NQC Training-of-Trainers Guide

Facilitator Manual to Train HIV Providers on Quality Management

New York State Department of Health AIDS Institute
Health Resources and Services Administration HIV/AIDS Bureau

NATIONAL QUALITY CENTER

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Developed by the
New York State Department of Health
AIDS Institute
National Quality Center

For the
U.S. Department of Health and Human Services
Health Resources and Services Administration
HIV/AIDS Bureau

January 2007

New York State Department of Health AIDS Institute

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Letter from the National Quality Center

The National Quality Center is excited to offer you the Training-of-Trainers Program. This Program is a direct response to feedback we received from grantees as to the need for increased training and education opportunities about quality management.

Since 2000, quality management has emerged as a focus of the Ryan White Program. Grantees funded through this act are required to develop, implement and monitor quality management programs to ensure that providers adhere to established HIV clinical practices and that their quality improvement strategies lead to ensuring that people with HIV/AIDS receive appropriate health care.

The mission of quality management is complex. It requires an understanding of the causal mechanisms contained in systems, continuous collection of data, attention to the desires and motivations of all parties involved (staff, consumers, funders), linking processes to desired outcomes and an ability to keep one's eye on the overarching goal: improvement of care. Its interdisciplinary nature requires a team approach, which in busy clinics with limited resources seems like an impossible task, particularly when knowledge and experience in quality management are often limited.

Increasing the amount of knowledge about quality is an essential task, and depends on the energy of those in the field who have this experience to teach it to others. Those with expertise face a challenge of their own: teaching others. For this reason, we have designed a program to teach you, someone with invaluable, in-the-field experience that other grantees would benefit from, how to best train others. Through the NQC Training-of-Trainers Program, you will gain an understanding of how to present your information and engage your audience. Gaining these skills will not only improve your training ability, but we believe it will also increase your satisfaction in your work and inspire you to improve your own work in the quality management field.

We encourage you to become an active paricipant in the NQC Training-of-Trainers Program. As you read through the Guide, note your suggestions for changes and pass them on to us. The Program will be refined over time, utilizing the experience and expertise of our participants. We appreciate your time and your efforts to improve the quality of care that people living with HIV/AIDS receive and your interest in the TOT Program.

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Introduction

Overview of the NQC TOT Program

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was enacted by Congress in 1990 to address the need to reduce the unmet health needs of persons living with HIV/AIDS. Often referred to as the "payor of last resort," it provides primary health care and support services to those who cannot access them on their own or through other social programs.

Ten years after its inception, Congress reauthorized the Act and added an emphasis on quality. It was evident that there was a need for quality management activities and capacity building of HIV services nationwide. The Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention sponsored an investigation by the Institute of Medicine to examine how various aspects of RWCA administration that impact funding allocations, program planning, and efforts to improve access to care and the quality of service received by people living with HIV/AIDS.

The report, *"Measuring What Matters: Allocation, Planning, and Quality Assessment for the Ryan White CARE Act"*, was released in 2003. It recognized HRSA HIV/AIDS Bureau's efforts in the area of quality management, and noted that Ryan White Program-funded agencies in some ways were more sophisticated than general medical facilities in their approach to quality management. However, it went on to state that more could be done to measure and improve the quality of care provided by Ryan White Program grantees. While noting that quality management programs have

been developed and that many providers are assessing their attempts to improve care, the report recommended that more effort should be made to assess the level of patient satisfaction with the care they receive and to measure quality at a broader population level.

With these goals is mind, the Health Resources and Services Administration HIV/AIDS Bureau created the National Quality Center (NQC) in 2004. Ryan White Program grantees received quality mandates to fulfill, and Congress' expectation was that there would be technical assistance provided to help them meet these requirements. The National Quality Center has emerged as a source of innovation, leadership and support in quality improvement for these grantees and in HIV care nationwide.

In 2006, Congress reauthorized the Ryan White legislation while significantly changing the funding structure and the Program's nomenclature. Among the most significant changes are the way funds are distributed, an increased emphasis on core medical services and the addition of Transitional Eligible Metropolitan Areas. While the changes in the legislation have yet to be fully operationalized, there continues to be the same focus and emphasis on clinical quality improvement. Congress re-titled the act as "Ryan White HIV/AIDS Treatment Modernization Act of 2006," and re-named its programs, formerly known as "Titles I-IV," to "Parts A-D."

Through our experience, we have learned that grantees face many challenges in developing quality management programs, including unfamiliarity with quality improvement concepts, lack of staff resources and organizational barriers. The NQC Training-of-Trainers (TOT) Program will impart participating grantees information that will enhance their own expertise in quality management and the skills needed to work as trainers for other HIV providers.

It is clear that simply knowing quality management well is not sufficient for being able to teach it well. While the TOT Program covers some information on quality management, it is truly designed for those with a strong experiential background in this field. It seeks to give participants exposure to adult learning theories and available training resources that will help them plan engaging and effective workshops, while enriching their work by linking them with quality improvement experts and peers facing similar challenges.

Designed with the demands of the clinic in mind, a significant portion of the TOT Program has been organized into "pre-work," a format that allows participants the flexibility to determine when they do the work. It includes online learning, readings other available quality publications, and several conference calls, amounting to approximately ten hours in total. It is our hope that the pre-work will sufficiently level out the knowledge that participants bring to the face-to-face meeting to increase the depth and utility of the session.

The 3-day face-to-face TOT Session is extremely rigorous; again, we realize that many agencies have extremely limited resources and cannot afford to have valuable employees miss work, so we've packed the information into the shortest timeframe possible. Each TOT Session is composed of engaging activities that draw on participants' experiences and directly relate to their goals.

As the purpose of the TOT Program is capacity building, NQC expects participants to lead at least three trainings within 120 days of completing the Session. Many of the activities included in the Session involve planning and developing your own training opportunities. Furthermore, the TOT Program aims to create a network between individuals working in quality management in Ryan White Program-funded environments. Participants have the opportunity to network extensively and draw on the knowledge of a larger body of experience through their participation in the Program.

It is our hope that the materials provided in this Guide provide you with a conceptual framework of how to conduct quality improvement trainings effectively and comfortably.

Program Goals

The overarching goals of the TOT Program include:

- Enlarge the pool of qualified trainers on quality improvement in HIV care across the country
- Further spread of quality management concepts by increasing the number of training opportunities for Ryan White grantees
- Increase the ability of NQC to refer requests for quality improvement training to regional TOT trainers
- Build capacity in Ryan White-funded programs on quality management

Participants in the TOT Program will achieve the following goals:

- An increased confidence in facilitating quality improvement related training opportunities in HIV care environments
- An increased mastery of quality improvement principles and their application in HIV care
- Understanding and mastery of adult learning theories and how to best design training workshops on quality improvement and quality management
- Exposure to a number of quality improvement experts with practical knowledge and experience in applying quality improvement principles to health care
- Clear understanding of TOT Program expectations and planning of post TOT action steps based on acquired training knowledge and skills

Guide Use

This Guide is designed as a tool for those who participate in the TOT Program and are designing trainings on quality improvement in HIV care. It contains information on quality improvement resources, adult learning theories, and interactive exercises.

Acknowledgments

The National Quality Center gratefully acknowledges the help of the following individuals for their efforts in developing and shaping this Guide and Program: Jeffrey Hanan and Malcolm Jeffris from Howick Associates, Barbara Boushon, Virginia Crowe, Kathleen Clanon, and Maria May.

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The National Quality Center developed this TOT Guide and encourages you to use these resources to teach others. If you choose to distribute them or use them in presentations, please maintain the citation of the original source or use the following citation:

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Frequently Asked Questions

What is the National Quality Center?

The National Quality Center (NQC) provides state-of-the-art technical assistance on quality management and quality improvement to Ryan White Program grantees in order to nationally advance the quality of care and services for all people living with HIV/AIDS. he NQC is funded through a cooperative agreement with the HRSA HIV/AIDS Bureau and managed by the New York State Department of Health AIDS Institute.

Why has the NQC developed this Program?

Since its inception, NQC has recognized the need to expand the pool of trainers available to provide quality assistance to grantees of all Parts in helping them meet the requirements of the Ryan White Program. In the 2005 NQC needs assessment, grantees of all Parts articulated the need for assistance that reflects their diverse and unique organizational dynamics, including assistance with refining organizational assessment plans and staff training opportunities on organizational assessment. These grantees recommended that NQC should support local implementation of the quality improvement and management topics covered during the trainings through a formal TOT Program.

The overarching goals of the TOT Program include:
• Enlarge the pool of qualified trainers on quality improvement in HIV care across the country
• Further spread quality management concepts by increasing the number of training opportunities for Ryan White grantees
• Increase the ability of NQC to refer requests for QI training to regional TOT trainers
• Build capacity in Ryan White funded programs on quality improvements

Who should participate in this TOT Program?

The TOT Program is designed for those individuals who are recipients of Ryan White Program funds and are interested in improving HIV care. The TOT's design requires that participants have a fundamental knowledge of quality principles and some familiarity with the HRSA HAB quality mandate. Also, successful applicants will usually have some successful prior training experience and have interest in training and supporting other HIV care providers in their region in understanding and implementing quality improvement practices.

How is the TOT Program structured?

Nomination Process — all individuals interested in participating in the TOT Program must fill out an application that covers their motivation for applying, quality management experience, and prior training experience. The application also includes a self-assessment of relevant skills used to allow the faculty to customize the Program to the needs of the participants. Applicants must also have their manager or supervisor sign a contract that they will support the applicant's participation in the Program as well as the required trainings that follow.

Pre-work — before the face-to-face Session, participants are asked to complete some work on their own to enhance their understanding of quality management. In addition, they are asked to participate in several conference calls. The work amounts to approximately ten hours in total.

Face-to-face Session — the Program culminates in a 3-day intensive meeting of TOT participants and TOT faculty; it is filled with interactive presentations on quality management topics and advice on how to conduct effective trainings.

Post-Session — After the successful completion of the TOT Session, TOT trainers are expected to conduct a minimum of three QI trainings within 120 days and routinely report to NQC about the frequency of trainings, training participants and evaluation results. NQC will engage TOT trainers in routine conference/Webex calls to provide further support and content updates. A dedicated website and listserv will enhance peer learning.

What is the time commitment to participate in this Program and related follow-up activities?

The time associated with this Program is estimated at a minimum of 40 hours. This includes about 10 hours of pre-work, to be completed before the face-to-face Session. Pre-work activities include 3 one-hour conference calls, completion of online training modules, and reading assigned publications on relevant materials. The 3-day face-to-face Session itself is about 16-20 hours of training, though may require up to four days, including travel time. Upon completing the Program, participants are required to lead 3 trainings within 120 days and follow up with NQC after each.

