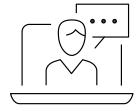
### Newly Diagnosed & Foundation

### 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 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.

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:  $yes(\checkmark)$  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 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.



### Quality Development Summary Sheet - Virtual Delivery



Summary	ery		Des	mond					
Facilitator Name:		Name of Modul	Name of Module:			Course Type: F1			
Assessor Name:		Self Reflection Peer Review Mentor Visit QD Assessment		Date: F1 F2 F3					
Platform (e.g. MS Teams):  Score Continuum  dentify 3 things that went well	No of people wi		F1	F2	F3				
		No of people ac those attending		F1	F2	F3			
Score Continuum			Competent 17			Accomplished 31			
Facilitator Name:  Assessor Name:  Platform (e.g. MS Teams):  Score Continuum		Core Behavio	ur Score						
		Facilitator Sc	ore	Pass Mark	Meets Criteria ✓ or 🗙				
					17				
			Session Conto	ent Score					
			Session	Score	Criteria	Meets Criteria ✓ or 🗙			
			A		3				
			В		6				
Identify 3 things that could be im	proved		C		10				
			D E		5 9				
			F		2				
Platform (e.g. MS Teams):  Score Continuum  Identify 3 things that went well  Identify 3 things that could be improved  Issues highlighted/suggestions for improvement in relation to:		G		3					
			Н		6				
			1		5				
			J		6				
			K		6				
Issues highlighted/suggestions fo	or improvement in relation to:		L		3				
			DOT Talk Time	e Score		I			
∟ core behaviours	Core behaviours		Session	DOT score	Target	Meets Criteria ✓ or ¥			

<72%

<61% <72%

<61% <55%

C

Ε

Н

J

☐ Content

 $\Box$  DOT

FACI	LITATES NON-JUDGEMENTAL ENGAGEMENT O	F ALL PARTIC	IPANTS	
	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			Tends to use more closed body language behaviours
		1	0	
2.	Uses non-judgemental statements in response to what participants say			Uses judgemental statements in response to what a participant says
		2	0	
3.	Seeks answers from a number of participants before discussing further			Accepts the first right answer and/ or immediately provides correct or up-to-date information
		2	0	
4.	Seeks clarification of participants' contributions	2	0	Rarely seeks clarification of participants' contributions
		1	0	
5.	Avoids giving their own opinion			Gives their own opinion
Asse	ssment Comments	1	0	Maximum Score Educator Score
				7

Educato	or Name:			Date:
ELICIT	S AND RESPONDS TO EMOTIONS/FEELINGS (EI	MPATHETIC	RESPONDI	NG)
	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	sment Comments			Maximum Score Educator Score

Educato	or Name:			Date:
FACILI	TATES 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 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			Does not ask participants to reflect on how their learning applies to them
Asses	sment Comments	2	0	Maximum Score Educator Score

Educato	lucator Name: Date:								
BEHAV	IOURAL CHANGE, PLANNING AND GOAL SETTI	NG							
	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			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)			Avoids 'active' problem solving support					
Asses	sment Comments	1	0						
Assess	sment Comments			Maximum Score 6					

Educato	or Name:			Date:
OVERA	LL GROUP MANAGEMENT			
	DESMOND behaviours	Tends to DESMOND	Tends to non- DESMOND	Non-DESMOND behaviours
19.	Uses strategies to manage time within the session			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 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 verbal engagement in interactive tasks	1	0	Tends to facilitate interactive tasks with only a few participants
Assess	sment Comments			Maximum Score Educator Score

Educator Name:				Date:			
SESSION A: Intro	duction and Housek	eeping (10 minutes)					
Start:		Finish:	Time taken:			<b>✓</b> or	×
Working together	virtually guidance						
Introduction to th	e day: Rationale for	DESMOND/style of DESMOND delivery	у				
Outline of the top	ics covered through	out the day					
Introduce the Par	ticipant Pack with s	pecific focus on the action plan					
					Score		/4
Assessment Com	nments						
			Meets 3 of t	the criteria	a ( <b>✓</b> or <b>X</b> )		

