DESMOND NEWLY DIAGNOSED & FOUNDATION 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 QD Framework and the Educator Core Behaviour Assessment Guidance. 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 the 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 1-24).**

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. For further details of the meaning and coding for each behaviour, please refer to the **Educator Core Behaviour Assessment Guidance.** Each set of items is grouped into one of five sections ;

- **Facilitates non-judgemental engagement of all participants**
- **Elicits and responds to emotions/feelings (empathetic responding)**
- **Facilitates 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 **17** or more.

Part 2: Content Assessment Tool

The content criteria have been taken from the **DESMOND Educator Manual and Curriculum** and are scored using a simple 'yes' or 'no' system. The content covered is recorded in terms of whether something is mentioned: yes(✔) or no (✘).

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

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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 five sessions that can be assessed using the DOT. These are:

• **Session C: Type 2 Diabetes and Glucose**
• **Session E: Food and Glucose Control**
• **Session H: Long-Term Effects of Type 2 Diabetes**
• **Session J: Food and Health**
• **Session K: Type 2 Diabetes Self-Management Plan**

An Educator's DOT score will be assessed on two sessions: **either** Session C or Session H, **plus** one other (i.e. Session C, E, H, J or K). 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 three separate columns. The listener will decide who is speaking at that moment in time when the 'beep' on the CD sounds, and make a mark in the corresponding column:

• **If the Educator is speaking then a tally mark should be placed 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 Educator's Talk Time percentage 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 this 100 to convert it into a percentage.

Part 4: Educator Reflection and Action Plan

This is to be used by Educators for self/peer reflection after a DESMOND patient course is delivered, in order to support their ongoing development.

Part 5: Educator Core Behaviours Summary Sheet

This is a single page containing **ALL** of the Educator Core Behaviours, and has been designed to assist reflection of the overall Educator use of DESMOND behaviours.

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QUALITY DEVELOPMENT
SUMMARY SHEET

Desmond™

Educator Name:	Name of Module:	Course Type: F1 ☐ F2 ☐

Assessor Name:	Self Reflection ☐ Peer Review ☐ Mentor Visit ☐ QD Assessment ☐	Date: F1 ☐☐☐☐☐☐ F2 ☐☐☐☐☐☐

Venue:	No. of people with diabetes attending the course:	F1 / F2
	No. of people accompanying those attending the course:	F1 / F2

Score Continuum:

Improver 0	Competent 17	Accomplished 31

Identify three things that went well:

Identify three things that could be improved:

Issues highlighted/suggestions for improvement in relation to:

☐ Core behaviours

☐ Content

☐ DOT

Core Behaviour Score

Educator Score	Pass Mark	Meets Criteria ✔ or ✘
	17	

Session Content Score

Session	Score	Criteria	Meets Criteria ✔ or ✘
A		3	
B		6	
C		10	
D		5	
E		9	
F		2	
G		3	
H		6	
I		5	
J		6	
K		6	
L		3	

DOT Talk Time Score

Session	DOT score	Target	Meets Criteria ✔ or ✘
C		<65%	
E		<55%	
H		<65%	
J		<55%	
K		<50%	

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PART 1: CORE BEHAVIOURS ASSESSMENT TOOL

Educator Name: _____   Date: ☐☐☐☐☐☐

	FACILITATES NON-JUDGEMENTAL ENGAGEMENT OF ALL PARTICIPANTS			
	DESMOND behaviours	Tends to DESMOND	Tends to non-DESMOND	Non-DESMOND behaviours
1.	Uses a range of open body language techniques to support engagement of participants	1	0	Tends to use more closed body language behaviours
2.	Uses non-judgemental statements in response to what participants say	2	0	Uses judgemental statements in response to what a participant says
3.	Seeks answers from a number of participants before discussing further	2	0	Accepts the first right answer and/ or immediately provides correct or up-to-date information
4.	Seeks clarification of participants' contributions	1	0	Rarely seeks clarification of participants' contributions
5.	Avoids giving their own opinion	1	0	Gives their own opinion