How do I enroll in the TOT Program?

For each TOT Session, the NQC will enroll between 30-50 participants in the TOT Program. Those who successfully complete this full course will receive a Training Certificate from NQC.

Those who wish to enroll in the TOT Program need to complete the registration request form available from NQC at www.NationalQualityCenter.org. NQC will screen nominations for their potential to provide training on quality improvement and to ensure appropriate geographic and Part-specific representation, and notify those chosen to participate. If enrollment is oversubscribed, additional applicants will be placed on a waiting list in case of cancellations.

What are the expectations for TOT participants?

To make the best use of your investment in the learning experience, TOT trainers are expected to plan, prepare and conduct 3 learning experiences within 120 days of completing the TOT Session. In addition, NQC expects to

- Participate in post-TOT workshop feedback
- Routine reporting of training activities to NQC
- Routine participation in routine TOT sharing activities (listserv, website, conference/Webex calls)

Where can I get more information about the TOT Program?

For more information, please contact the National Quality Center:

National Quality Center
New York State Department of Health
90 Church Street, 13fl
New York, NY 10007-2919
Work: 212.417.4730
Fax: 212.417.4684
Email: info@nationalqualitycenter.org

Pre-Work

Pre-Work

Purpose

During the nomination process all potential TOT participants are asked to complete a screening tool to assess their quality improvement knowledge, prior quality training experience, ability to conduct quality related training workshops and relevant demographic information.

After NQC screens all nominations, TOT candidates are informed about their participation and asked to complete a pre-work package. This TOT pre-work includes completion of key Online Academy Tutorials, participation in pre-TOT conference calls and webinar sessions to review TOT learning objectives, meeting logistics and completion of provided planning tools. This section of the TOT Guide outlines all expectations and necessary documents to successfully participate in this Program.

Timetable

Pre-work activities are divided into three major stages, and occur at approximately 45 days, 30 days, and 10 days prior to the TOT Session. In each stage there are a variety of activities including participation in pre-TOT conference calls, reading materials, participating in on-line Tutorials, and completion of learning activities and other assignments. Particpants have already completed a pre-program skills assessment that provides information on the level and experience you have with quality improvement principles and activities.

TOT Pre-Work Study Guide

WHEN?	WHAT?	HOW LONG?
45 days before the TOT Session Objective: - Establish connection with TOT faculty and other participants - Gain understanding of key QI concepts - Assess your HIV-specific Quality Management Program	Kick-off conference call with TOT faculty and all participants	60 minutes
	Complete specified Quality Academy Tutorials	60 minutes
	Read selected pages in the HIVQUAL Workbook: Guide for Quality Improvement in HIV Care	30 minutes
	Complete the provided Quality Management Program Assessment Tool to evaluate your HIV-specific QM Program	60 minutes
		Total: 2.75 hours
30 days before the TOT Session Objective: - Integrate adult learning principles - Gain understanding of key QI concepts - Gain awareness and understanding sample of the NQC Game Guide	Participate in the conference call on adult learning	90 minutes
	Complete specified Quality Academy Tutorials	60 minutes
	Read specified game activity from the NQC Game Guide and facilitate this activity with a small group (children, co-workers, etc.)	45 minutes
		Total: 2.75 hours
10 days before the TOT Session Objective: - Become familiar with key quality improvement resources - Gain understanding of key QI concepts - Confirm participation, location, logistics and start times for the TOT Session	Conference call with TOT faculty with final logistics instructions, review of TOT agenda and assignment of participant mini-presentations	60 minutes
	Read selected pages in the HIVQUAL Group Learning Guide: Interactive Quality Improvement Exercises for HIV Health Care Providers	30 minutes
	Complete specified Quality Academy Tutorials	30 minutes
	Complete the NQC Individual Training Planning Form in preparation for TOT Session	30 minutes
		Total: 2.75 hours

Total Estimated Time for Pre-Work: 8-10 hours

Pre-work Conference Call 1 Agenda

WHEN?	WHAT?
Call length: 60 min	Call participants: faculty, NQC staff, and participants in the upcoming Session 1. Opening Comments and Welcome 2. Agenda Overview 3. Introductions of Faculty and Participants 4. Highlight TOT Objectives 5. Review Pre-work Assignments 6. Reinforce Program Logistics 7. Q&A 8. Wrap up/Conclusion

Pre-Work Conference Call I – Facilitator Notes

Length of Conference Call:

60 min

Materials Needed:

Pre-work conference call I agenda; contact list of participants; TOT objectives; TOT Pre-work study guide

Overview of Activity – 60 min

- Opening Comments and Welcome
- Agenda Overview
- Introductions of Faculty and Participants
- Highlight TOT Objectives
- Review Pre-work Assignments
- Reinforce Program Logistics
- Q&A
- Wrap up/Conclusion

Purpose and Key Lessons Learned:

- Familiarize the participants with TOT objectives and fellow participants
- Introduce and clarify Pre-work assignments and TOT logistics
- Respond to participants' questions

Detailed Instructions:

Opening Comments and Welcome

1. Project an enthusiastic and warm welcome to paticipants as they sign onto the conference call; let paticipants know that the call moderator will facilitate a self-introduction by all participants after everyone has joined in and has reviewed the objectives and agenda for the call; explain you will briefly introduce the faculty and welcome latecomers as they join in

Agenda Overview

2. Thank participants for joining the first of three TOT Pre-work calls; briefly review the purpose and goals of the call
3. Quickly review the agenda for this call

Introductions of Faculty and Participants

4. Introduce call facilitator and other faculty or support persons involved in the TOT Program; explain each role throughout the TOT process
5. Facilitate participant self introductions; stress to quickly state the participant's name and organization; monitor time appropriately

Highlight TOT Objectives

6. Review overall TOT Program objectives as stated in the TOT Guide; highlight their role in making this a successful experience and emphasize peer learning opportunities

Review Pre-work Assignments

7. Confirm that participants have received the Program Pre-work information; walk through the general pre-work responsibilities

8. Introduce and clarify the specific assignments at the 45 day mark

Reinforce Program Logistics

9. Clarify any meeting logistics, such as meeting location and times; lodging and travel arrangements

10. Mention appropriate contact persons for several (self, other faculty, or NQC staff if agreed upon) if participants have questions or concerns

11. Remind participants about the dates for webinar on Adult Learning and the final Pre-work call.

Wrap Up

12. Ask participants if they have any remaining questions

13. Thank participants for their time

Pre-work Conference Call II Agenda

WHEN?	WHAT?
Call length: 90 minutes	Call participants: faculty, NQC staff, and participants in the upcoming Session
	1. Opening Comments and Welcome
	2. Agenda Overview
	3. Introductions of Faculty and Participants
	4. Adult-learning Presentation
	5. Wrap-up & Conclusion

Pre-Work Conference Call II — Facilitator Notes

Length of Conference Call:

90 min

Materials Needed:

Pre-work conference call II agenda; contact list of participants; presentation slides (Pre-work Adult-Learning Presentation); Pre-work study guide; assigned readings

Overview of Activity — 90 min

- Opening Comments and Welcome
- Agenda Overview
- Faculty and Participant Introductions
- Adult-learning Presentation
- Wrap-up & Conclusion

Purpose and Key Lessons Learned:

- Familiarize participants with the basic principles of adult learning and how these principles relate to designing learning experiences
- Increase participant confidence in designing learning experiences

Detailed Instructions:

Opening Comments and Welcome

1. Welcome participants as they sign onto the conference call; let participants know that the call moderator will facilitate a self-introduction by all participants after everyone has joined in and has reviewed the objectives and agenda for the call

Agenda Overview

2. Thank participants for joining call; briefly review the purpose and goals of the call
3. Quickly review the agenda for this call

Introductions of Faculty and Participants

4. Introduce call facilitator and other faculty or support persons
5. Facilitate participant self introductions; have each person say their name and organization

Adult-learning Presentation

6. Present on PowerPoint slides "Pre-work Adult-learning Presentation," following the detailed notes provided in the presentation
7. When finished, respond to any questions that participants raise

Wrap-up & Conclusion

8. Go over remaining homework assignments
9. Mention appropriate contact persons for several (self, other faculty, or NQC staff if agreed upon) if participants have questions or concerns
10. Remind participants about the dates for final Pre-work call
11. Thank participants for their time

Pre-Work Conference Call III Agenda

WHEN?	WHAT?
Call length: 60 min	Call participants: faculty, NQC staff, and participants in the upcoming Session 1. Welcome and Opening Comments 2. Logistics Review for the Session 3. Review of Pre-work Assignments 4. Final Preparation for the TOT Session

Pre-Work Conference Call III – Facilitator Notes

Length of Conference Call:
60 min

Materials Needed:
Pre-work conference call III agenda; contact list of partici-pants; TOT objectives; TOT Pre-work study guide

Overview of Activity – 60 min
- Welcome and Opening Comments
- Logistics Review for the Session
- Review of Pre-work Assignments
- Final Preparation for the TOT Session

Purpose and Key Lessons Learned:
- Prepare participants for the face-to-face Session in the upcoming week
- Facilitate understanding of pre-work assignments
- Clarify any last-minute meeting logistical issues
- Allow for question and answer with faculty and NQC staff

Detailed Instructions:
Welcome and Opening Comments
1. Welcome participants to the conference call and thank them for their time
2. Introduce yourself and have participants introduce themselves as they join
3. Review the agenda for the call
Logistics Review for the Session
4. Confirm program start and end times, hotel or facility address and logistics, emphasizing the need for partici-pants to be there the full time
5. Answer any questions about reimbursement, transporta-tion, etc.
Review of Pre-work Assignments
6. Review homework assignments (See TOT Pre-work Study Guide)
Final Preparation for the TOT Session
7. Review post-TOT expectations
8. Ask participants to think of a personal story about how quality improvement has improved HIV care; they will be asked to share this story with another participant dur-ing introductions at the session
9. Solicit volunteers for presenting and co-facilitating (see Notes below)
10. Ask participants if they have any remaining questions regarding the TOT Session
11. Wish everyone a safe trip and bring the call to a close

Notes:
- Module 7: Interactive QI Activities – three volunteers are needed to present on NQC QI resources
- Module 10: Mini-presentations: Five Minutes of Fame – four participants will make presentations about their own quality management and training experiences to the group
- Module 16: QI Safari – seven participants are needed to make presentations on QI resources
- Module 18: Win as Much as You Can – one volunteer is needed to co-facilitate the activity with the faculty
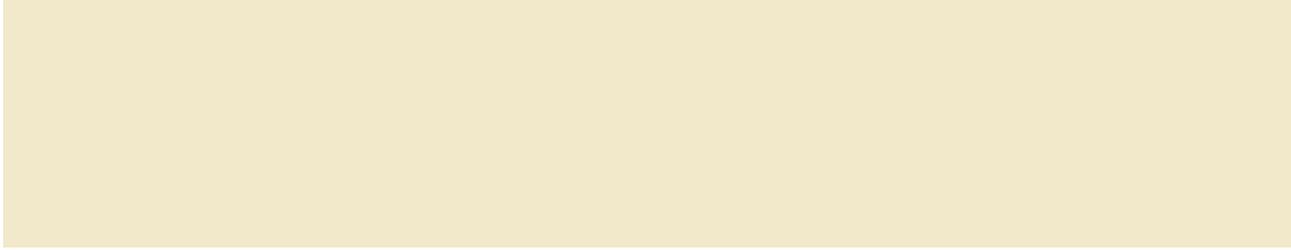
Adult Learning Guide

Learning Objectives

The learning objective are:

- Understand basic principles of adult learning
- Understand how these principles relate to designing learning experiences
- Increase participants' confidence in designing learning experiences

Framing Question

Why would learning how to design and facilitate learning experiences be important for...

