## Let's Prevent Diabetes Quality Development Tools Virtual Delivery

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 facilitator. This set of tools should be used in conjunction with the QD Pathway and the online 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 Let's Prevent curriculum and describe the observable behaviours of the facilitator.

- **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
- Elicits and responds to emotions/feelings
- 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 Let's Prevent facilitators should be seen to be using across the delivery of the module. During assessment visits the tendency of the facilitator to use a **competent** behaviour will each be scored **1**.

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

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

Facilitators will pass an assessment with a score of 17 or more.



The content criteria have been taken from the Let's Prevent 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 ( $\bigstar$ ).

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

#### **DESMOND** Observational Tool (DOT)

#### Part 3: Facilitator Talk Time

The DOT is used to assess the interaction between the facilitator and the group in terms of who is talking. An electronic prompt on a CD/download which 'beeps' every 10 seconds prompts the listener to record what type of interaction is taking place at that point in the session. Each facilitator will be assessed on two sessions, either:

- Session C: Pre-diabetes and Glucose
- or
- Session H: Complications and Long-Term Health

Plus any one of the following:

- Session E: Physical Activity
- Session I: Food Choices : Focus on Foods
- Session J: Pre-diabetes Self-Management Plan

If two facilitators are being assessed on one QD visit each facilitator 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' sounds.

- If the facilitator is speaking then put a tally mark in the facilitator column of the score sheet.
- If it is one of the Participants (person with pre-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-facilitator 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 facilitator in the session, take the score for the facilitator talking (A) and divide by the score for all three categories (A+B+C). This will give you a number between 0 and 1. Multiply by 100 to convert to a percentage.

#### Part 4: Facilitator Reflection and Action Plan

Used by facilitators for self/peer reflection after a Let's Prevent Diabetes patient course is delivered to support ongoing development.

#### Part 5: Core Behaviours Summary Sheet

A single page containing **ALL** of the Core Behaviours designed to assist reflection of the overall facilitator behaviours at a glance.

## Quality Development Summary Sheet - Virtual Delivery

Facilitator Name:		Name of Module	9:	Cours F1 F2 F3		
Assessor Name:		Self Reflection Peer Review Mentor Visit QD Assessment		Date: F1 F2 F3		
Platform (e.g. MS Teams):		No of people wit attending the co		F1	F2	F3
		No of people acc those attending		F1	F2	F3
Score Continuum	Improver O		petent 17			Accomplished 31
Identify 3 things that went well			Core Behavio	ur Score		
			Facilitator S	core	Pass Mark	K Meets Criteria ✓ Or ★
					17	
			Session Cont	ent Score		
			Session	Score	Criteria	Meets Criteria ✓ or ¥
			A		5	
			В		6	
Identify 3 things that could be imp	proved		C		9	
			D		4	
			E		7	
			F		2	
			G		2	
			H		4	
					4	
			J		4	
Issues highlighted/suggestions fo	r improvement in relation to:			o Coarro	3	
Core behaviours			DOT Talk Tim			Mooto Critoria
			Session	DOT score	Target	Meets Criteria ✓ or ¥
Content			C		<72%	
			E		<61%	
DOT			H		<72%	
			I		<61%	
			J		<55%	

Facilitato	r Name:			Date:
FACILIT	ATES NON- JUDGEMENTAL ENGAGEMENT OF ALL PAR	RTICIPANTS		
	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 participants say
3.	Seeks answers (including right and wrong answers) from a number of participants before discussing further	2	0	Accepts first right answer and/or immediately provides correct or up to date information
4.	Seeks clarification of participants contribution	1	0	Rarely seeks clarification of participants contribution
5.	Avoids giving their own opinion	1	0	Gives their own opinion
Assess	ment Comments			Maximum Score Educator Score
ELICITS	AND RESPONDS TO EMOTIONS/FEELINGS (EMPATHE	TIC RESPONE	DING)	
	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
Assess	ment Comments			Maximum Score   Educator Score     2

Facilitator Name:

Date:

FACILI	TATES REFLECTIVE LEARNING					
	DESMOND behaviours	Tends to DESMOND	Tends to non DESMOND	Non DESMOND behaviours		
8.	Uses analogies	1	0	Avoids opportunities to use analogies		
9.	Uses and refers to participants' relevant comments/quotes (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	4	0	Provides new information without exploration with the group		
12.	Prompts participant discussion of personal health beliefs (e.g. related to risk, causes, consequences, treatment, signs and symptoms)	1	0	Avoids discussion of health beliefs within the group		
13.	Prompts participants to summarise their key messages from the session	2	0	Tends to summarise key messages		
14.	Prompts participant 'self-talk' about how the key messages from the session apply to them	2	0	Does not ask participants to reflect on how the messages apply to them		
Assess	sment Comments		-	Maximum Score Educator Score		