Assessment Comments

Maximum Score: 7

Educator Score: _____

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PART 1: CORE BEHAVIOURS ASSESSMENT TOOL

Educator Name: [   ]   Date: [ ][ ][ ][ ][ ][ ]

ELICITS AND RESPONDS TO EMOTIONS/FEELINGS (EMPATHETIC RESPONDING)

	DESMOND behaviours	Tends to DESMOND	Tends to non-DESMOND	Non-DESMOND behaviours
6.	Prompts participants to express their feelings about what is being discussed	1	0	Avoids prompting participants to express their feelings about what is being discussed
7.	Acknowledges feelings	1	0	Retreats from/ignores/denies participant emotional response

Assessment Comments

Maximum Score [2]   **Educator Score** [   ]

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PART 1: CORE BEHAVIOURS ASSESSMENT TOOL

Educator Name: [   ]   Date: [ ][ ][ ][ ][ ][ ]

FACILITATES REFLECTIVE LEARNING				
	DESMOND behaviours	Tends to DESMOND	Tends to non-DESMOND	Non-DESMOND behaviours
8.	Uses analogies	1	0	Avoids the use of analogies
9.	Uses and refers to participants' relevant comments/quotes (on flip charts/generated in discussion)	1	0	Uses his or her own words when working through session content
10.	Encourages the group to discuss/ answer their own questions	2	0	Answers questions asked by the group
11.	Only provides new or additional information after group discussion/explorations	1	0	Provides new information without exploration with the group
12.	Prompts participant discussion of personal health beliefs (related to risk, causes, consequences, treatment, signs and symptoms)	1	0	Avoids discussion of health beliefs within the group
13.	Prompts participants to summarise what they have learned from the session	2	0	Tends to summarise the main learning points
14.	Prompts participant 'self-talk' about how they can apply what they have learned to their lives	2	0	Does not ask participants to reflect on how their learning applies to them

Assessment Comments

Maximum Score
10

Educator Score
[   ]

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PART 1: CORE BEHAVIOURS ASSESSMENT TOOL

Educator Name: [   ]   Date: [ ][ ][ ][ ][ ][ ]

BEHAVIOURAL CHANGE, PLANNING AND GOAL SETTING				
	DESMOND behaviours	Tends to DESMOND	Tends to non-DESMOND	Non-DESMOND behaviours
15.	Facilitates people to share their stories about attempts to manage their risk of diabetes/diabetes and related health risks	1	0	Avoids the use of participant stories about attempts to manage their risk of diabetes/ diabetes and related health risks
16.	Prompts participants to discuss SMART goals/plans	2	0	Avoids reflective discussion regarding SMART goals/plans
17.	Prompts participants to review the impact of possible choices on their future health	2	0	Avoids generating discussion about the range of options/impact (or only prompts a single participant to do this)
18.	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	Avoids 'active' problem solving support

Assessment Comments

Maximum Score
6

Educator Score
[   ]

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PART 1: CORE BEHAVIOURS ASSESSMENT TOOL

Educator Name: _____ Date: ☐ ☐ ☐ ☐ ☐

	OVERALL GROUP MANAGEMENT			

	DESMOND behaviours	Tends to DESMOND	Tends to non-DESMOND	Non-DESMOND behaviours
19.	Uses strategies to manage time within the session	1	0	Avoids using strategies to assist with managing time
20.	Manages the group to provide time and space to complete tasks	1	0	Avoids managing the group to allow time and space to complete tasks
21.	Notices tone/dynamics/ energy within the group, acknowledges these and uses them to manage the group	1	0	Tends to ignore issues within the group
22.	Uses opportunities to engage quieter participants in the group	1	0	Avoids using opportunities to engage quieter participants in the group
23.	Supports co-educator/facilitator in delivery of sessions	1	0	Does not support co-educator/ facilitator in delivery of sessions despite opportunities to do so
24.	Facilitates full participant engagement in interactive tasks	1	0	Tends to facilitate interactive tasks with only a few participants