Educator Name.			Date.			
SESSION B: The Participant Story (30	0/40 minutes)					
Start:	Finish:	Time taken:		~	or >	K
Identifies individual participant storie	es by asking:					
How long do you believe you ha	ve had Type 2 diabetes?					
How did you find out you had Ty	rt: Finish: Time taken: ✓ or statisfies 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					
SSION B: The Participant Story (30/40 minutes)  art:  Finish:  Time taken:  ✓ or X  entifies 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?						
How do you manage/treat your	SSION B: The Participant Story (30/40 minutes)  Int:  Finish:  Time taken:  ✓ or ➤  Intifies 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?					
ESSION B: The Participant Story (30/40 minutes)  tart:    Finish:   Time taken:						
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?						
What is the key question you would like to leave the session with the answer to?  Score			/6			
		Meets all of	the criteria (✔ or 🗴	()		

Educator Name.			Date.	
SESSION C: Type 2 Diabetes and Gluc	cose (50 minutes)			
Start:	Finish:	Time taken:		✓ or X
What glucose is and that it is used by	the body for energy			
Glucose enters the cells by the action	n of insulin			
Glucose is stored in the liver				
Excess energy from food is stored as	fat			
What happens in Type 2 diabetes - in	sulin resistance			
What happens in Type 2 diabetes - be	eta cell failure			
High blood glucose levels can damag	ge blood vessels if not controlled			
Type 2 diabetes differs from Type 1 d	liabetes			
The impact of high blood glucose leve	els in relation to symptoms			
Treatment used to manage blood glu (food choices/weight/physical activit	cose levels and insulin resistance in T y/medication)	ype 2 diabetes		
The causes of Type 2 diabetes				
How to reduce blood glucose levels of	lay-to-day			
How to reduce blood glucose levels l	ong-term			
			Score	/13
Assessment Comments				
		Meets 10 of	the criteria (🗸 or 🗙)	

Educator Name:				Date:			
SESSION D: Monito	oring Type 2 Diabe	tes (25/30 minutes)					
Start:		Finish:	Time taken:			✓ or X	
Long-term glucos	e control is measur	red using glycosylated haemoglobin (I	HbA1c)				
Current recommen	nded targets for Hb	A1c					
How HbA1c differs from self-monitoring							
Introduction to My	Health Profile						
Target levels for u	ırine and blood test	s					
The purpose of glu	ucose self-monitori	ng					
How the individua	l can interpret and	act on the results					
					Score	/:	7
			Meets 5 of t	the criteria	( <b>✓</b> or <b>X</b> )		_

Educator Name:				Date:			
SESSION E: Food	I and Glucose Contro	ol (45 minutes)					
Start:		Finish:	Time taken:			<b>✓</b> or	×
Short-term effec	ts on blood glucose:						
<ul> <li>Carbohy</li> </ul>	drate foods affect b	lood glucose levels					
• Identifyi	ng carbohydrates						
<ul> <li>Varying</li> </ul>	glycaemic effect of f	foods					
Factors	which affect the gly	caemic effect of food					
• Identifyi	ng which foods adve	ersely affect blood glucose levels					
<ul> <li>Food lab</li> </ul>	els and their limitat	ions in relation to carbohydrates					
Long-term effect	ts on blood glucose:						
• Insulin r	esistance is linked t	o central obesity					
The cond	cept of energy balan	ce					
• A small,	sustained energy d	eficit will lead to slow, steady weight l	oss				
Weight r	nanagement may re	sult in remission of Type 2 Diabetes					
Fat and a	alcohol are the mos	t concentrated sources of calories fror	n our food choices	i			
All types	s of fat are high in ca	alories					
				S	core		/12
Assessment Con	nments						
			Meets 9 of t	he criteria (🗸 o	or <b>X</b> )		

Educator Name:					Date:			
SESSION F: Refle	ections So Far: Part	One/Two (5 minute	s)					
Start:		Finish:		Time taken:			<b>✓</b> or	K
Reflection on the	key points discusse	ed by participants th	nrough the course :	so far				
Understand the f	eelings within the g	roup regarding thei	r Type 2 diabetes					
Introduce the con	ntent of Part 2/3 of t	he course						
						Score		/3
Assessment Com	ıments							
				Meets 2 of t	he criteria	( <b>✓</b> or <b>X</b> )		