Facilitator Name:

Date:

	DESMOND behaviours	Tends to DESMOND	Tends to non DESMOND	Non DESMOND behaviours	S	
5.	Facilitates people to share their stories about attempts to manage their pre-diabetes and related health risks			Avoids the use of participant stories		
		1	0			
16.	Prompts participants to discuss SMART goals/plans	2	0	Avoids generating discussion about 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)			Avoids active problem solving support		
		1	0			
Asses	sment Comments			Maximum Score	Educator Score	
				6		

Facilitator 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 to complete tasks	1	0	Avoids managing the group to allow time 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 with quieter participants in the group		
23.	Supports co-facilitator in delivery of sessions	1	0	Does not support co-facilitator in delivery of sessions despite opportunities to do so		
24.	Facilitates full participant verbal engagement in interactive tasks			Tends to facilitate interactive tasks with only a few participants		
		1	0			
Asses	sment Comments			Maximum Score Educator Score		
				6		

Facilitator Name:					Date:	
SESSION A: Int	roduction and Hous	ekeeping (10 minute	s)			
Start:		Finish:		Time taken:		✓ or 🗙
Working together vi	irtually guidance	1		1		
Introduction to the I	Let's Prevent Diabetes co	urse and to the facilitators	delivering it			
Delivery style of the	e course					
Outline of the cours	se and the main topics to	be covered				
Introduce the Let's	Prevent Diabetes pack ar	nd introduce the idea of act	tion planning			
					Score	/5
Assessment Comn	nents					
				Meets all of t	ne criteria (🗸 or 🗙)	

Facilitator Name:		Date:	
SESSION B: The Participant Story	(30 minutes)		
Start:	Finish:	Time taken:	✓ or 🗙
How each participant found out they had pr	re-diabetes	'	
What symptoms (if any) they had or know a	bout		
What they believe caused their pre-diabete	S		
What they have heard of as being connected	ed to pre-diabetes		
What they think are the long-term effects o	f pre-diabetes		
What they have heard they can do to preven	t the development to Type 2 Diabetes		
What question they would like answered by	the end of the course		
		Scor	e /7

Meets 6 of the criteria ( $\checkmark$  or  $\thickapprox$ )

Facilitator Name:					Date:					
SESSION C: Pre-	-diabetes and Gluc	ose (50 minutes)								
Start:		Finish:		Time taken:				~	or 🗙	:
What glucose is and	What glucose is and how it is used by the body for energy									
How glucose enters t	the cells by the action of	f insulin								
What normal glucose	e levels are and how the	se levels stay within the norma	al range in peop	le without diabetes						
What happens in pre	-diabetes: insulin resista	ance								
What happens in Typ	e 2 diabetes: insulin res	sistance and beta cell failure a	nd how this mak	kes blood glucose lev	els rise					
What happens in Typ	e 1 diabetes and how it	is treated								
How having pre-diab	etes makes the blood gl	lucose levels rise								
Diagnosing pre-diabe	etes with blood tests									
How the symptoms of	diabetes relate to high bl	lood glucose levels								
Why there are generated	ally no physical sympton	ns for pre-diabetes								
The risk factors for p	re-diabetes and Type 2	diabetes								
The risk of progression	on from pre-diabetes to	Type 2 diabetes								
How to reduce the ris	sk of developing Type 2	diabetes								
						S	core		/	13
Assessment Comme	ents									

Meets 9 of the criteria (✓ or 🗙)

Facilitator Name:					Date:	
SESSION D: For	d Choices: Insulin Res	istance (25/30 minu	utes)			
Start:	Fir	iish:		Time taken:		✓ or 🗙
Healthy lifestyle cha	nges can reduce the risk of c	leveloping Type 2 diabete	es			
Central obesity is di	rectly related to insulin resist	ance (it makes the locks r	rusty)			
The concept of ener	gy balance in relation to phys	sical activity and food inta	ake			
A small energy defic reduce risk factors	it will, if sustained, lead to sl	ow steady weight loss, an	nd thus small chai	nges in food intake ca	n significantly	
Fat and alcohol are	the most concentrated sourc	es of calories from our foo	od choices			
					Score	/5
Assessment Comm	ents					
				Meets 4 of	the criteria (🗸 or 🗙)	
					, , ,	

Facilitator Name:				Date:	
SESSION E: Phy	sical Activity (35/4	) minutes)			
Start:		Finish:	Time taken:		✓ or ×
The effects of physic	cal activity on risk factors				1
The benefits of phys	ical activity on health and	d emotional well being			
The current national	recommendations for ac	tivity levels			
Benefits of self-mon	itoring activity levels, set	ting personal long and short term goals and	I keeping a physical activ	vity diary	
Ways to be more ac	tive				
Sitting activities and	how to reduce them				-
Barriers to being act	ive				
Strategies to overco	me barriers to activity				
				Score	/8
			Meets 7 o	of the criteria (✔ or ¥)	