You?

_____

_____

_____

Your organization?

_____

_____

_____

Patients served by your organization?

_____

_____

_____

Discussion Starters

Describe the most positive learning experience in workshop settings you have had in the last five (5) years.

_____

_____

_____

What aspects of training others will be the most difficult for you?

_____

_____

_____

Learning Defined...

" A Change in Behavior Due to Experience or Continued Practice."

Learning = Change
- Learning is adaptation to the environment, allowing survival
- Humans have a huge capacity for learning
- The ability to learn varies by individual
- Your job is to facilitate change through learning for individuals

Foundation for Learning
- Ability: Innate, and differs by individual
- Prior Knowledge: differs by individual
- Motivation: differs and can be influenced and impacted by:
  - Perceived value
  - Confidence in our ability
  - Mood when we are learning

Contemporary Historical Roots of Adult Learning

Since the 1970s, adult learning theory has offered a framework for educators and trainers whose job it is to train adults. Malcolm S. Knowles (1973) was among the first proponents of this approach. In his book, *"The Adult Learner: A Neglected Species,"* he resurrected the word "andragogy"

a term popular in German education circles in the early 1800s, and used it to label his attempt to create a unified theory of adult learning. Knowles' contentions were based on four assumptions:

1. As individuals mature, they tend to prefer self-direction. The role of the instructor is to engage in a process of inquiry, analysis, and decision-making with adult learners, rather than to transmit knowledge.
2. Adults' experiences are a rich resource for learning. Active participation in planned experiences—such as discussions or problem solving exercises, an analysis of those experiences, and their application to work or life situations—should be the core methodology for training adults. Adults learn and retain information more easily if they can relate it to their reservoir of past experiences.
3. Adults are aware of specific learning needs generated by real-life events such as marriage, divorce, parenting, taking a new job, losing a job, and so on. Adult learners' needs and interests are the starting points and serve as guideposts for training activities.
4. Adults are competency-based learners, meaning that they want to learn a skill or acquire knowledge that they can apply pragmatically to their immediate circumstances. Life or work-related situations present a more appropriate framework for adult learning than academic or theoretical approaches.

Adult Learning Theory

Adults are people who:

1. have a good deal of firsthand experience
2. have relatively large bodies subject to gravitation
3. have set habits
4. have pride
5. have very tangible things to lose
6. have developed an opinion about authority
7. have decisions to make and problems to solve
8. have a great many preoccupation's outside a learning situation
9. have many options
10. have developed group behaviors consistent with their needs
11. have established emotional frameworks
12. have developed selective stimuli filters
13. respond to reinforcements
14. need a vacation
15. are supposed to appear in control
16. have strong feelings about learning situations
17. are secretly afraid of falling behind and being replaced
18. can skip certain basics
19. more than once find the foundations of their lives stripped away
20. can change
21. have a past
22. have ideas to contribute

Therefore...

I Learn Best When...

COLUMN A	COLUMN B
• Someone who knows something I don't explains and describes it to me.	• I dialogue and discuss with someone who knows something I don't.
• I observe a demostration.	• I get involved and try things out during a demonstration.
• I attend lectures in which an instructor presents information to me.	• I attend a session in which an instructor engages me in a two-way interaction.
• I see what's in it for the organization.	• I see what's in it for me.
• There is a lot of detailed content.	• There is minimal and meaningful content.
• What is presented to me is organized according to the logic of the content.	• What is presented to me is organized according to the logic of how I learn.
• I am shown how things are done.	• I get to try things for myself.
• I attend long learning sessions.	• I attend short learning sessions.
• I am in a formal instructional setting.	• I am in an informal work and learning setting.
• I am told how things work.	• I experience how things work.

Source: Telling Ain't Training, ASTD, Harold Stolovitch, Erica Keeps, 2006

Assumptions, Conclusions, and Applications of Adult Learning

ASSUMPTIONS	CONCLUSIONS	APPLICATIONS
1. Adults enter a learning activity with an image of themselves as self-directing, responsible grown-ups, not as immature, dependent learners.	Adults resist situations in which they are not treated with respect.	If adults help to identify their needs, plan, conduct, and evaluate their own learning experiences, they will learn more than if they are passive recipients.
2. Adults enter a learning activity with more experience than younger individuals.	Adults have more to contribute to the learning activity and have a broader basis of experience to relate to new learning.	Methods which build on and make use of the experience of learners will produce the greatest learning.
3. Adults enter a learning activity with more intention to apply learning to life problems than do those who are younger.	Adults prefer practical results from learning.	Learning experiences focused on life problems are perceived by adults as being more relevant than those organized around subject topics.
4. An adult's "readiness" to learn is based on their role in society (e.g., parent, spouse, worker).	The content of what an adult learns and the most "teachable moments" are determined by an adult's needs and interests. Adult needs and interests change along with the change in their social roles.	Determine adult needs and interests and then develop content for learning. Schedule what is learned according to when it is most needed.
5. Adults learn, although the speed of learning changes as adulthood progresses; conceptual learning changes as adulthood progresses.	Adults decline physically, may decline in auditory and visual acuity; increase ease of conceptual learning, depth and speed of applying "principles" of subject to problem solving.	Pay attention to such things as time allotted for solving problems, lower energy level, visual acuity, speed, and reaction.
6. Adults enter learning situations with concern for their status in new group; fear of failure. There are specific conditions which are conducive to adult.	Adults will strive to their best when they enter into a situation in which they feel physically comfortable and free from psychological threat.	Learning climate should provide for mutual respect, support, friendliness, cooperation, trust, and responsibility. Physical climate allows for ease in learning.
7. Adult learning is an internal process and is motivated through curiosity and internal incentives.	Adults learn to the degree that they feel the need to learn and that they perceive a personal goal.	Provide opportunities for adults to recognize their needs and interests. Encourage them to set goals and structure a plan for achievement of goals.

Adult Learning Styles

In adult learning theory, several approaches to learning style have been developed and are prominently used in training and educational programs. These include learning styles based on the senses that are involved in processing information; theories of intelligence, including emotional intelligence and "multiple intelligences;" and preferences for learning conditions, i.e., the environment in which learning takes place. In order to provide a framework for a discussion on adult learning style differences, each of these approaches is briefly discussed.

Differing aptitudes, abilities, and experiences have caused individuals to develop a preference for sending and receiving information through one sense over another. Most often people prefer auditory or visual input; however, some people have a preference for kinesthetic learning, i.e. learning that involves movement. A preference for one type of learning over another may be seen in the following ways:

Visual learners prefer, enjoy, or require: graphic illustrations such as bar graphs or crosstabs to explain data; color codes to highlight salient information; maps to find their way on the subway or while driving in a new city; written material to study new concepts; wall charts that display points to be remembered; written outlines; drawings or designs to illustrate overhead presentations; sitting "up close" in a presentation in order to see the presenter's face, gestures, or visuals; taking notes during a lecture; instructors to repeat verbal directions.

Auditory learners prefer, enjoy, or require: a verbal presentation of new information, such as a lecture; group discussions to hear other points of view or practices; fast-paced verbal exchanges of ideas; a good joke or story that they can repeat for others; verbal cues or pneumonic devices to help them remember information; music at the beginning or during transitions in a training setting; words to accompany a cartoon; oral reports of working groups.

Kinesthetic learners prefer, enjoy, or require: movement, such as rocking or shaking a leg during a lecture; hands-on experience to learn a task; gestures while making a point; role play exercises over discussion groups; shaking hands when meeting or greeting people; trying new things without a lengthy explanation of the activity; frequent breaks; regular opportunities to change seating or room arrangement; "just doing it" rather than talking about it.

While it is thought that people have developed a preference for or have greater skill in processing one type of input over others, most people simultaneously process information through multiple senses. In fact, the retention of learned material is enhanced if the learner is asked to process information using more than one sense. Presentations that are multisensory (using visual and auditory components) in combination with interactive activities will increase learning and retention for most adults.

Lecture

"When the instructor's notes become the student's notes without passing through the minds of either of them!"

Source: Telling Ain't Training, ASTD, Harold Stolovitch, Erica Keeps, 2006

Short Term Memory

- Information that passes our filters needs to be stored and organized
- Left untreated, information disappears in 15 seconds or less (why can't you remember names you don't practice?)
- Research suggest 5-9 "chunks" of information can be stored in Short Term Memory

Key Question:

What are the implications?

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Long Term Memory

- Long Term memory is virtually limitless in capacity
- How distinct and unique the memory is determines it's accessibility: The less distinct, the more it tends to blend and blur with other memories
- Small Group Activity: picture a childhood friend or favorite toy you have not thought of in over 5 years. What stands out? How long ago did that occur? Why does it stand out?

How We Learn: Senses And Memory

What proportion of information do we gather from each sense?

a. Sight	
b. Hearing	
c. Smell	
d. Touch	
e. Taste	

Key Question:

What are the implications for teaching adults?

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Experience and Learning

WE TEND TO
REMEMBER...

