

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 1-24).**

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 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 **17** 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(✓) or no (✗).

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 <input type="checkbox"/> Peer Review <input type="checkbox"/> Mentor Visit <input type="checkbox"/> QD Assessment <input type="checkbox"/>	Date:
Venue:		No of people 'at risk' of diabetes attending the course: <input type="text"/>	No of people accompanying those attending the course: <input type="text"/>
Score Continuum	Improver 0	Competent 17	Accomplished 31

Identify 3 things that went well

Identify 3 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		5	
C		7	
D		2	
E		4	
F		9	
G		3	
H		2	
DOT Talk Time Score			
Session	DOT score	Target	Meets Criteria ✓ or ✗
C		<65%	
D		<55%	
E		<65%	
F		<55%	

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

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

Educator Score

2

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		Educator Score
		10		<input type="text"/>

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

Educator Score

6

PART 1: CORE BEHAVIOURS ASSESSMENT TOOL

Educator Name:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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

Educator Score

6

PART 2: CONTENT ASSESSMENT TOOL

Educator Name:

Date:

SESSION A: Introduction and Housekeeping (5 minutes)

Start:	Finish:	Time taken:	✓ or ✗
Programme Aims, Content and Style			
Background to the course			
Housekeeping details: fire, refreshments, location of toilets, use of mobile phones			
Score			/3

Assessment Comments

Meets all of the criteria (✓ or ✗)

PART 2: CONTENT ASSESSMENT TOOL

Educator Name:

Date:

SESSION B: The Participant Story (25 minutes)

Start:	Finish:	Time taken:	✓ or ✗
How did they find out they were at increased risk?			
What symptoms, if any, had they noticed? (OPTIONAL)			
What they believe caused their increased risk?			
How they believe that being 'at risk' will affect their future?			
What do they believe/have heard that can reduce their risk?			
What is one key question that, if answered, would help them?			
Score			/6
Assessment Comments			
Meets 5 of the criteria (✓ or ✗)			

PART 2: CONTENT ASSESSMENT TOOL

Educator Name:

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			
			Score
			/7
Assessment Comments			
			Meets all of the criteria (✓ or ✗)

PART 2: CONTENT ASSESSMENT TOOL

Educator Name:

Date:

SESSION D: How Could Being at Risk of Diabetes Affect My Health? (15 minutes)

Start:	Finish:	Time taken:	✓ or ✗
The main complications associated with being at risk of Type 2 diabetes/having Type 2 diabetes			
Complications are not only caused by raised blood glucose and that the risk of developing complications can be reduced by managing all the risk factors identified on My Health Profile (BP and Cholesterol)			
Score			/2

Assessment Comments

Meets all of the criteria (✓ or ✗)

PART 2: CONTENT ASSESSMENT TOOL

Educator Name:

Date:

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SESSION E: Risk Story (25 minutes)

Start:	Finish:	Time taken:	✓ or ✗
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What being at risk means to them

The factors that contribute to an increased risk of developing Type 2 diabetes

Completion of My Risk Factors

What factors can be changed to reduce the risk of Type 2 diabetes

Score

/4

Assessment Comments

Meets all of the criteria (✓ or ✗)

PART 2: CONTENT ASSESSMENT TOOL

Educator Name:

Date:

SESSION F: Physical Activity (55 minutes)

Start:	Finish:	Time taken:	✓ or ✗
The effects of physical activity on risk factors			
The benefits of physical activity on health and emotional wellbeing			
The current national recommendations for physical activity (in terms of moderate activity time and daily step count)			
Recommended levels of physical activity to reduce the risk of developing Type 2 diabetes (in terms of moderate activity time and daily step count)			
What activities are moderate intensity activities, how activities can be made into moderate intensity level activities and how thirty minutes of moderate intensity activity can be incorporated into everyday activities			
Benefits of wearing a pedometer and keeping a physical activity diary			
Setting personal short term and long term goals for daily steps			
Importance of building up goals slowly			
The process of the 'cycle of change' model			
The benefits of developing an action plan using SMARTER goal approach			
Strategies to overcome barriers and possible solutions			
			Score
			/11

Meets 9 of the criteria (✓ or ✗)

PART 2: CONTENT ASSESSMENT TOOL

Educator Name:

Date:

SESSION G: Food Choices (20 minutes)

Start:	Finish:	Time taken:	✓ or ✗
Fat in food is linked to most risk factors (e.g. insulin resistance/lipid profile/weight/ blood pressure)			
Types of fat			
Where fat is found in foods and methods of reducing fat intake			
Score			/3

Assessment Comments

Meets all of the criteria (✓ or ✗)

PART 2: CONTENT ASSESSMENT TOOL

Educator Name:

Date:

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SESSION H: Questions and Future Care (5 Minutes)

Start:	Finish:	Time taken:	✓ or ✗
Review of initial and outstanding questions			
Review of possible options for next steps in care (including 1:1 with Educator if requested)			
Score			/2
Assessment Comments			
Meets all of the criteria (✓ 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

Educator Name:

Date:

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DOT assessment			
Session:	Educator Talking:	Participant talking:	Miscellaneous:
Totals:	Total A:	Total B:	Total C:
(Total A) <input type="text"/> ÷ (Total A+B+C) <input type="text"/> = <input type="text"/> x 100 = Score: <input type="text"/>			
Session:	Educator Talking:	Participant talking:	Miscellaneous:
Totals:	Total A:	Total B:	Total C:
(Total A) <input type="text"/> ÷ (Total A+B+C) <input type="text"/> = <input type="text"/> x 100 = Score: <input type="text"/>			
Session:	Educator Talking:	Participant talking:	Miscellaneous:
Totals:	Total A:	Total B:	Total C:
(Total A) <input type="text"/> ÷ (Total A+B+C) <input type="text"/> = <input type="text"/> x 100 = Score: <input type="text"/>			

Session Taet	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**

Educator Name:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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DOT assessment			
Session:	Educator Talking:	Participant talking:	Miscellaneous:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals:	Total A:	Total B:	Total C:
	(Total A) <input type="text"/>	÷ (Total A+B+C) <input type="text"/>	= <input type="text"/> x 100 = Score: <input type="text"/>
Session:	Educator Talking:	Participant talking:	Miscellaneous:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals:	Total A:	Total B:	Total C:
	(Total A) <input type="text"/>	÷ (Total A+B+C) <input type="text"/>	= <input type="text"/> x 100 = Score: <input type="text"/>
Session:	Educator Talking:	Participant talking:	Miscellaneous:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals:	Total A:	Total B:	Total C:
	(Total A) <input type="text"/>	÷ (Total A+B+C) <input type="text"/>	= <input type="text"/> x 100 = Score: <input type="text"/>

Session Taet	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: QD REFLECTION SHEET



Self Reflection: Peer Review: Mentor Visit:

STEP 1: Venue: _____

Educator Name: _____

Completed by: _____

Quality Development: Name of Module: _____

Course type: F1 Date: F2 Date:

No. of people with diabetes attending course: _____

No. of people accompanying those attending course: _____

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

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		Competent		Accomplished	
0	17			31	

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 REFLECTION SHEET



Self Reflection: Peer Review: Mentor Visit: Quality Development: Name of Module:

STEP 2: Please tick (✓) your Personal Goal and give reason for choice

- 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)

STEP 3: Please Complete Your Personal Action Plan

<p>What do I need to do? (please give specific examples)</p>	<p>How can I overcome this? (please give specific examples)</p>	
<p>How am I going to achieve this? (please give specific examples)</p>	<p>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)</p> <p style="text-align: center;">1 2 3 4 5 6 7 8 9 10</p>	<p>How can I increase my confidence? (please give specific examples)</p>
<p>What will stop me? (please give specific examples)</p>		
		<p>When will I review this plan?</p> <p>Date:</p>

PART 5: EDUCATOR CORE BEHAVIOURS SUMMARY SHEET

FACILITATES NON-JUDGEMENTAL ENGAGEMENT OF ALL PARTICIPANTS

1. Uses a range of open body language techniques to support engagement of participants	2. Uses non-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	4. Seeks clarification of participants' contribution	5. Avoids giving their own opinion	6. Prompts participants to express their feelings about what is being discussed.	7. Acknowledges feelings
1	2	2	1	1	1	1
Uses more closed body language behaviours	Uses judgemental statements in response to what a participant says	Accepts first right answer and/or immediately provides correct or up-to-date information	Rarely seeks clarification of participants' contribution	Gives their own opinion	Avoids prompting participants to express their feelings about what is being discussed	Retreats from/ignores/denies participant emotional response

ELICITS AND RESPONDS TO EMOTIONS/FEELINGS

FACILITATES REFLECTIVE LEARNING

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

BEHAVIOURAL CHANGE, PLANNING AND GOAL SETTING

15. Facilitates people to share their stories about attempts to manage their diabetes/diabetes and related health risks	16. Prompts the participants to discuss a SMART goals/plan	17. Prompts participants to review the impact of possible choices on their future health	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	2	2	1
Avoids the use of participant stories about attempts to manage their risk of diabetes/diabetes and related health risks	Avoids generating discussion about SMART goals/plans	Avoids generating discussion about a range of options (or only prompts a single participant to do this)	Avoids 'active' problem solving support

OVERALL GROUP MANAGEMENT

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