Educator Name:					Date:		
SESSION G: Refle	ections So Far: Part	Two/Three. (10 min	utes)				
Start:		Finish:		Time taken:			<b>✓</b> or <b>×</b>
Introduce the con	ntent of Part 2/Part	3					
Reflection upon v	what participants ha	ave learned and exp	erienced so far				
Identify any addit	tional questions fro	m participants					
						Score	/
Assessment Com	nments						
				Meets all of t	he criteria	( <b>✓</b> or <b>X</b> )	

Educator Name:					Date:				
SESSION H: Long	-Term Effects of Ty	pe 2 Diabetes (50/60	) minutes)						
Start:		Finish:		Time taken:			•	<b>∕</b> or <b>&gt;</b>	<
Identification of p	ossible long-term (	effects of Type 2 diab	etes						
How complication	ns are caused (dam	age to large blood ve	ssels/small blood	d vessels/nerves)					
	isk factors for the o w mood and depres	evelopment of comp sion)	lications (choleste	erol/BP/smoking/	above-noi	rmal			
National recomm	ended targets for e	ach risk factor (total	cholesterol/LDL/	HDL/BP)					
Ways in which ea	ch risk factor can b	e modified (cholester	rol/ BP/smoking/l	ow mood and dep	ression/C\	/D risk	:)		
Relationship betv	veen low mood/dep	ression and Type 2 d	liabetes						
Content and value	e of the annual revie	w in identifying the ri	sk and early signs	of complications	(eyes/kidr	ieys/fe	eet)		
Completion of the	e personal health pr	ofile							
						Sc	core		/8
				Meets 6 of t	he criteria	a ( <b>~</b> OI	r <b>X</b> )		

Educator Name:				Date:		
SESSION I: Physic	cal Activity (30 minu	utes)				
Start:		Finish:	Time taken:			✓ or X
The benefits of ph	ysical activity for h	ealth and reducing risk factors for co	mplications			
The current nation	nal recommendatio	ns for activity levels				
Locally available r	resources for increa	asing activity (exercise on prescription	n, health walks, et	:c.)		
Options for building	ng up activity levels	in terms of time and intensity				
Ways of monitorin	ng activity levels					
Identification of ba	arriers to physical a	activity				
Identification of op	ptions to overcome	barriers to physical activity				
					Score	/7
			Meets 5 of t	the criteria	( <b>✓</b> or <b>X</b> )	

Educator Name.			Date.	
SESSION J: Food and Health (40 min	utes)			
Start:	Finish	Time taken:		<b>✓</b> or <b>×</b>
How fat affects the risk of cardiovaso	cular disease and weight			
Identification of the different types o	f fat			
Where the different types of fat are f	ound			
Benefits of eating five portions of fru	it and vegetables a day			
How to reduce fat intake				
Use of the Food Continuum to look at blood glucose level, blood pressure, l	how to balance food intake in relation t ipids, weight and insulin resistance	o: benefit/risk to I	neart health,	
How to adapt the frequency, amount	and/or type of a food to have a positiv	e health effect		
			Score	/7
Assessment Comments				
		Meets 6 of	the criteria (🗸 or 🗶)	

Educator Name:				Date:	
SESSION K: Type	2 Diabetes Self-Ma	nagement Plan (30 minutes)			
Start:		Finish:	Time taken:		<b>✓</b> or <b>X</b>
Personal factors (	using My Health Pro	file			
How to use What	Am I Going To Do No	ow? to support behaviour change			
SMART (Specific,	Measurable, Actions	s, Realistic, Timely) goal setting			
Rating how impor	rtant making the cha	ange is to the individual			
Rating an individu	ual's confidence in n	naking a planned change			
Identification of po	ersonal barriers to	change			
Identification of h	ow to overcome the	se barriers			
				Sco	ore /7
			Meets 6 of	the criteria (✔ or	<b>x</b> )