OUR LEVEL OF
INVOLVEMENT

10% of what
we read — READING

20% of what
we hear — HEARING WORDS

VERBAL
RECEIVING

30% of what
we read — LOOKING AT PICTURES

WATCHING A VIDEO

PASSIVE

50% of what
we hear and see — LOOKING AT AN EXHIBIT

VISUAL
RECEIVING

WATCHING A DEMONSTRATION

PARTICIPATING IN A DISCUSSION

RECEIVING
AND
PARTICIPATING

70% of what
we say — GIVING A TALK

MAKING A PRESENTATION

ACTIVE

90% of what we
say and do — SIMULATING THE REAL EXPERIENCE

DOING

DOING THE REAL THING

The Level of Involvement

HIGH

TRAINER CENTERED

LECTURE

LECTURE AND DISCUSSION

LARGE GROUP DISCUSSION

SMALL GROUP DISCUSSION

INVOLVEMENT

CASE STUDY

ROLE PLAY

SELF ASSESSMENT

STRUCTURED EXPERIENCE

LEARNER CENTERED

LOW
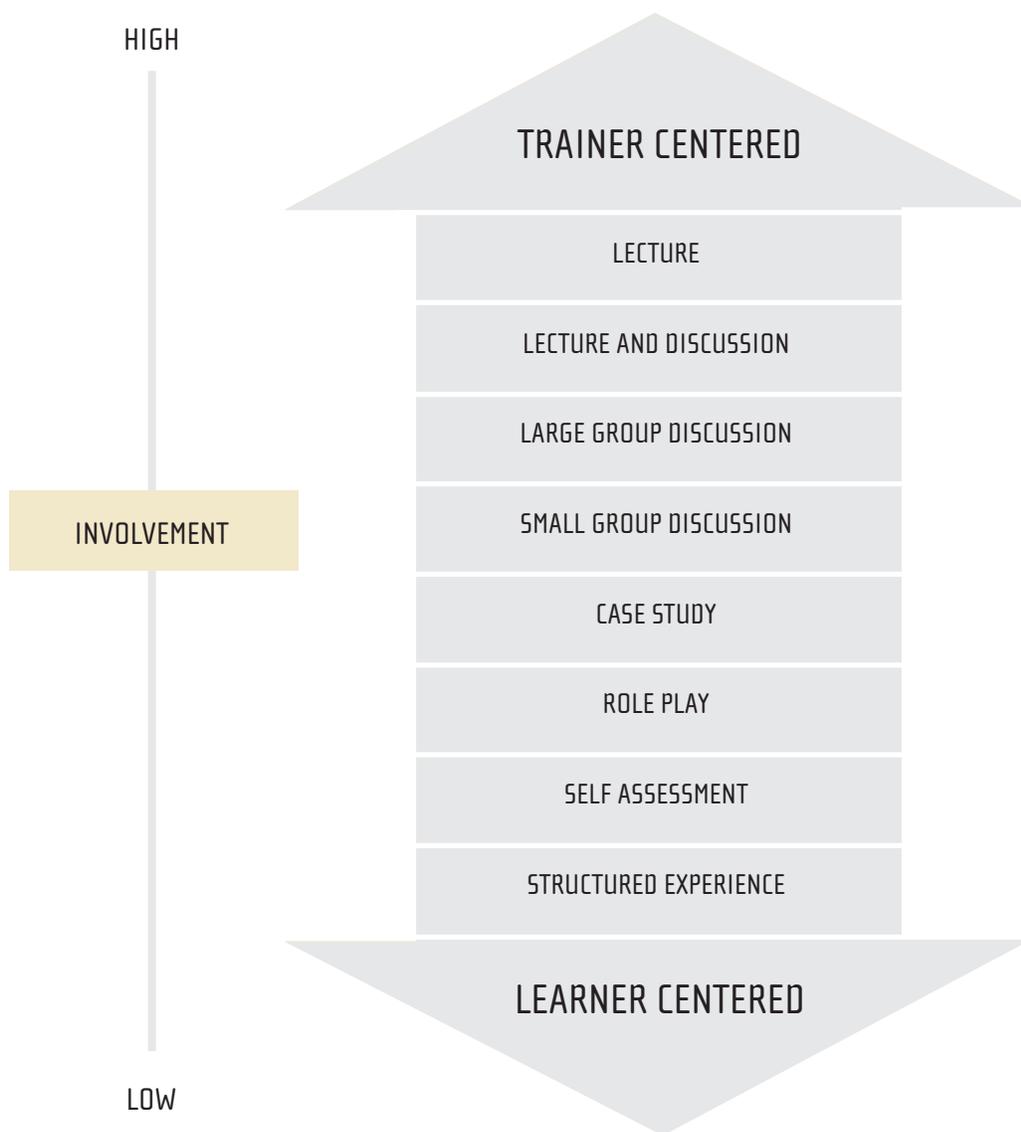
Discussion Questions

How does this resonate with your experience?

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What are the implications for teaching adults?

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Questioning as a Method to Keep Learners Involved

A standard method for keeping students engaged in training is to ask questions. Questions can help you determine the needs and expectations of the students, their skill levels, and connect you to your audience. They help you make sure of their understanding before moving forward. Questions increase learner participation, reinforce key learning points, and correct misunderstandings. The key to getting the most out of your questions is to use them effectively. If you ask a question, you must give adequate time for a response, even if that feels uncomfortable. This increases the likelihood that your question will generate an answer.

Consider your instructional goals and use questions that reinforce them. The questions you ask will help students see what topics you consider important. You can use questions to signal a change of topic or direction in the presentation, use "probing questions" to seek information, or ask follow up questions that will encourage participants to expand, clarify, or justify the answer. They can be used to wrap up a discussion. Questions can link concepts, help you explore the knowledge base of your participants, and encourage independent thinking, exploration, invention and intuitive navigation.

It is most useful to develop questions in advance of the training. This ensures that you reinforce key learning points in your design, and that you stay on track. Be aware that there are closed ended questions (answered with a simple yes / no or other simple phrases) and open ended questions (i.e. How would you apply this? or What are all the implications?). Both have their place and purpose although open ended questions will typically provide you with more information about what your learners understand.

Adult Preferences Regarding a Learning Environment

The physical environment in which instruction takes place and the structure of the activities in the course can also affect learning positively or negatively. People react differently to such factors as room temperature, arrangement of the room (e.g., closeness of seats), time of day (early morning versus late in the day), brightness of the lighting, and sound (e.g., noise distractions from nearby construction or talking among participants). In addition, adults differ with regard to whether they prefer to work alone or in groups. Sharon Fisher (1989) has combined all of these factors to depict the various types of preferences that adults may have when they enter the learning environment:

An instructor must recognize that adults' preferences in these areas may affect their responsiveness in the session. Efforts should be made to accommodate differences by providing a variety of learning activities in which participants may feel comfortable.

The ultimate educator delivers instruction in a stimulating, rich, and diverse environment through a variety of instructional methods to appeal to adult participants' learning styles and preferences.

PHYSICAL FACTORS	EMOTIONAL FACTORS	LEARNING FACTORS
Learning Setting: Noise Level Lighting Temperature Structure Time of Day	*Social Needs:* Learn Alone Learn with Others	*Learning Styles:* Auditory Visual Kinesthetic
	Motivation: Extrinsic Intrinsic	

Definition

Technique

The ability to perform a task or series of tasks in a consistent manner.

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Skill

The ability to successfully perform a technique in any given situation.

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Skill Development Progression

Stages Of Knowledge

1. You do not know what you do not know. (unconscious incompetent)
2. You know what you do not know. (conscious incompetent)
3. You know what you know. (conscious competent)
4. You do not know what you know. (unconscious competent)

Mr. House - Hewlett Packard© 1993 Total Quality Learning, Inc.

Notes

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Part A Quality Management Program Assessment Tool

A] QUALITY MANAGEMENT PLAN

A.1. Is a comprehensive HIV-specific, EMA-wide quality management plan in place with clear definitions of leadership, Part A roles, resources and accountability?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	Part A program has no or minimal written quality plan in place; if any in existence, written plan does not reflect current day-to-day operations.
SCORE 1	Part A program has only loosely outlined a quality management plan; written plan reflects only in part current day-to-day operations.
SCORE 2	
SCORE 3	A written EMA-wide quality management plan is developed describing the quality infrastructure, frequency of meetings, indication of leadership and objectives; the quality plan is shared with staff; the quality plan is reviewed and revised at least annually; some areas of detail and integration are not present.
SCORE 4	
SCORE 5	A comprehensive and detailed HIV-specific, citywide quality management plan is developed/refined, with a clear indication of responsibilities and accountability, quality committee infrastructure, outline of performance measurement strategies, and elaboration of processes for ongoing evaluation and assessment; engagement of other department representatives is described; quality plan fits within the framework of other citywide QI/QA activities; staff and providers are aware of the plan and are involved in reviewing and updating the plan.
COMMENTS:	

A.2. Are appropriate performance and outcome measures selected, and methods outlined to collect and analyze EMA performance data?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No appropriate performance or outcome measures are selected; methods to collect and analyze EMA-wide performance data are not outlined.
SCORE 1	Only those indicators are selected that are minimally required; no process takes place to annually review and update indicators and its definitions; methods to collect data are not described.
SCORE 2	
SCORE 3	Selection of indicators is based on results of past performance data and some input of Part A representatives; indicators include appropriate clinical or support service measures; indicators reflect accepted standards of care; indicator information is shared with EMA staff and providers; processes are outlined to measure and analyze EMA-wide performance data.

Part A Quality Management Program Assessment Tool...Continued

SCORE 4	
SCORE 5	Portfolio includes clinical and support service indicators with written indicator descriptions; measures are annually reviewed, prioritized and aligned with EMA quality goals; all indicators are operationally defined, and augmented with specific targets or target ranges, including desired health outcome; EMA performance measurement activities include partnering with other data sources such as Medicaid and Epidemiology data; Program Assessment Rating Tool (PART) measures and unmet need are integrated; statewide data collection plans are clearly outlined and strategies to analyze data are detailed.
COMMENTS:	

A.3. Does the work plan specify timelines and accountabilities for the implementation of the EMA-wide quality of care program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No work plan is specified for the implementation of the Title I quality of care program.
SCORE 1	A work plan is only loosely outlined; no specific timelines for the implementation of the quality of care program are established; no formal process to assign timelines and responsibilities; follow-up of quality issues only as needed.
SCORE 2	
SCORE 3	A written, annual work plan which outlines the implementation is in place; timetable is shared with appropriate staff; updates in the work plan are discussed in quality committee(s); quality activities are planned before execution.
SCORE 4	
SCORE 5	A process to assign timelines and responsibilities for quality activities is in place and clearly described; annual plan for resources is established; EMA staff are aware of timelines and responsibilities; quality committees are routinely updated and consulted on the implementation of the EMA-wide quality program.
COMMENTS:	

B) ORGANIZATIONAL INFRASTRUCTURE

B.1. Does the Part A program have an organizational structure in place to oversee planning, assessment and communication about quality?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No quality structure is in place to oversee planning, assessment and communication about quality.

