denies participant emotional response					
	Acknowledges feelingsPrompts exploration of feelings	2	0						
Assess	ment Comments		1.5	Maximum Score Educator Score					

Par	t 1: Core Behaviours	S Ass	essm	nent	loc					
Educator	Name:					Date:				
FACILITA	ATES REFLECTIVE LEARNING									
	DESMOND behaviours	Tends to DESMOND	Tends to non DESMOND	Non DESMOND behaviours						
9.	The Educator uses analogies	1	0	The Educat	tor avoid	ds opportu	ınities	to use	analog	ies
10.	The Educator uses visual tools and resources	1	0	The Educat tools and re			<i>i</i> sual			
11.	The Educator uses and refers to participants' relevant comments/quotes (on flip charts/generated in discussion)	1	0	The Educat when work						
12.	The Educator encourages the group to discuss/answer their own questions If observed once If observed more than once	1 2	0	The Educat questions a		-		rs all		
13.	The Educator prompts participants to talk about their thoughts and then explore misconceptions and gaps in knowledge	1	0	The Educator immediately provides correct information to fill apparent gaps in knowledge						
14.	The Educator notices and prompts participant discussion of personal health beliefs (e.g. related to risk, causes, consequences, treatment, signs and symptoms)	1	0	The Educator avoids discussion of health beliefs within the group						
15.	The Educator prompts the majority of participants to ask questions about issues discussed	2	0	The Educat one particip		-		han		
16.	The Educator prompts participants to summarise their key messages from the session	2	0	The Educat	or tend:	s to summ	narise	key me	ssage	S
17.	The Educator prompts participants to summarise the groups understanding of the content under discussion	2	0	The Educat think the gi						
18.	The Educator prompts participant 'self-talk' about how the key messages from the session apply to them	2	0	The Educat reflect on h						
19.	The Educator only provides new or additional information after group discussion/explorations	1	0	The Educat without exp						
Assessi	ment Comments				um Sco	ore	Ed	lucator	Score	



Par	t 1: Core Behaviours	S Ass	essm	nent Iool
Educator	Name:			Date:
BEHAVI	OURAL CHANGE, PLANNING AND GOAL SETTING			
	DESMOND behaviours	Tends to DESMOND	Tends to non DESMOND	Non DESMOND behaviours
20.	The Educator does not appear to expect participants to make any future changes to self-care behaviours or beliefs	1	0	The Educator appears to expect participants to make necessary changes. This may be implicitly or explicitly expressed
21.	The Educator prompts participants to discuss their thoughts about possible changes to self-management	2	0	The Educator avoids generating discussion about possible changes
22.	The Educator prompts participants to review the impact of possible choices on their future health	2	0	The Educator avoids generating discussion about the range of options/impact (or only prompts a single participant to do this)
23.	The Educator prompts participants to talk about what they are going to do as a result of the session If observed in Reflections/Action Planning	1		The Educator does not ask participants to talk about what they are going to do as a result of the session (or only discusses this with one participant)
	If seen during other sessions	2	0	
24.	The Educator prompts the individual or group to problem solve possible barriers to change (e.g. their desired changes or possible barriers to self-management)	1	0	The Educator avoids active problem solving support
25.	The Educator prompts the participants to reflect on their goals/plans	1	0	The Educator avoids reflective discussion regarding the goals/plans
26.	The Educator facilitates people to share their stories about attempts to manage their risk of diabetes/diabetes and related health risks	1	0	The Educator avoids the use of participant stories
27.	The Educator supports participants to plot their results on the health profile/ complete their action plan	1	0	The Educator provides little support to assist participants with the completion of their health profile/action plan
Assessi	ment Comments			Maximum Score Educator Score