Facilitator Name:					Date:		
SESSION F: How Ar	m I Doing? (5 m	inutes)					
Start:		Finish:		Time taken:			🗸 or 🗙
Review of main message	es so far						
Review participants' com	npleted leaflet Prepa	ring for Let's Prevent Diab	etes				
Initial thoughts on what o	changes would most	benefit participants					
						Score	/3
Assessment Comments							

Meets 2 of the criteria ( $\checkmark$  or  $\thickapprox$ )

## Dart O: Contant Accomment Taal

Part 2:	Content	ASSESSM	ent loc	)		
Facilitator Name:					Date:	
SESSION G: Ref	lections (10/15 minu	utes)				
Start:		Finish:		Time taken:		✓ or 🗙
How are participants	s feeling now?					
Prompt feedback fro	om participants on the us	e of their activity monitors	S			
Summary of main to	opics yet to be covered					
					Score	/3
Assessment Comm	ients					

Meets 2 of the criteria ( $\checkmark$  or  $\thickapprox$ )

Facilitator Name:					Date:			
SESSION H: Cor	nplications and Lo	ng-Term Health (40/4	5 minutes)					
Start:		Finish:		Time taken:			✓ or	×
The main complicat	ons of pre-diabetes							
		igh blood glucose and that t th profile (Blood pressure (B						
Target for each risk	factor							
The ways in which e	ach risk factor can be n	nodified						
The impact of psych	ological well-being and	depression in pre-diabetes						
Completion of the p	ersonal health profile an	d identification of one key ri	sk factor to begin a	ddressing				
						Score		/6

Facilitator Name:					Date:	
SESSION I: Food	l Choices: Focus o	n Foods (40/45 m	ninutes)			
Start:		Finish:		Time taken:		✓ or 🗙
Types of fat		1		1		
Benefits of increasin	g fibre intake and eating	at least 5 portions of	fruit and vegetables per	day		
Use of food continuu	im resource to balance f	ood intake				
Focusing on how sm	nall changes can add up	to make a big differer	nce			
How to adapt the fre	equency, amount and typ	e of food to have a po	sitive health affect			
					Sco	ore /5
Assessment Comm	ents					

Meets 4 of the criteria ( $\checkmark$  or  $\thickapprox$ )

Facilitator Name:				Date:	
SESSION J: Pre-	Diabetes Self-Mar	agement Plan (30/45 minutes)			
Start:		Finish	Time taken:		🗸 or 🗙
Identifying a lifestyle	option to work on				
How to use goal setti	ng sheet What Am I Goi	ng To Do Now?			
Recognising the role	of importance in goal s	etting			
SMART goal setting (	Specific, Measurable, A	chievable, Realistic, Time-Limited)			
Recognising the role	of confidence in goal se	tting			
				Score	/5

Assessment Comments

Meets 4 of the criteria ( $\checkmark$  or  $\thickapprox$ )

Facilitator Name:				Date:				
SESSION K: Que	stions and Future	Care (10 minutes)						
Start:		Finish:	Time taken:		 	~	or >	<
Review of questions								
Outstanding question	าร							
Ongoing care and su	ipport							
Closing and thanks								
					Scor	e		/4
Assessment Comme	ents							

Meets 3 of the criteria ( $\checkmark$  or  $\thickapprox$ )

## Part 3: Let's Prevent Diabetes Observational Tool (DOT)

#### Talk Time Tool - Must complete Session C or H plus one other from Sessions E, I or J

Facilitator Name	9:							Date:			
DOT assessm	ient										
Session:	Facilitator Talkin	g:		Participant t	alking:		Misce	ellaneous	:		
Totals:	Total A:			Total B:			Total	C.		 	
	(Total A)		÷ (Total A+B-		=	x 100 = Scol			%		
Session:	Facilitator Talkin	u.		Participant t		x 100 - 300		ellaneous			
		9.		1 artioipant t	uning.		moor	Jianoous	•		
Totals:	Total A:			Total B:			Total	C:			
	(Total A)		÷ (Total A+B-	+C)	=	x 100 = Scor	re:		%		
Session:	Facilitator Talkin	g:		Participant t	alking:		Misce	ellaneous	:		
Totals:	Total A:			Total B:			Total	C:			
	(Total A)		÷ (Total A+B-	+C)	]=	x 100 = Sco	re:		%		