Part A Quality Management Program Assessment Tool...Continued

SCORE 1	Only a loose quality structure is in place; a few representatives are involved; knowledge of quality structure among staff is limited.
SCORE 2	
SCORE 3	Senior EMA representative heads the HIV quality program; provider representatives are represented in the HIV quality structure; findings and performance data results are shared; staff for the quality program are identified; resources for the quality program are made available.
SCORE 4	
SCORE 5	Senior leaders actively support the program infrastructure and planned activities; key staff are identified and supported with adequate resources to initiate and sustain quality improvement activities at the EMA program as well as the provider level; Part A staff are routinely trained on quality improvement tools and methodologies; findings and performance data results are frequently shared internally and externally.
COMMENTS:	

B.2. Is a quality management committee with appropriate membership established to solicit quality priorities and recommendations for quality activities?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No Part A quality management committee is established to solicit quality priorities and recommendations for quality activities.
SCORE 1	Quality meetings are held with only a few EMA representatives and/or provider representatives; ad hoc meetings are only used to discuss immediate issues.
SCORE 2	
SCORE 3	Quality committee is established that engages various representatives; routine quality committee meetings are held to solicit quality priorities and recommendations for quality activities; reporting of committee updates in place.
SCORE 4	
SCORE 5	Senior leader, key Part A providers and consumer representatives are actively involved in quality committee(s) to establish priorities and solicit recommendations for current and future quality activities; membership is reviewed and updated annually; HIV quality meetings include written minutes and reporting mechanisms.
COMMENTS:	

Part A Quality Management Program Assessment Tool...Continued

B.3. Does the Part A quality program involve providers, consumers and representatives from other Ryan White Program Parts?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	Part A quality program does not involve providers, consumers and representatives from other Ryan White Program Parts.
SCORE 1	Part A quality program includes only internal EMA staff, with limited input from other groups; neither Part A providers nor consumers are involved.
SCORE 2	
SCORE 3	Part A providers and at least one consumer representative are participating in quality committee meetings; other Ryan White Parts are involved.
SCORE 4	
SCORE 5	Part A providers and consumers are actively engaged in the EMA-wide quality of care; representatives from other Ryan White Parts are structurally integrated in the quality program.
COMMENTS:	

B.4. Are processes established to evaluate, assess and follow up on HIV quality findings and data being used to identify gaps?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	Processes are not established to evaluate, assess and follow up on HIV quality findings.
SCORE 1	No processes are established to evaluate the HIV quality program; quality infrastructure and its activities are only reviewed only if necessary; when establishing/updating the annual work plan, past performance is not considered; quality of care program does not learn from past successes and failures.
SCORE 2	
SCORE 3	Review process is in place to evaluate the Part A quality infrastructure, and assess the performance data; findings are generated for follow up and used to plan ahead; summary of findings are documented.
SCORE 4	
SCORE 5	Process to annually assess effectiveness of HIV quality program; data findings are used to identify gaps in care and service delivery; staff are actively involved; assessments and follow ups are documented; HIV leadership is well aware and involved in evaluation of HIV quality program; findings and past performance scores are used to facilitate and shape Part A quality program.

Part A Quality Management Program Assessment Tool...Continued

COMMENTS:	

C) IMPLEMENTATION OF QUALITY PLAN AND CAPACITY PLANNING					

C.1. Are appropriate performance data collected to assess the quality of HIV care and services EMA-wide?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No performance data are collected to assess the quality of HIV care and services EMA-wide.
SCORE 1	Basic performance measurement systems are in place; only utilization data are collected; no process established to share data or only used for punitive purposes; data are not collected EMA-wide.
SCORE 2	
SCORE 3	A system to measure key quality aspects among Part A providers is established; data are collected, analyzed and routinely disseminated to providers; data are collected from most providers in the EMA.
SCORE 4	
SCORE 5	The quality, including clinical and support services across the EMA, is measured by selected process and include outcome measures; organizational assessments of Part A provider quality infrastructures are conducted; results and findings are routinely shared with providers to inform and foster quality improvement activities; data are collected from all Part A providers.
COMMENTS:	

C. 2. Does the Part A quality program conduct quality improvement projects to improve systems and/or quality of care issues?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	The Part A quality program does not conduct quality improvement projects to improve internal systems and/or quality of care issues.
SCORE 1	Quality improvement activities focus on individual cases or incidents only; projects are primarily used for inspection; selection of quality activities is done by single person.
SCORE 2	
SCORE 3	A few staff members have input in the selection of quality projects; quality improvement activities focus on issues related to structures and processes only; at least one quality project was conducted in the last 12 months to improve systems and/or quality of care issues; internal Part A quality improvement activities are tracked.

Part A Quality Management Program Assessment Tool...Continued

SCORE 4	
SCORE 5	Structured process of selection and prioritization of quality projects is in place; quality improvement projects are informed by the data and are outcome related; staff is involved in quality improvement projects; findings are routinely shared with entire staff, presented to the quality committee, and used to inform subsequent projects.
COMMENTS:	

C.3. Does HIV quality program offer QI training and technical assistance on quality improvement to Part A providers?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	The quality program does not offer QI training and/or technical assistance on quality improvement to Part A providers.
SCORE 1	No structured process in place to train Part A providers on quality improvement; limited technical assistance resources available for Part A providers to build capacity for quality improvement.
SCORE 2	
SCORE 3	Capacity to train Part A providers and provide technical assistance on quality improvement is available; process in place to triage TA requests from individual providers; some resources are available and mostly used in response to TA requests.
SCORE 4	
SCORE 5	A quality workshop program is established to routinely train clinical and service providers on quality improvement priorities, tools and methodologies; an annual training schedule is developed with quality topics based on needs assessment including input by providers; trainings are well attended and evaluations are routinely kept and analyzed and used to improve future training; technical assistance is provided to clinical and service providers through on-site visits by quality experts.
COMMENTS:	

Part B Quality Management Program Assessment Tool

A) Quality Management Plan

A.1. Is a comprehensive HIV-specific, statewide quality management plan in place with clear definitions of leadership, Part B roles, resources and accountability?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	Part B program has no or minimal written quality plan in place; if any in existence, written plan does not reflect current day-to-day operations.
SCORE 1	Part B program has only loosely outlined a quality management plan; written plan reflects only in part current day-to-day operations.
SCORE 2	
SCORE 3	A written statewide quality management plan is developed describing the quality infrastructure, frequency of meetings, indication of leadership and objectives; the quality plan is shared with staff; the quality plan is reviewed and revised at least annually; some areas of detail and integration are not present.
SCORE 4	
SCORE 5	A comprehensive and detailed HIV-specific, statewide quality management plan is developed/refined, with a clear indication of responsibilities and accountability across DOH, quality committee infrastructure, outline of performance measurement strategies, and elaboration of processes for ongoing evaluation and assessment; engagement of other DOH department representatives is described; quality plan fits within the framework of other statewide QI/QA activities; staff and providers are aware of the plan and are involved in reviewing and updating the plan.
COMMENTS:	

A.2. Are appropriate performance and outcome measures selected, and methods outlined to collect and analyze statewide performance data?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No appropriate performance or outcome measures are selected; methods to collect and analyze statewide performance data are not outlined.
SCORE 1	Only those indicators are selected that are minimally required; no process takes place to annually review and update indicators and its definitions; methods to collect data are not described.
SCORE 2	
SCORE 3	Selection of indicators is based on results of past performance data and some input of Part B representatives; indicators include appropriate clinical or support service measures; indicators reflect accepted standards of care; indicator information is shared with DOH staff; processes are outlined to measure and analyze statewide performance data.

Part B Quality Management Program Assessment Tool...Continued

SCORE 4	
SCORE 5	Portfolio includes clinical and support service indicators with written indicator descriptions; measures are annually reviewed, prioritized and aligned with DOH quality goals; all indicators are operationally defined, and augmented with specific targets or target ranges, including desired health outcome; DOH performance measurement activities include partnering with other data sources such as Medicaid and Epidemiology data; Program Assessment Rating Tool (PART) measures and unmet need are integrated; statewide data collection plans are clearly outlined and strategies to analyze data are detailed.
COMMENTS:	

A.3. Does the work plan specify timelines and accountabilities for the implementation of the statewide quality of care program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No work plan is specified for the implementation of the statewide quality of care program.
SCORE 1	A work plan is only loosely outlined; no specific timelines for the implementation of the statewide quality of care program are established; no formal process to assign timelines and responsibilities; follow-up of quality issues only as needed.
SCORE 2	
SCORE 3	A written, annual work plan which outlines the implementation is in place; timetable is shared with appropriate DOH staff; updates in the work plan are discussed in quality committee(s); quality activities are planned before execution.
SCORE 4	
SCORE 5	A process to assign timelines and responsibilities for quality activities is in place and clearly described; annual plan for resources is established; DOH staff are aware of timelines and responsibilities; quality committees are routinely updated and consulted on the implementation of the statewide quality program.
COMMENTS:	

B) Organizational Infrastructure

B.1. Does the Part B program have an organizational structure in place to oversee planning, assessment and communication about quality?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No quality structure is in place to oversee planning, assessment and communication about quality.