Part 1: Core Behaviours Assessment Tool

Educato	r Name:			Date:
OVERA	ALL GROUP MANAGEMENT			
	DESMOND behaviours	Tends to DESMOND	Tends to non DESMOND	Non DESMOND behaviours
28.	The Educator uses strategies to manage time within the session			The Educator avoids using strategies to assist with managing time
		1	0	
29.	The Educator notices tone/dynamics/ energy within the group, acknowledges these and uses them to manage the group			The Educator tends to ignore issues within the group
		2	0	
30.	The Educator prompts engagement of quieter participants in the group			The Educator avoids seeking engagement of quieter members of the group
		1	0	
31.	The Educator uses co-Educator to support delivery of sessions			The Educator appears to work alone despite opportunities where they may be assisted by co-Educator
20	The Educator manages the group to provide	1	0	The Educator avaids managing the group to
32.	The Educator manages the group to provide time and space to complete tasks			The Educator avoids managing the group to allow time and space to complete tasks
00	The Educates are sides as assertions	1	0	The Educates deep not associate as
33.	The Educator provides an overview of the session/day			The Educator does not provide an overview of the session/day
		1	0	
34.	The Educator facilitates full participant engagement in interactive tasks			The Educator tends to facilitate interactive tasks with only a few participants
		1	0	
35.	The Educator engages all participants using rapport building skills			The Educator avoids using rapport building skills
		1	0	
Assess	sment Comments			Maximum Score Educator Score 9

Educator Name:				Date:			
SESSION A: Intro	duction and Hous	ekeeping (5 minutes)					
Start:		Finish:	Time taken:			✓ 01	*
Programme Aims, Co	ntent and Style						
Background to the co	ourse						
SESSION A: Introduction and Housekeeping (5 minutes) Start: Finish: Time taken: Programme Aims, Content and Style Background to the course Housekeeping details: fire, refreshments, location of tollets, use of mobile phones Score Assessment Comments							
					Score		/3
Assessment Comme	ents						
			Meets all o	of the criteria	a (~ or ×)		



Educator Name:				Date:			
SESSION B: The	Participant Story (25 minutes)					
Start:		Finish:	Time taken:			✓ or	r X
How did they find out	t they were at increased	risk?				-	
What symptoms, if ar	ny, had they noticed? (O	PTIONAL)					
What they believe ca	used their increased ris	⟨?					
How they believe that	t being 'at risk' will affe	ct their future?					
What do they believe	/have heard that can re	duce their risk?					
What is one key ques	stion that, if answered, v	vould help them?					
					Score		/6
Assessment Comme	ents						
			Meets 5	of the criter	ria (🗸 or 🗙)		

	Date:						
SESSION C: Blood Glucose (20 minutes)							
Start: Finish: Time taken:			✓ or	×			
What glucose is and that it is used by the body for energy.							
Glucose enters the cells by the action of insulin							
How blood glucose levels are controlled in people without diabetes							
How insulin resistance relates to the rise of BG levels over time							
How Type 2 diabetes is diagnosed							
How being at risk of Type 2 diabetes is diagnosed and the absence of symptoms Participants personal blood glucose levels and meaning in relation to risk of developing Type 2 diabetes							
Participants personal blood glucose levels and meaning in relation to risk of developing Type 2 diabetes							
		Score		/7			
Assessment Comments							
Meets all c	of the criteria (•	✓ or ×)					

Educator Name:					Date:			
SESSION D: How	v Could Being at R	sk of Diabetes /	Affect My Health? (1	15 minutes)				
Start:		Finish:		Time taken:			✓ or	*
The main complication	ons associated with beir	ng at risk of Type 2 d	liabetes/having Type 2 dia	abetes				
Complications are no reduced by managing	ot only caused by raised	blood glucose and t	hat the risk of developing Profile (BP and Cholester	complications can be ol)				
, , ,		,		,		Score		/2
Assessment Comme	ents							
				Meets all o	of the criteria (•	✓ or ×)		