Assessment Comments

Maximum Score: 6

Educator Score: ____

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PART 2: CONTENT ASSESSMENT TOOL

Educator Name: _____   Date: [ ][ ][ ][ ][ ][ ]

SESSION A: Introduction and Housekeeping (10 minutes)			
Start:	**Finish:**	**Time taken:**	✔ or ✘
Housekeeping details			
Introduction to the day: Rationale for DESMOND/style of DESMOND delivery			
Outline of the topics covered throughout the day			
Introduce the Participant Pack with specific focus on the action plan			
		Score	**/4**

Assessment Comments

Meets 3 of the criteria (✔ or ✘)	

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PART 2: CONTENT ASSESSMENT TOOL

Educator Name: [_____]　　Date: [ ][ ][ ][ ][ ][ ]

SESSION B: The Participant Story (40 minutes)			
Start:	**Finish:**	**Time taken:**	✔ or ✘
Identifies individual participant stories by asking:			
How long do you believe you have had Type 2 diabetes?			
How did you find out you had Type 2 diabetes (signs and symptoms)?			
What do you believe causes Type 2 diabetes?			
How do you manage/treat your Type 2 diabetes?			
What do you believe are the long-term effects for your health?			
What is the key question you would like to leave the session with the answer to?			
		Score	**/6**

Assessment Comments

Meets all of the criteria (✔ or ✘)	

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PART 2: CONTENT ASSESSMENT TOOL

Educator Name: _____   Date: ☐☐☐☐☐☐

SESSION C: Type 2 Diabetes and Glucose (50 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			
Glucose is stored in the liver			
Excess energy from food is stored as fat			
What happens in Type 2 diabetes - insulin resistance			
What happens in Type 2 diabetes - beta cell failure			
High blood glucose levels can damage blood vessels if not controlled			
Type 2 diabetes differs from Type 1 diabetes			
The impact of high blood glucose levels in relation to symptoms			
Treatment used to manage blood glucose levels and insulin resistance in Type 2 diabetes (food choices/weight/physical activity/medication)			
The causes of Type 2 diabetes			
How to reduce blood glucose levels day-to-day			
How to reduce blood glucose levels long-term			
		Score	**/13**

Assessment Comments

Meets 10 of the criteria (✔ or ✘)	

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PART 2: CONTENT ASSESSMENT TOOL

Educator Name: _____   Date: [ ][ ][ ][ ][ ][ ]

SESSION D: Monitoring Type 2 Diabetes (30 minutes)			
Start:	**Finish:**	**Time taken:**	✔ or ✘
Long-term glucose control is measured using glycosylated haemoglobin (HbA1c)			
Current recommended targets for HbA1c			
How HbA1c differs from self-monitoring			
Introduction to My Health Profile			
Target levels for urine and blood tests			
The purpose of glucose self-monitoring			
How the individual can interpret and act on the results			
		Score	**/7**

Assessment Comments

Meets 5 of the criteria (✔ or ✘)	

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PART 2: CONTENT ASSESSMENT TOOL

Educator Name: _____ Date: ☐ ☐ ☐ ☐ ☐ ☐

SESSION E: Food and Glucose Control (45 minutes)			
Start:	**Finish:**	**Time taken:**	✔ or ✖
Short-term effects on blood glucose:			
• Carbohydrate foods affect blood glucose levels			
• Identifying carbohydrates			
• Varying glycaemic effect of foods			
• Factors which affect the glycaemic effect of food			
• Identifying which foods adversely affect blood glucose levels			
• Food labels and their limitations in relation to carbohydrates			
Long-term effects on blood glucose:			
• Insulin resistance is linked to central obesity			
• The concept of energy balance			
• A small, sustained energy deficit will lead to slow, steady weight loss			
• Weight management may result in remission of Type 2 Diabetes			
• Fat and alcohol are the most concentrated sources of calories from our food choices			
• All types of fat are high in calories			
		Score	**/12**