Part B Quality Management Program Assessment Tool...Continued

SCORE 1	Only a loose quality structure is in place; a few DOH representatives are involved; knowledge of quality structure among staff is limited.
SCORE 2	
SCORE 3	Senior DOH representative heads the HIV quality program; DOH representatives from some internal departments are represented in the HIV quality structure; findings and performance data results are shared; staff for the quality program are identified; resources for the quality program are made available.
SCORE 4	
SCORE 5	Senior DOH leaders actively support the program infrastructure and planned activities; key staff are identified and supported with adequate resources to initiate and sustain quality improvement activities at the DOH program as well as the provider level; Part B staff are routinely trained on quality improvement tools and methodologies; findings and performance data results are frequently shared internally and externally.
COMMENTS:	

B.2. Is a quality management committee with appropriate membership established to solicit quality priorities and recommendations for quality activities?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No Part B quality management committee is established to solicit quality priorities and recommendations for quality activities.
SCORE 1	Quality meetings are held with only a few DOH representatives and/or provider representatives; ad hoc meetings are only used to discuss immediate issues.
SCORE 2	
SCORE 3	Quality committee is established that engages various representatives; routine quality committee meetings are held to solicit quality priorities and recommendations for quality activities; reporting of committee updates in place.
SCORE 4	
SCORE 5	Senior DOH leader, key Part B providers and consumer representatives are actively involved in quality committee(s) to establish priorities and solicit recommendations for current and future quality activities; membership is reviewed and updated annually; HIV quality meetings include written minutes and reporting mechanisms.
COMMENTS:	

Part B Quality Management Program Assessment Tool...Continued

B.3. Does the Part B quality program involve providers, consumers and representatives, such as ADAP, Medicaid, Epidemiology and from other Ryan White Program Parts?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	Part B quality program does not involve providers, consumers and representatives, such as ADAP, Medicaid Epidemiology and from other Ryan White Program Parts.
SCORE 1	Part B quality program includes only internal DOH staff, with limited input from other departments; neither Part B providers nor consumers are involved.
SCORE 2	
SCORE 3	Representatives from a few DOH departments, Part B providers and at least one consumer representative are participating in quality committee meetings; other Ryan White Parts are involved.
SCORE 4	
SCORE 5	Representatives from all appropriate internal DOH offices, including ADAP, Medicaid, and Epidemiology; Part B providers and consumers are actively engaged in the statewide quality of care; representatives from other Ryan White Parts are structurally integrated in the quality program.
COMMENTS:	

B.4. Are processes established to evaluate, assess and follow up on HIV quality findings and data being used to identify gaps?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	Processes are not established to evaluate, assess and follow up on HIV quality findings.
SCORE 1	No processes are established to evaluate the HIV quality program; quality infrastructure and its activities are reviewed only if necessary; when establishing/updating the annual work plan, past performance is not considered; quality of care program does not learn from past successes and failures.
SCORE 2	
SCORE 3	Review process is in place to evaluate the Part B quality infrastructure, and assess the performance data; findings are generated for follow up and used to plan ahead; summary of findings are documented.
SCORE 4	
SCORE 5	Process to annually assess effectiveness of HIV quality program; data findings are used to identify gaps in care and service delivery; DOH staff are actively involved; assessments and follow ups are documented; HIV leadership is well aware and involved in evaluation of HIV quality program; findings and past performance scores are used to facilitate and shape Part B quality program.
COMMENTS:	

Part B Quality Management Program Assessment Tool...Continued

C) IMPLEMENTATION OF QUALITY PLAN AND CAPACITY PLANNING

C.1. Are appropriate performance data collected to assess the quality of HIV care and services statewide?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No performance data are collected to assess the quality of HIV care and services statewide.
SCORE 1	Basic performance measurement systems are in place; only utilization data are collected; no process established to share data or only used for punitive purposes; data are not collected statewide.
SCORE 2	
SCORE 3	A system to measure key quality aspects among Part B providers is established; data are collected, analyzed and routinely disseminated to providers; data are collected from most providers around the state.
SCORE 4	
SCORE 5	The quality, including clinical and support services across the state, is measured by selected process and include outcome measures; organizational assessments of Part B provider quality infrastructures are conducted; results and findings are routinely shared with providers to inform and foster quality improvement activities; data are collected from the entire state.
COMMENTS:	

C. 2. Does the Part B quality program conduct quality improvement projects to improve DOH systems and/or quality of care issues?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	The Part B quality program does not conduct quality improvement projects to improve DOH systems and/or quality of care issues.
SCORE 1	Quality improvement activities focus on individual cases or incidents only; projects are primarily used for inspection; selection of quality activities is done by single person.
SCORE 2	
SCORE 3	A few DOH staff members have input in the selection of quality projects; quality improvement activities focus on issues related to structures and processes only; at least one quality project was conducted in the last 12 months to improve DOH systems and/or quality of care issues; DOH internal Part B quality improvement activities are tracked.
SCORE 4	
SCORE 5	Structured process of selection and prioritization of quality projects is in place; quality improvement projects are informed by the data and are outcome related; DOH staff across several departments is involved in quality improvement projects; findings are routinely shared with entire DOH staff, presented to the quality committee, and used to inform subsequent projects.
COMMENTS:	

Part B Quality Management Program Assessment Tool...Continued

C.3. Does HIV quality program offer QI training and technical assistance on quality improvement to Part B providers?					
SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	The quality program does not offer QI training and/or technical assistance on quality improvement to Part B providers.
SCORE 1	No structured process in place to train Part B providers on quality improvement; limited technical assistance resources available for Part B providers to build capacity for quality improvement.
SCORE 2	
SCORE 3	Capacity to train Part B providers and provide technical assistance on quality improvement is available; process in place to triage TA requests from individual providers; some resources are available and mostly used in response to TA requests.
SCORE 4	
SCORE 5	A quality workshop program is established to routinely train clinical and service providers on quality improvement priorities, tools and methodologies; an annual training schedule is developed with quality topics based on needs assessment including input by providers; trainings are well attended and evaluations are routinely kept and analyzed and used to improve future training; technical assistance is provided to clinical and service providers through on-site visits by quality experts.
COMMENTS:	

Part C and Part D Quality Management Program Assessment Tool

A] QUALITY STRUCTURE					

A.1. Does the HIV program have an organizational structure in place to plan, assess and improve the quality of care?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No structure in place
SCORE 1	Quality structure is only loosely in place; a few quality meetings of some HIV staff; knowledge of quality structure is limited to only a few people in HIV program; meetings are only used to discuss individual cases or problems.
SCORE 2	
SCORE 3	Senior HIV clinician/manager leads the HIV quality committee; at least 4 quality meetings a year; multidisciplinary team members are represented in HIV quality structure; routine reporting to external governing body; staff knows about quality committee meetings; minutes are kept; some links to external stakeholders.
SCORE 4	
SCORE 5	Senior HIV medical clinician/senior management is actively involved in quality committees; HIV quality meetings include written minutes and written follow-up; understanding of entire staff about quality structure and reporting mechanism; active support by overall agency; strong links to external stakeholders; structured input from consumers or consumer advisory board.
COMMENTS:	

A.2. Have adequate resources been committed to fully support the HIV quality program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No resources are committed.
SCORE 1	Only senior HIV clinician or designated quality coordinator is responsible to coordinate quality efforts; quality is not part of staff's job expectations; quality work is done in addition to daily work loads; little resources have been made available for information systems.
SCORE 2	
SCORE 3	Key staff members have time allotted for quality activities; half-time position is available for quality manager; moderate resources for information systems.
SCORE 4	
SCORE 5	Most staff members have quality in their job descriptions and expectations; Full-time position of quality manager is available; resources are committed for information systems; MIS staff is responsive to program's needs or requests for assistance.

Part C and Part D Quality Management Program Assessment Tool...Continued

COMMENTS:	

A.3. Did the HIV leadership support the HIV quality program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No leadership support.
SCORE 1	HIV program leadership reviews quality data; support for QI is not consistent and regularized; involvement is only active if needed; HIV leadership has limited experience in QI activities; link to institution's overall quality program is only by reporting data.
SCORE 2	
SCORE 3	HIV program leadership supports QI and sees quality improvement as a priority; HIV leadership has established program commitment to quality; HIV leadership supports staff and quality activities if needed; HIV leadership involved in setting quality priorities; institution's overall quality program encourages interdepartmental cooperation.
SCORE 4	
SCORE 5	HIV program leadership stresses being proactive; quality and patient focus are build into new programs and initiatives; HIV program leadership advocates for QI with the rest of the organization; HIV leadership is actively involved in ongoing education about quality; HIV leadership uses every opportunity to promote quality improvement; quality and improvement issues are discussed at top staff meetings at overall organization.

COMMENTS:	

B) QUALITY PLANNING

B.1. Does the HIV program have a comprehensive quality improvement/management plan?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No QI/QM plan in place.
SCORE 1	HIV quality program has only a loosely outline of a structured quality plan; a written plan does not reflect current day-to-day operations; goals for the quality program are not established.
SCORE 2	
SCORE 3	The quality plan is reviewed and updated annually; the quality plan describes the quality committee structure and its frequency of meetings; key quality principles and objectives are outlined; annual goals have been discussed and agreed on by HIV quality committee; the quality plan is shared with staff.

Part C and Part D Quality Management Program Assessment Tool...Continued

SCORE 4	
SCORE 5	The written quality infrastructure includes a multidisciplinary membership and its reporting mechanism; the link to the institution's overall quality program is described; the quality committee oversees and provides feedback to quality improvement projects; staff is aware of the plan; staff is actively involved in review and update of the quality plan; annual goals are actively communicated and understood by staff; selection and prioritization process is clearly defined; staff is actively involved in selection process.
COMMENTS:	

B.2. Does the HIV program have clearly described roles and responsibilities for the HIV quality program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No roles are described.
SCORE 1	Roles and responsibilities are not described for quality structure; staff has vague idea about involvement in quality program; no written documentation.
SCORE 2	
SCORE 3	Key roles for quality program are clearly described; leadership and governance is established; staff is informed about different roles; QI team roles are described; follow-up for quality activities are unclear.
SCORE 4	
SCORE 5	The staffs' roles and responsibilities are clearly described regarding involvement in HIV committee structure, performance measurements, and quality activities; description of accountability is routinely reviewed and updated at least annually; staff is involved in design of roles and responsibilities; structure in place to monitor progress of quality activities.
COMMENTS:	

B.3. Does the work plan specify timelines and accountabilities for the implementation of the HIV quality program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No work plan exists.
SCORE 1	No specific timelines and accountabilities have been established; no formal process to assign timelines for quality projects; follow-up of quality findings only as needed.
SCORE 2	

Part C and Part D Quality Management Program Assessment Tool...Continued

SCORE 3	Quality activities are somewhat planned for the near future; workplan specified annual cycle of review for goal statements; quality committee is aware of timetable; findings of quality activities are routinely discussed in quality committee; staff is not assigned to be accountable for the implementation of certain quality activities.
SCORE 4	
SCORE 5	Process to assign timelines for all quality reviews and improvement projects is clearly described; annual plan for resources is established; most of staff are aware of timelines; structure to discuss update of all quality activities at each quality committee meeting; staff members have clearly assigned roles and expectations for projects; staff are held accountable.
COMMENTS:	

C) QUALITY PERFORMANCE MEASUREMENT

C.1. Are appropriate outcome and process quality indicators selected in the HIV quality program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No indicators are selected.
SCORE 1	Only those indicators have been selected that were required; no process takes place to annually review and update indicators; selection of indicators was done by senior HIV clinician or by quality coordinator.
SCORE 2	
SCORE 3	Selection of indicators was based on results of internal quality initiatives and external audits; indicators have written definitions and frequencies of review; staff is aware of indicators; indicators reflect standards of care.
SCORE 4	
SCORE 5	Annual process to update indicators; required and non-required outcome and process indicators have been selected; all indicators definitions include outcome and steps for follow-up; staff is involved in development of indicators; most staff knows indicators and their definitions.
COMMENTS:	

C.2. Does the HIV program regularly measure the quality of care?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	Quality of HIV care is not measured.