Educator Name:				Date:		
SESSION E: Risk	Story (25 minutes	s)				
Start:		Finish:	Time taken:			✓ or 🗙
What being at risk m	eans to them					
The factors that conti	ribute to an increased ri	sk of developing Type 2 diabetes				
Completion of My Ris	sk Factors					
What factors can be	changed to reduce the r	risk of Type 2 diabetes				
					Score	/4
Assessment Comme	ents					
				- £ 11	- (• • • •	
			Meets all o	of the criteria	a (✓ or ×)	

Educator Name:					Date:			
SESSION F: Phys	sical Activity (55 n	ninutes)						
Start:		Finish:		Time taken:			✓ or >	•
The effects of physica	al activity on risk factor	rs .						
The benefits of physic	cal activity on health ar	nd emotional wellbeing						
The current national r	recommendations for p	physical activity (in terms of n	noderate activity ti	ime and daily step co	unt)			
	of physical activity to moderate activity time	reduce the risk of developing and daily step count)	Type 2					
		ties, how activities can be ma y activity can be incorporated			9S			
Benefits of wearing a	pedometer and keepir	ng a physical activity diary						
Setting personal shor	t term and long term g	oals for daily steps						
Importance of buildin	g up goals slowly							
The process of the 'c	ycle of change' model							
The benefits of developing an action plan using SMARTER goal approach								
Strategies to overcom	ne barriers and possible	e solutions						
						Score	,	11
				Meets 9 o	of the criteria (~	✓ or ×)		



Educator Name:				Date:			
SESSION G: Food	d Choices (20 minut	res)					
Start:		Finish:	Time taken:			✓ or	×
Fat in food is linked t	to most risk factors (e.g.	insulin resistance/lipid profile/weight/ bl	ood pressure)				
Types of fat							
Where fat is found in	n foods and methods of r	educing fat intake					
					Score		/3
Assessment Commo	ents						
			Meets all o	of the criter	ia (✓ or ×)		

Educator Name:					Date:		
SESSION H: Ques	stions and Future (Care (5 Minutes)					
Start:		Finish:		Time taken:			✓ or 🗙
Review of initial and o	outstanding questions						
Review of possible op	otions for next steps in (care (including 1:1 with E	Educator if requested)				
						Score	/2
Assessment Comme	ents						
				Meets all o	f the criter	ia (✓ or ×)	

Part 3: Walking Away from Diabetes Observational Tool (DOT)

Assessing Educator Talk Time Tool - Must complete Session F or Sessions D & E or Sessions C & E

Luucatoi Naiiic.								
DOT assessme	ent							
Session:	Educator Talking	J:		Participant tal	king:		Miscellaneou	s:
Totals:	Total A:			Total B:			Total C:	
	(Total A)		÷ (Total A+B+	-C) :	=	x 100 = Sco	re:	%
Session:	Educator Talking	j:		Participant tal	king:		Miscellaneou	s:
Totals:	Total A:			Total B:			Total C:	
	(Total A)		÷ (Total A+B+	-C) :	=	x 100 = Scor	re:	%
Session:	Educator Talking	j:		Participant tal	king:		Miscellaneou	S:
Totals:	Total A:		_	Total B:			Total C:	
	(Total A)		÷ (Total A+B+	-C)	=	x 100 = Sco	ore:	%

Session Target	Educator Speaking Below:	Session Target	Educator Speaking Below:
C: Blood Glucose	65%	E: Risk Story	65%
D: How Can Being At Risk of Diabetes Affect My Health	55%	F: Physical Activity	55%

Part 3: Walking Away from Diabetes Observational Tool (DOT)

Assessing Educator Talk Time Tool - Must complete Session F or Sessions D & E or Sessions C & E