Session Target	Facilitator Speaking Below:	Session Target	Facilitator Speaking Below:
C: Pre-diabetes and Glucose	72%	I: Food Choices: Focus on Foods	61%
E: Physical Activity	61%	J: Pre-diabetes Self Management Plan	55%
H: Complications and Long-Term Health	72%		

Part 4: QD Reflection Sheet - Virtual Delivery	Jelivery			Desr	Desmond
Self Reflection: Peer Review: Mentor Visit:	Quality Development:	Name of Module:	lule:		
STEP 1: Platform: e.g MS Teams	Course type: F1 F2 F3		No. of people with diabetes attending course:	ding course	
Eacilitator Name:	F1 Date:		F1 F2 F3		
	F2 Date:		No. of people accompanying those attending course:	se attendin	g course:
Completed by:	F3 Date:		F1 F2 F3		
Identify 3 things that went well (please give specific examples)	DAT/DOT Assessments Scores (if completed)	completed)			
	SESSION	Content Meets Score or <b>x</b>	TALK TIME SESSION	DOT Score	Meets Criteria
			Dot Session	%	
			Dot Session	%	
Identify 3 things that could be improved (please give specific examples)			Dot Session	%	
			Educator Core Behaviour	Score	Pass mark
					17
	Improver 0	Con	Competent 17	Accon	Accomplished 31
Issues highlighted/suggestions for improvement in relation to:					
Core Behaviours					
<ul> <li>Content</li> </ul>					

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Quality Development

QD Action Plan - Virtual Delivery	Virtual Delivery	"∎ Desmond
Self Reflection: Peer Review:	w: 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)
<ul> <li>Facilitates non-judgemental engagement of participants</li> </ul>		
Elicits and responds     to emotions/feelings		
Facilitates 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)
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)	
Talk-Time (DOT)		When will I review this plan?
		Date:
		Olality

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Quality Development Part 5: Core Behaviours Summary Sheet - Virtual Delivery

FACILITATES NON- JUDGEMENTAL ENGAGEMENT OF ALL PARTICIPANTS	ENTAL ENGAGEMENT OF A	ALL PARTICIPANTS	NTS			ELICITS AND RESPONDS	ELICITS AND RESPONDS TO EMOTIONS/FEELINGS
<ol> <li>Uses a range of open body language to support engagement of participants</li> </ol>	<ol> <li>Uses non-judgemental statements in response to what a participant says</li> </ol>	<ol> <li>Seeks answers (including right and wrong answers) from a number of participants before discussing further</li> </ol>	4.	Seeks clarification of participants contribution	5. Avoids giving their own opinion	<ol> <li>Prompts participants to express their feelings about what is being discussed.</li> </ol>	7. Acknowledges feelings
Ŧ	2	2		-	-	-	-
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 t is participant emotional response
FACILITATES REFLECTIVE LEARNING	EARNING						
8. Uses analogies	<ol> <li>Uses and refers to participants' relevant comments and quotes (generated in discussion)</li> </ol>	10. Encourages the group to discuss/answer their own questions	=	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)	<ul><li>13. Prompts participants</li><li>h to summarise their key</li><li>es, messages from the session</li></ul>	14. Prompts participant 'self-talk' about how the key messages from the session apply to them
1	1	2		-	t	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	fs Tends to summarise key messages	pes Does not ask participants to reflect on how the messages apply to them
REHAVIOLIRAL CHANGE PLANNING AND GOAL SETTING	ANNING AND GOAL SETTIN						
		- - - - -		:			•
15. Facilitates people to share their stories about attempts to manage their pre-diabetes and related health risks		<ol> <li>Prompts the participants to discuss a SMARI</li> </ol>	cuss a SMART goals/plans	17. Prompts partic choices on the	17. Prompts participants to review the impact of possible choices on their future health	<u>.</u>	<ol> <li>Prompts the individual or group to problem solve possible barriers to change (e.g. their desired changes or possible barriers to self-management)</li> </ol>
-		2			2		Ŧ
Avoids the use of participant stories	cipant stories	Avoids generating discussion about SMART goals/plans	about SMART goals/plans	Avoids generating	Avoids generating discussion about a range of options (or only prompts a single participant to do this)		Avoids active problem solving support
<b>OVERALL GROUP MANAGEMENT</b>	TENT						
19. Uses strategies to manage time within the session	20. Manages group to provide time and space to complete tasks	21.	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 gro	dn	23. Supports co-facilitator in delivery of sessions	24. Facilitates full participant verbal engagement in interactive tasks
			-				

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## Quality Development

Tends to facilitate interactive tasks with only a few participants

Does not support co-facilitator in delivery of sessions despite opportunities to do so

Avoids using opportunities to engage with quieter participants in the group

Tends to ignore issues within the group

Avoids managing group to allow time and space to complete tasks

Avoids using strategies to assist with

-

managing time

-

-

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-