Assessment Comments

Meets 9 of the criteria (✔ or ✖)	

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PART 2: CONTENT ASSESSMENT TOOL

Educator Name: [   ]   Date: [ ][ ][ ][ ][ ][ ]

SESSION F: Reflections So Far: Part One. (5 minutes)			
Start:	**Finish:**	**Time taken:**	✔ or ✘
Reflection on the key points discussed by participants through the course so far			
Understand the feelings within the group regarding their Type 2 diabetes			
Introduce the content of Part 2 of the course			
		Score	**/3**

Assessment Comments

Meets 2 of the criteria (✔ or ✘)	

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PART 2: CONTENT ASSESSMENT TOOL

Educator Name: [   ] Date: [ ][ ][ ][ ][ ][ ]

SESSION G: Reflections So Far: Part Two. (10 minutes) (For use in F2, optional in F1 unless 'Session F' omitted in Part 1)			
Start:	**Finish:**	**Time taken:**	**✔ or ✘**
Introduce the content of Part 2/Day 2			
Reflection upon what participants have learned and experienced so far			
Identify any additional questions from participants			
		Score	**/3**

Assessment Comments

Meets all of the criteria (✔ or ✘)	

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PART 2: CONTENT ASSESSMENT TOOL

Educator Name: [ ]   Date: [ ][ ][ ][ ][ ][ ]

SESSION H: Long-Term Effects of Type 2 Diabetes (60 minutes)			
Start:	**Finish:**	**Time taken:**	✔ or ✖
Identification of possible long-term effects of Type 2 diabetes			
How complications are caused (damage to large blood vessels/small blood vessels/nerves)			
Identification of risk factors for the development of complications (cholesterol/BP/smoking/above-normal blood glucose/low mood and depression)			
National recommended targets for each risk factor (total cholesterol/LDL/HDL/BP)			
Ways in which each risk factor can be modified (cholesterol/ BP/smoking/low mood and depression/CVD risk)			
Relationship between low mood/depression and Type 2 diabetes			
Content and value of the annual review in identifying the risk and early signs of complications (eyes/kidneys/feet)			
Completion of the personal health profile			
		Score	**/8**

Assessment Comments

Meets 6 of the criteria (✔ or ✖)	

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PART 2: CONTENT ASSESSMENT TOOL

Educator Name: | | Date: | | | | | | |

SESSION I: Physical Activity (30 minutes)			
Start:	**Finish:**	**Time taken:**	✔ or ✘
The benefits of physical activity for health and reducing risk factors for complications			
The current national recommendations for activity levels			
Locally available resources for increasing activity (exercise on prescription, health walks, etc.)			
Options for building up activity levels in terms of time and intensity			
Ways of monitoring activity levels			
Identification of barriers to physical activity			
Identification of options to overcome barriers to physical activity			
		Score	**/7**

Assessment Comments

Meets 5 of the criteria (✔ or ✘)	

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PART 2: CONTENT ASSESSMENT TOOL

Educator Name: [   ]　　Date: [ ][ ][ ][ ][ ][ ]

SESSION J: Food and Health (40 minutes)			
Start:	**Finish**	**Time taken:**	**✔ or ✘**
How fat affects the risk of cardiovascular disease and weight			
Identification of the different types of fat			
Where the different types of fat are found			
Benefits of eating five portions of fruit and vegetables a day			
How to reduce fat intake			
Use of the Food Continuum to look at how to balance food intake in relation to: benefit/risk to heart health, blood glucose level, blood pressure, lipids, weight and insulin resistance			
How to adapt the frequency, amount and/or type of a food to have a positive health effect			
		Score	**/7**