Luucatoi Naiiic.								
DOT assessme	ent							
Session:	Educator Talking	J:		Participant tal	king:		Miscellaneou	s:
Totals:	Total A:			Total B:			Total C:	
	(Total A)		÷ (Total A+B+	-C) :	=	x 100 = Sco	re:	%
Session:	Educator Talking	j:		Participant tal	king:		Miscellaneou	s:
Totals:	Total A:			Total B:			Total C:	
	(Total A)		÷ (Total A+B+	-C) :	=	x 100 = Scor	re:	%
Session:	Educator Talking	j:		Participant tal	king:		Miscellaneou	S:
Totals:	Total A:		_	Total B:			Total C:	
	(Total A)		÷ (Total A+B+	-C)	=	x 100 = Sco	ore:	%

Session Target	Educator Speaking Below:	Session Target	Educator Speaking Below:
C: Blood Glucose	65%	E: Risk Story	65%
D: How Can Being At Risk of Diabetes Affect My Health	55%	F: Physical Activity	55%



Part 4: Educator QD Reflection Sheet:

Self Reflection:	Peer Review:	Mentor Visit:	Quality Development:	Name of Module:	dule:		
STEP 1: Venue:			Course type: F1 F2 F	F1 Date:	F2 Date:		
Educator Name:			No. of people 'at risk' of/with Type 2 diabetes attending course:	pe 2 diabetes att	ending course:		F2
Completed by:			No. of people accompanying those attending course:	iose attending co	urse:	Ξ	F2
Identify 3 things that went we	Identify 3 things that went well (please give specific examples)		DAT/DOT Assessments Scores (if completed)	if completed)			
			SESSION	Content Criteria Score	s ia talk time session	DOT Score	Meets Criteria
					Dot Session	%	
					Dot Session	%	
Identify 3 things that could be	Identify 3 things that could be improved (please give specific examples)	oles)			Dot Session	%	
					Educator Core Behaviour	Score	Pass mark
							26
			Improver 0	Col	Competent 26	Accol	Accomplished 48
Issues highlighted/suggestior	Issues highlighted/suggestions for improvement in relation to:						
Core Behaviours							
☐ Content							
□ D 0T							
© The DESMOND Collaborative 2016					Please turn over to complete Educator Action Plan	Educator A	ction Plan

Quality Development



Educator QD Action Plan:

			•]
Self Reflection: Peer Review:	Mentor Visit: Quality Development:	Name of Module:	
STEP 2: Please tick (✔) your Personal Goal and give reason for choice	STEP 3: Please Complete Your Personal Action Plan		
DESMOND Educator Core Behaviours	What do I need to do? (please give specific examples)	How can I overcome this? (please give specific examples)	
 Facilitates non-judgemental engagement of participants 			
 Eliciting and responding to emotions/feelings 			
Facilitating reflective learning			
Behavioural change, planning and goal setting	How am I going to achieve this? (please give specific examples)	How confident do I feel in achieving this? Choose a number between 1 and 10 (where 1 is not at all confident and 10 is very confident)	S
Overall group management		1 2 3 4 5 6 7 8 9 10	
		How can I increase my confidence? (please give specific examples)	
Content			
	What will stop me? (please give specific examples)		
Educator Talk-Time (DOT)		When will I review this plan?	
		Date:	