Part C and Part D Quality Management Program Assessment Tool...Continued

SCORE 1	Program measures only what is required; only few staff members are involved in measurement process; no description of review process.
SCORE 2	
SCORE 3	Process in place to measure performance; performance reviews and implementation steps have defined timetables; most staff is involved in measurement process; results are reviewed in quality committee.
SCORE 4	
SCORE 5	Process to evaluate and measure performance clearly described; monthly performance reviews; quality results are regularly reviewed by the organization's leadership and action is taken on the results; HIV staff is actively involved in measurement process; staff is trained in review process.
COMMENTS:	

C.3. Are processes established to evaluate, assess and follow up on HIV quality data?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No process in place to follow-up on quality data.
SCORE 1	Only senior leadership receives quality reports. Results are not shared with other staff routinely, unless there is a problem. Reporting of quality outcomes and results often feels punitive. Sporadic reporting of results and no process in place to respond to results.
SCORE 2	
SCORE 3	Quality reports are shared with senior leadership team and quality committee. Periodic quality changes and interventions attempted. No consistent process to act on results; no routine follow-up on all quality data reports; some staff receive the information.
SCORE 4	
SCORE 5	All staff receive appropriate quality reports and results. Quality results are regularly reviewed by staff and action is taken on the results; HIV staff is actively involved in staff meetings in discussing results and proposing improvement activities; staff is trained on how to use results to initiate improvement activities and how to communicate with quality committee. Innovation, within a clearly defined quality planning process, is encouraged and rewarded.
COMMENTS:	

Part C and Part D Quality Management Program Assessment Tool...Continued

D) Quality Improvement Activities

D.1. Does the HIV program conduct specific quality activities and projects to improve the quality of care?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No quality activities are taking place.
SCORE 1	Quality improvement activities focused on individual cases without any analysis of underlying cause; reviews are primarily used for inspection/compliance; selection of project is done by single person.
SCORE 2	
SCORE 3	A few staff members have input in selection of quality initiatives; quality improvement activities focused on processes; projects are conducted based on performance data results; findings are presented to quality committee; QI principles (consumer focus, staff involvement, teams) were applied.
SCORE 4	
SCORE 5	Structured process of selection and prioritization; routine identification of customer needs and input in quality improvements; majority of staff involved in quality improvement projects; findings are shared with entire HIV staff.
COMMENTS:	

D.2. Are quality improvement teams formed for specific projects?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No teams are formed.
SCORE 1	A group of staff meets to discuss improvements; mostly the same staff members are involved; methodologies for quality improvement teams are not used.
SCORE 2	
SCORE 3	One or two QI teams had been introduced; basic staff knowledge about QI team; multidisciplinary team approach; QI approach is used to address quality projects; results are presented at quality committee; QI teams use established methodologies.
SCORE 4	
SCORE 5	One or two QI teams had been introduced; basic staff knowledge about QI team; multidisciplinary team approach; QI approach is used to address quality projects; results are presented at quality committee; QI teams use established methodologies.

Part C and Part D Quality Management Program Assessment Tool...Continued

COMMENTS:	

D.3. Are systems in place to sustain quality improvements?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No systems to sustain QI in place.
SCORE 1	Quality improvement activities result in minimal change in delivery system; no training for staff is required; only some providers are impacted; efforts to improve the health of patients has only minimal impact; improvements are only short-term; minimal involvement by staff.
SCORE 2	
SCORE 3	Some short and long-term benefits for some clients; process in place to continue to monitor change; some staff educated about changes; some job descriptions are altered.
SCORE 4	
SCORE 5	Quality improvement activities result in a fundamental change of delivery system; improvements require staff to be trained; impact is measured and related to improved outcome; sustainable success for all intended clients; HIV program demonstrated culture of support of learning and improvement; staff is actively involved in process.
COMMENTS:	

E) STAFF INVOLVEMENT

E.1. Is the staff routinely educated about the HIV program's quality program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No staff training in place.
SCORE 1	Only a few people have access to training opportunities; one or two journals or books are available about quality; no additional resources for quality training are available.
SCORE 2	
SCORE 3	No formal process in place to train all HIV staff routinely about quality principles; some HIV staff members can attend external quality training; some HIV staff can order books and journals about quality.

Part C and Part D Quality Management Program Assessment Tool...Continued

SCORE 4	
SCORE 5	Almost all HIV staff members attend an annual quality training; staff knows about QI principles; quality articles are routinely shared and forwarded among staff; many journals and books are available for HIV staff; content of quality conferences and recent developments are routinely communicated among staff.
COMMENTS:	

E.2. Does the HIV program routinely engage all levels of staff in quality program activities?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No involvement of different staff levels.
SCORE 1	Results of quality activities are not routinely shared with HIV staff; feedback is limited; staff can list only one quality indicators of HIV program; no formal process in place.
SCORE 2	
SCORE 3	Findings of quality activities are routinely shared with HIV staff; staff can list some quality indicators of HIV program; HIV staff knows some findings of HIV quality reviews; updates about quality initiatives are given to committee members and key staff.
SCORE 4	
SCORE 5	Process in place to update staff about results of quality activities; staff is well aware of HIV quality program goals; entire staff meets to discuss updates about quality improvement activities; staff is actively involved; results of quality activities are communicated with patients and key stake holders.
COMMENTS:	

E.3. Are consumers involved in quality-related activities?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No consumers are involved in quality-related activities.
SCORE 1	Client concerns are only discussed as they arise; clients' satisfaction is not measured routinely; no structure in place to gather patients' feedback.
SCORE 2	

Part C and Part D Quality Management Program Assessment Tool...Continued

SCORE 3	Client needs and/or satisfaction are assessed; feedback of clients is discussed in quality committees; a client centered quality activity is launched.
SCORE 4	
SCORE 5	Findings of consumer assessments are routinely integrated into the quality program; structured input from consumers such as clients, family members, advocates, etc.; consumer advisory board in place; consumer feedback is incorporated in setting quality goals; results of quality activities are routinely communicated with clients and other consumers.
COMMENTS:	

F) EVALUATION OF QUALITY PROGRAM

F.1. Is a process in place to evaluate the HIV quality program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No process in place.
SCORE 1	No formal process is established to evaluate the HIV quality program; quality activities are only reviewed if necessary; no review of quality workplan; no annual review of quality goals and infrastructure.
SCORE 2	
SCORE 3	Review of ongoing quality activities by HIV quality committee; quality committee routinely evaluates improvements achieved by quality improvement team(s); some evaluations are used to internally and externally (success stories, etc.) promote the HIV quality program.
SCORE 4	
SCORE 5	Process to assess effectiveness of HIV quality program including workplan, goals, and infrastructure; HIV staff is actively involved; assessments are documented; HIV leadership is well aware and involved in evaluation of HIV quality program; quality awards for HIV staff are given based on evaluations.
COMMENTS:	

F.2. Does the quality program integrate findings into future planning?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No integration of findings into future planning.

Part C and Part D Quality Management Program Assessment Tool...Continued

SCORE 1	Program does not learn from past successes and failures; when annual work plan is established, past performance is not really considered.
SCORE 2	
SCORE 3	Results from evaluations are somewhat used to plan ahead; summary of findings are documented.
SCORE 4	
SCORE 5	Structure in place to use evaluations to facilitate future planning for quality, including identification of improvement opportunities; past performance of performance measurements is used to update work plan, annual goals, and timelines; HIV staff is involved in process; evaluations are used to annually review the quality infrastructure; improvements are spread into wider system, if indicated.
COMMENTS:	

F.3. Does the HIV program have an information/data system in place to track patient care and measure quality indicators?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No information system in place.
SCORE 1	Has no information system to track patient care; no or very basic medical/client record system.
SCORE 2	Has basic information system to track client care but no specific HIV program information; limited capacity to expand to meet HIV program needs.
SCORE 3	Has functional information system to track client care, and some (not all) minimal components of HIV program information system, but no specific quality information.
SCORE 4	Has fully functional information system to track client care as well as track all minimal components of HIV program information; limited capacity to easily manage quality with system.
SCORE 5	Has fully functional information system to track client care, track core components of HIV program, and produce useful quality of care information.
COMMENTS:	

Agenda

TOT Session Agenda-Day 1

TIME	TITLE	MATERIALS
8:00 - 9:00	M1. Welcome & Introductions	- TOT Guide - NQC Remotes - Presentation Slides - Examples of Icebreakers - Participant Introduction Worksheet - Human Scavenger Hunt Handout
9:00 - 9:20	M2. Satisfaction Continuum	
9:20 - 10:30	M3. QI Principles	- Presentation Slides - Quiz - Worksheet
10:30 - 11:00	Break	
11:00 - 12:15	M4. PDSA Model	- Presentation Slides - Reporting Form
12:15 - 1:15	M5. Lunch and Video	- Video
1:15 - 2:00	M6. Learner-Centered Training	- Presentation Slides - Worksheet - NQC Remotes - Small Prizes
2:00 - 3:00	M7. Interactive QI Activities	- Presentation Slides - Red Bead Set and Handout - NQC Publications
3:00 - 3:30	Break	
3:30 - 4:30	M8. Building QI Infrastructure: Assessment of HIV Quality Program	- Action Plan - QM Infrastructure
4:30 – 5:00	M9. Using Assessment to Target Training at the Individual Learner Level	- Aggregate Competency Assessment Report
5:00 – 5:30	M10. Mini-presentations: Five Minutes of Fame	- Presentation Slides - Feedback Forms (for Faculty)
5:30 – 6:00	M11. Sharing of Aha! Moments & Brief TOT Evaluation	- Presentation Slides - Day 1 Evaluation Form - NQC Remotes

TOT Session Agenda-Day 2

TIME	TITLE	MATERIALS
8:00 – 9:00	M12. Welcome & Warm-up Activity	- Presentation Slides - Post-it Notes
9:00 – 10:30	M13. Five Step Model for Creating Effective Training	- Presentation Slides - 5 Step Training Model Worksheet
10:30 – 11:00	Break	
11:00 – 12:30	M14. Performance Measurement	- Presentation Slides - Quiz - NQC Remotes - PM Indicator Worksheet - PM Data Collection Worksheet
12:30 – 1:30	M15. Box Lunch	
1:30 – 2:15	M16. QI Safari	- Presentation Slides - QI Publications - Tool Hunt Handout
2:15 – 4:30	M17. Individual Training Design and Practice	- Training Design Worksheet - QI Resources - Faculty Notes Form, Including Completed Sample - Day-at-a-Glance Template - 5 Step Model Feedback Handout - Presentation Skills Feedback Form
4:30 – 5:15	M18. Win as Much as You Can	- Handout
5:15 – 6:00	M19. Sharing of Aha! Moments & Brief TOT Evaluation	- Presentation Slides - Day 2 Evaluation Form - NQC Remotes