Assessment Comments

Meets 6 of the criteria (✔ or ✘)

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PART 2: CONTENT ASSESSMENT TOOL

Educator Name: _____   Date: ☐☐☐☐☐☐

SESSION K: Type 2 Diabetes Self-Management Plan (30 minutes)			
Start:	**Finish:**	**Time taken:**	**✔ or ✘**
Personal factors using My Health Profile			
How to use What Am I Going To Do Now? to support behaviour change			
SMART (Specific, Measurable, Actions, Realistic, Timely) goal setting			
Rating how important making the change is to the individual			
Rating an individual's confidence in making a planned change			
Identification of personal barriers to change			
Identification of how to overcome these barriers			
		Score	**/7**

Assessment Comments

Meets 6 of the criteria (✔ or ✘)

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PART 2: CONTENT ASSESSMENT TOOL

Educator Name:

Date:

SESSION L: Questions and Future Care (10 minutes)			
Start:	**Finish:**	**Time taken:**	✔ or ✘
Review the key questions flip chart			
An answer is provided to all questions or a means to provide an answer is established			
How to access ongoing care and support			
Provision of a 1:1 discussion for participants is available, if required			
		Score	**/4**

Assessment Comments

Meets 3 of the criteria (✔ or ✘)	

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PART 3: DESMOND OBSERVATIONAL TOOL (DOT)

Assessing Educator Talk Time Tool – Must complete Session C or H plus one other from Sessions C, E, H, J or K

Educator Name: _____ Date: ☐ ☐ ☐ ☐ ☐

DOT assessment

Session:	Educator talking:	Participant talking:	Miscellaneous:
Totals:	Total A:	Total B:	Total C:

(Total A) ☐ ÷ (Total A+B+C) ☐ = ☐ x 100 = Score: ☐ %

Session:	Educator talking:	Participant talking:	Miscellaneous:
Totals:	Total A:	Total B:	Total C:

(Total A) ☐ ÷ (Total A+B+C) ☐ = ☐ x 100 = Score: ☐ %

Session:	Educator talking:	Participant talking:	Miscellaneous:
Totals:	Total A:	Total B:	Total C:

(Total A) ☐ ÷ (Total A+B+C) ☐ = ☐ x 100 = Score: ☐ %

Session Target	Educator Speaking Below:	Session Target	Educator Speaking Below:
C: Type 2 Diabetes and Glucose	65%	J: Food and Health	55%
E: Food and Glucose Control	55%	K: Type 2 Diabetes Self-Management Plan	50%
H: Long-Term Effects of Type 2 Diabetes	65%		

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PART 4: QD REFLECTION SHEET

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Self Reflection: ☐ **Peer Review:** ☐ **Mentor Visit:** ☐

Quality Development: ☐ **Name of Module:** ☐

STEP 1: Venue:

Course type: F1 ☐ F2 ☐ **F1 Date:** **F2 Date:**

Educator Name:

No. of people with diabetes attending course:

Completed by:

No. of people accompanying those attending course:

F1 ☐ F2 ☐
F1 ☐ F2 ☐

DAT/DOT Assessments Scores (if completed)

SESSION	Content Score	Meets Criteria ✔ or ✖	TALK TIME SESSION	DOT Score	Meets Criteria ✔ or ✖
			Dot Session	%	
			Dot Session	%	
			Dot Session	%	
			Educator Core Behaviour	Score	
				Pass mark	
				17	

Improver 0		Competent 17		Accomplished 31

Identify 3 things that went well (please give specific examples):

Identify 3 things that could be improved (please give specific examples):

Issues highlighted/suggestions for improvement in relation to:

☐ Core Behaviours

☐ Content

☐ DOT

Please turn over to complete Educator Action Plan ↱

PART 4: 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

- **Facilitates non-judgemental engagement of participants** ☐
- **Elicits and responds to emotions/feelings** ☐
- **Facilitates reflective learning** ☐
- **Behavioural change, planning and goal setting** ☐
- **Overall group management** ☐

Content ☐

Talk-Time (DOT) ☐

What do I need to do?
(please give specific examples)

How can I overcome this?
(please give specific examples)

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)

1   2   3   4   5   6   7   8   9   10

What will stop me?
(please give specific examples)

How can I increase my confidence?
(please give specific examples)

When will I review this plan?