Part 5: Educator Core Behaviours Summary Sheet

FACILITATES NON- JUDGEMENTAL ENGAGEMENT OF ALL PARTICIPANTS	DGEMENTAL EN	UGAGEMENT OF	ALL PARTICIPANTS					ELICITS AND RE	ESPONDS TO	ELICITS AND RESPONDS TO EMOTIONS/FEELINGS	ELINGS
Uses a range of open body language to support engagement of participants	<i>ح</i> ز	Uses non-judgemental 3. statements regarding participant verbal utterances 2	Seeks answers from a number of participants before discussing further, including right and wrong answers	Seeks clarification of participants contribution	5. Seeks to p messages	Seeks to personalise health messages	6. Avoids giving their own opinion	7. Prompts participants to express and explore their feelings about diabetes/being at risk of diabetes.		8. Acknowledges and/ or prompts exploration of participant emotional response 1 or 2	/ tion ional
Uses more closed body language behaviours	Uses judgemental statements in response to participants verbal utterances		Accepts first right answer and/or immediately provides correct or up to date information	Rarely seeks clarification of participants contribution	Provides gener	Provides general healthy messages	Gives their own opinion	Avoids actively engaging participants in emotional discussion		Retreats from/ignores/denies participant emotional response	enies sponse
FACILITATES REFLECTIVE LEARNING	TIVE LEARNING										
9. Uses analogies 10. L	10. Uses visual tools and resources	11. Uses and refers to participants' relevant comments and quotes (on flip charts/generated in discussion)	12. Encourages the group to discuss/ answer their own questions	13. Prompts 14. Properties participants to talk about their perturbuting and then explore to misconceptions conditions and gaps in knowledge and participants.	Prompts participant discussion of personal health beliefs (related to risk, causes, consequences, treatment, signs and symptoms)	15. Prompts majority of participants to ask questions about issues discussed	16. Prompts participants to summarise their key messages from the session	17. Prompts 18 participants to summarise the groups understanding of the content under discussion	18. Prompts participant 'self-talk' about how the key messages from the session apply to them	19.	Only provides new or additional information after group discussion/ explorations
-	-	-	1 or 2	_	-	2	2	2	2	-	
Avoids the use of Uses analogies tools	Uses minimal visual tools and resources	Uses his or her own words when working through session content	Answers all questions asked by the group	Immediately provides correct information to fill apparent gaps in knowledge	discussion of beliefs within the	Rarely invites more than one participant to ask questions	Tends to summarise key messages	Tends to summarise Do what they think the pagroup understands ho without checking to	Does not ask participants to reflect on how the messages apply to them	Provides new information without s apply exploration with the group	ithout ith the
SUPPORTS BEHAVIOURAL CHANGE, PLANNING AND GOAL SETTING	IRAL CHANGE, P	LANNING AND	GOAL SETTING								
20. Does not appear to expect participants to change	21. Prompts participants to discuss their thoughts a possible changes to sel management	- poort	22. Prompts participants to review the impact of possible choices on their future health	23. Prompts participants to talk about what they are going to do as a result of the session	24.	Prompts the individual or group to problem solve possible barriers to change (e.g., their desired changes or possible barriers to self-management)	25. Prompts the participants to reflect on their goals/plan	26. Facilitates people to share their stories about attempts to manager their risk of diabetes/diabetes and related health risks?	s ted	27. Supports participants to plot their results on the health profile/complete their action plan	nts to plot health eir action
-	.,	5	2	1 or 2		-	-	-		-	
Appears to expect participants to make necessary changes. This may be implicitly or explicitly expressed	d ay	discussion about	Avoids generating discussion about range of options/impact (or only prompts a single participant to do this)	Does not ask participants to talk about what they are going to do as a result of the session (or only discusses this with one participant)		Avoids active problem solving support	Avoids reflective discussion regarding the goals/plans	Avoids the use of participant stories		Provides little support to assist participants with the completion of their health profile/action plan	assist npletion of n plan
OVERALL GROUP MANAGEMENT	VAGEMENT										
28. Uses strategies to manage time within the session	29. Notices tone/dynamics/ energy within the group, acknowledges these and uses them to manage the group		30. Prompts engagement of quieter participants in the group	31. Uses co-Educator to support delivery of sessions	32.	Manages group to provide time and space to complete tasks	33. Provides overviews of the session/day	34. Facilitates full participant engagement in interactive tasks		35. Engages participants using rapport building skills	its using
			-	_		_	_	-		-	
Avoids using strategies to assist with managing time	Tends to ignore issues within the group		Avoids seeking engagement of quieter members of the group	Appears to work alone despite opportunities where they may be assisted by co-Educator		Avoids managing group to allow time and space to complete tasks	Does not provide overview of session/day	Tends to facilitate interactive tasks with only a few participants	tasks	Avoids using rapport building skills	Iding skills

Quality Development