Educator Name:					Date:			
SESSION L: Ques	tions and Future Ca	re (10 minutes)						
Start:		Finish:		Time taken:			<b>✓</b> or	×
Review key quest	ions							
An answer is prov	vided to all question	ns or a means to provide	an answer is	established				
How to access on	going care and supp	port						
Provision of a 1:1	discussion for part	icipants is available, if re	equired					
						Score		/4
Assessment Com	iments							
				Meets 3 of t	he criteria	( <b>✓</b> or <b>X</b> )		

### 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 Nam	ne:						Date:				
DOT assessr	nent										
Session:	Educator talking:		Participan	t talking:		Misce	ellaneous	5:			
Totals:	Total A:		Total B:			Total	C:				
	(Total A)	÷ (Total A+	B+C)	=	x 100 = Sco	ore:		%			
Session:	Educator talking:		Participan	t talking:		Misce	ellaneous	5:			
Totals:	Total A:		Total B:			Total	C:				
	(Total A)	÷ (Total A+	B+C)	=	x 100 = Sco	ore:		%			
Session:	Educator talking:		Participan	t talking:		Misce	ellaneous	5:			
Totals:	Total A:		Total B:		1	Total	C:				
	(Total A)	÷ (Total A+		=	x 100 = Sc	ore:		%			
Session Targ	jet		Educator Speaking Below:	Session Tar	get				Sį	ducato peakin Below:	ng
C: Type 2 Dia	betes and Glucose		72%	J: Food and	Health				 <u> </u>	61%	
E: Food and G	Glucose Control		61%	K: Type 2 Di	abetes Self-N	Manag	ement Pl	an	ļ.,	55%	·
H: Long-Tern	n Effects of Type 2 Diabe	tes	72%								



## Part 4: QD Reflection Sheet - Virtual Delivery

Self Reflection:	Peer Review:	Mentor Visit:	Quality Development:	Name of Module:	dule:			
STEP 1: Platform e.g MS Teams:	Teams:		Course type:		No. of people with diabetes attending course:	ibetes atte	nding cou	ırse:
Educator Name:			F1 Date:		F1 F2	F3		
Completed by:			F2 Date:	2	No. of people accompanying those attending course:	nying those	attending	g course:
			F3 Date:		F1 F2	F3		
Identify 3 things that we	Identify 3 things that went well (please give specific examples):	:(Se	DAT/DOT Assessments Scores (if completed)	ores (if complete	(þa			
			SESSION	Content Criteria Score	TALK TIME SESSION		DOT Score	Meets Criteria or <b>X</b>
					Dot Session		%	
					Dot Session		%	
Identify 3 things that co	Identify 3 things that could be improved (please give specific examples):	c examples):			Dot Session		%	
					Educator Core Behav- iour	ehav-	Score	Pass mark
								17
			Improver 0	Competent 17	etent 17	-	Accomplished 31	olished 31
Issues highlighted/sugg	Issues highlighted/suggestions for improvement in relation to:	. to:						
Core Behaviours								
☐ Content								
□ рот								
				Please tu	Please turn over to complete Educator Action Plan 🦰	te Educato	· Action F	Jan 🕇

NDF 20 - Reflection Action Plan - Virtual Delivery v1.1 04/05/2021

Version 3.1 QD Assessment Tools - Virtual (20/01) ©The DESMOND Collaborative 2021



### Part 4: QD Action Plan - Virtual Delivery

Desmond

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		
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:

NDF 20 - Reflection Action Plan - Virtual Delivery v1.1 04/05/2021

# Part 5: Educator Core Behaviours Summary Sheet - Virtual Delivery



FACILITATES NON-JUDGEMENTAL ENGAGEMENT OF ALL PARTICIPANTS	AL ENGAGEMENT OF ALL PART	ICIPANTS			ELICITS AND RESPONDS TO EMOTIONS/FEELINGS	AOTIONS/FEELINGS
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
_	2	2	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

FACILITATES REFLECTIVE LEARNING	E LEARNING					
8. Uses analogies	9. Uses and refers to participants' 10. Encourages the group relevant comments/quotes to discuss/answer additional information (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		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	ING		
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
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

NDF QD Behaviour Summary Sheet - Virtual Delivery v1.1 04/05/21

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