Date:

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PART 5: EDUCATOR CORE BEHAVIOURS SUMMARY SHEET

FACILITATES NON-JUDGEMENTAL ENGAGEMENT OF ALL PARTICIPANTS

#	Behaviour	Score	Avoids
1.	Uses a range of open body language techniques to support engagement of participants	1	Uses more closed body language behaviours
2.	Uses non-judgemental statements in response to what a participant says	2	Uses judgemental statements in response to what a participant says
3.	Seeks answers (including right and wrong answers) from a number of participants before discussing further	2	Accepts first right answer and/or immediately provides correct or up-to-date information
4.	Seeks clarification of participants' contribution	1	Rarely seeks clarification of participants' contribution
5.	Avoids giving their own opinion	1	Gives their own opinion

ELICITS AND RESPONDS TO EMOTIONS/FEELINGS

#	Behaviour	Score	Avoids
6.	Prompts participants to express their feelings about what is being discussed.	1	Avoids prompting participants to express their feelings about what is being discussed
7.	Acknowledges feelings	1	Retreats from/ignores/denies participant emotional response

FACILITATES REFLECTIVE LEARNING

#	Behaviour	Score	Avoids
8.	Uses analogies	1	Avoids the use of analogies
9.	Uses and refers to participants' relevant comments/quotes (on flip charts/generated in discussion)	1	Uses his or her own words when working through session content
10.	Encourages the group to discuss/answer their own questions	2	Answers questions asked by the group
11.	Only provides new or additional information after group discussion/explorations	1	Provides new information without exploration with the group
12.	Prompts participant discussion of personal health beliefs (related to risk, causes, consequences, treatment, signs and symptoms)	1	Avoids discussion of health beliefs within the group
13.	Prompts participants to summarise what they have learned from the session	2	Tends to summarise the main learning points
14.	Prompts participant 'self-talk' about how they can apply what they have learned to their lives	2	Does not ask participants to reflect on how their learning applies to them

BEHAVIOURAL CHANGE, PLANNING AND GOAL SETTING

#	Behaviour	Score	Avoids
15.	Facilitates people to share their stories about attempts to manage their diabetes/diabetes and related health risks	1	Avoids the use of participant stories about attempts to manage their risk of diabetes/diabetes and related health risks
16.	Prompts the participants to discuss a SMART goals/plan	2	Avoids generating discussion about SMART goals/plans
17.	Prompts participants to review the impact of possible choices on their future health	2	Avoids generating discussion about a range of options (or only prompts a single participant to do this)
18.	Prompts the individual or group to problem solve possible barriers to change (e.g. their desired changes or possible barriers to self-management)	1	Avoids 'active' problem solving support

OVERALL GROUP MANAGEMENT

#	Behaviour	Score	Avoids
19.	Uses strategies to manage time within the session	1	Avoids using strategies to assist with managing time
20.	Manages group to provide time and space to complete tasks	1	Avoids managing group to allow time and space to complete tasks
21.	Notices tone/dynamics/energy within the group, acknowledges these and uses them to manage the group	1	Tends to ignore issues within the group
22.	Uses opportunities to engage quieter participants in the group	1	Avoids using opportunities to engage with quieter participants in the group
23.	Supports co-educator/facilitator in delivery of sessions	1	Does not support co-educator/facilitator despite opportunities to do so
24.	Facilitates full participant engagement in interactive tasks	1	Tends to facilitate interactive tasks with only a few participants

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