TOT Session Agenda–Day 3

TIME	TITLE	MATERIALS
8:00-8:30	M20. Welcome to Day 3	- Presentation Slides
8:30 – 9:15	M21. Quality Management Plans	- Presentation Slides - NQC QM Plan Checklist - NQC Plan Review Sheet - Sample QM Plans - Case Study - NQC Remotes
9:15 – 9:45	M22. Generating Participant Feedback	- Evaluation Summary and Evaluation Form - Fist of Five Handout
9:45 – 10:15	Break	
10:15 – 11:00	M23. Quality Management in the Context of the Ryan White Program	- Presentation Slides - Case Study
11:00-11:30	M24. Training Nightmares, Mishaps & Messes	- 10 Pre-Flight Tips & Advice
11:30 – 12:30	M25. Presenting and Facilitating Learning	- Presentation Slides
12:30 – 1:15	M26. Lunch – "Meet Someone New"	
1:15 – 2:15	M27. Presentations & Role Play with Peers	- Presentation Slides - Presentation/Facilitation Feedback Form
2:15 – 3:00	M28. Game Plan Going Forward	- Individual Training Form - NQC Reporting Forms
3:00 – 4:00	M29. Workshop Close, Session Evaluation & Celebration	- Presentation Slides - Day 3 Evaluation Form - NQC Remotes - Workshop Certificate

Facilitator Biographies

Clemens Steinbock, MBA is the Director of Quality Initiatives for the New York State Department of Health AIDS Institute. Over the last 15 years he is an expert in the field of quality improvement in New York State, on the national level and internationally. He has developed several curricula designed to educate health care providers about quality improvement (QI) with the particular goal of building programmatic capacity to sustain QI in HIV health care programs. He authored several important publications in the quality improvement field, including QI provider guides and tools. Since 2004, he has directed the National Quality Center whose mission it is to advance the quality of HIV care nationwide, with a particular focus on the provision of on-site consultation services, QI training of HIV providers, and dissemination of QI–related materials. He regularly has national and international assignments to consult health care agencies about building and supporting their quality improvement programs and had served as a faculty member for national QI collaboratives, e.g., for Part A and Part B.

Virginia (Ginna) Leigh Hamilton Crowe, RN MS has over 30 years experience in many areas and multiple levels of healthcare. This experience combined with education in nursing, business, information systems management and her current work as a doctoral candidate in the Department of Organization and Leadership at Teachers College, Columbia University, New York provides a unique perspective that serves her well as a quality management consultant. Ginna founded Hamilton Consulting, LLC in 2001. Her consulting practice centers on facilitating learning and improving quality. Her area of specialty is integrating adult learning theory and principles with quality improvement theory and methods. Ginna also serves as an Improvement Advisor for several companies focused on improvement in health care such as The Institute for Healthcare Improvement, the Center for Health Care Quality and the HIV AIDS National Quality Center. Ginna has published in the Journal of Health Care Quality, The 8th Annual Research Seminar at Fordham University, Business School and served as a contributing author for the Joint Commission publication Advanced Performance Improvement.

Barbara S. Boushon, RN, BSN, serves in multiple roles to improve health care. Through Mark Murray and Associates, she currently works with large and small health care organizations to improve both their access to primary and specialty care and office flow and efficiency. At the Institute for Healthcare Improvement (IHI), she led learning collaboratives with health care organizations and government entities seeking to improve care for patients with chronic conditions such as asthma, depression, and HIV/AIDS disease. She also developed and led IHI's first totally virtual collaborative with the topic of improving access to primary care. Most recently, she is directing an initiative to reduce harm from falls on medical-surgical units as part of the safety and reliability work in IHI's Transforming Care at the Bedside initiative. Through the National Quality Center, she works with state governments to improve care for people living with HIV/AIDS and serves as faculty for developing quality improvement capacity for Ryan White Program grantees. Before becoming involved in these quality and process improvement activities, Barbara worked at Dean Health Systems in Madison, Wisconsin in multiple clinical and administrative roles including RN Coordinator of sub-specialties, Director of Patient Care Services, Director of Software Development and Telecommunications, and Services Initiatives Administrator. In this last role, she led initiatives to improve both access to care and customer service throughout the health system.

Kathleen Clanon, MD has worked, since 1988, as an HIV clinician, medical director and educator. She has extensive experience with all Parts of the Ryan White Program. Kathleen established and has maintained multidisciplinary HIV prevention and care programs for people in Alameda County, California. Since 1992, she has designed and led quality management programs for multi-service Part C/Part D networks. She has served as Director of the East Bay AETC since 2004 with responsibility for developing and delivering curricula for clinicians on HIV care and quality management. In addition, she has consulted and lectured on quality management for HRSA, California Department of Health (Part A) and Los Angeles County (Part B). She has particular interests in working to reduce health disparities and in care of people coinfected with HIV and HCV.

Day 1

Module 1: Welcome & Introduction to TOT Program

Agenda Day 1:

8:00 - 9:00 am (60 min)

Type of Activity:

Presentation with PowerPoint slides, Exercise with Small teams, NQC Remote and Group Activity

Materials Needed:

Presentation slides ("M1 Welcome and Introduction"); Copies of "M1 Participant Introduction", "M1 Human Scavenger Hunt Score Sheet" and "M1 Examples of Icebreakers;" "M15 Presentation Materials and Instructions;" NQC remotes; flipchart; name cards; markers; tape; laser pointer

Overview of Activity – 60 min:

- 10 min: Participant Welcome – 'Setting the Stage'
- 05 min: Faculty Introductions
- 10 min: Participant Introductions at Small Tables
- 05 min: Participants Demographics (via remotes)
- 15 min: Group Exercise: Human Scavenger Hunt
- 05 min: Brief Overview of Aggregate Assessment Findings
- 05 min: Introduction to Fears and Challenges Process
- 05 min: Overview of "Wear Your Trainer Hat" Concept

Purpose and Key Lessons to be Learned:

- Orient participants to TOT Program, agenda, faculty, and each other so they feel comfortable enough to engage in learning activities
- Learn key strengths and gaps of participants as indicated in the pre-TOT assessment
- Show how assessment findings influenced the development of the TOT agenda

Detailed Instructions:

Preparation

1. Before beginning the TOT session:
   a. Place TOT Guides on participants' table
   b. Make sure a name tent and marker are available
   c. Prepare flipchart instructions for participant introductions
   d. Create a flipchart for Ground Rules (suggested rules are: "Start and End on time, Return from breaks on time, One person speaks at a time, Cell phones and pagers off or silent, Check your title at the door, Decisions made by consensus, The whole group enforces ground rules")
   e. Create a 'Parking Lot' flipchart
   f. Test equipment, sound system and NQC remotes
2. Begin the Session promptly at the start time out of respect for those ready to begin
3. Ask participants who arrive early to complete the "M3 QI Principle Quiz"

Welcome Participants – 'Setting the Stage' – 10 min

4. Begin with an enthusiastic welcome

5. Present the appropriate PowerPoint slides ("M1 Welcome and Introduction"); emphasize at the beginning the benefits of their participation in the Program

6. Make sure to cover:

    a. Program Objectives

    b. Program Method

    c. Detailed agenda for Day 1, and general agenda for Days 2 & 3 (on slides)

    d. Ground rules for working together; you should suggest a few (on flipchart) and ask the group for both input and agreement to abide by the ground rules

    e. Explain the 'Parking Lot' and its function as a holding area for issues or topics that are tangential to the topic being discussed

7. Introduce and orient participants to the TOT Program Guide; don't go into detail except to indicate the various sections of the binder

8. Hand out TOT contact list and ask participants to review their contact information and update accordingly; mention that we will make those changes and re-distribute on Day 3

Introductions of Faculty – 5 min

9. Introduce faculty; refer to their biographies in the binder

Participant Introductions at Small Tables – 10 min

10. Have participants introduce themselves at their tables; ask them to provide (see "MI Participant Handout") the following:

    a. Name and agency

    b. TOT Session "Hopes and Concerns"

    c. Improvement story: share a personal, meaningful story to illustrate how quality improvement can affect HIV care (e.g., positive or negative patient story, an organizational change, one project, etc.); (participants were asked to think of this story in when they received the pre-work)

Participant Demographics (via remotes) – 5 min

11. Hand out NQC remotes and explain their functionality

12. Present the slides, titled "M1 Welcome and Introduction" and ask to vote on the presented questions via the NQC remotes

13. Point out any key findings

Group Exercise: Human Scavenger Hunt - 15 min

14. Explain the activity and hand out the "M1 Human Scavenger Hunt Score Sheet." The object of the activity for participants is to collect as many initials as they can in the prescribed time period (7 minutes); create an atmosphere of playful competition

15. Instruct participants to get as many items initialed by another participant who meets the requirement (ex: has three or more children); each participant can only initial TWO items on someone else's sheet

16. Make faculty available for participants during exercise

17. After approximately 6 minutes, tell the group they have 1 minute remaining

18. Stop the activity and ask participants to return to their seats

19. Debrief; ask participants to raise their hand at each level that you call out: "Who has 17 or more items signed? Who has 16 items signed? Who has 15? etc."

20. Ask participants how they feel physically and mentally after doing the activity

21. Ask participants how this activity is helpful in working with a group, and what are some of the benefits of the exercise (expected answers: feel energized, more comfortable with others, more familiar with others, more willing to openly share information, more open to learning along with this group, etc.)

22. Refer to the handout, called "M1 Examples of Icebreakers" for additional suggestions for icebreakers

*Brief Overview of Aggregate Assessment Findings – 5 min*

23. Using the summary report from the skill and knowledge assessment, highlight some of the group strengths as well as gaps and areas for development; this activity will demonstrate how to use data to improve the learning experience, and legitimizes the design you have chosen for the workshop

Introduction to Fears and Challenges Process – 5 min

24. Post flipchart on the wall in the back of the room and label it with the following header: Fears and Challenges

25. Introduce the concept to participants; ask participants to write down any concerns or questions they have about the implementation of their trainings in the near future; invite participants to post messages throughout the 3 days

26. State that the TOT faculty will review postings at the end of each day and will respond accordingly the following morning

Overview of "Wear Your Trainer Hat" Concept – 5 min

27. Emphasize to participants that throughout the session, they should recognize their dual role: training participant and future trainer; during faculty presentations, they should make sure not to pay attention just to the content being delivered, but also how it is being delivered

28. Hand out "M25 Presentation Materials and Instructions" and prepare participants to present on Day 3
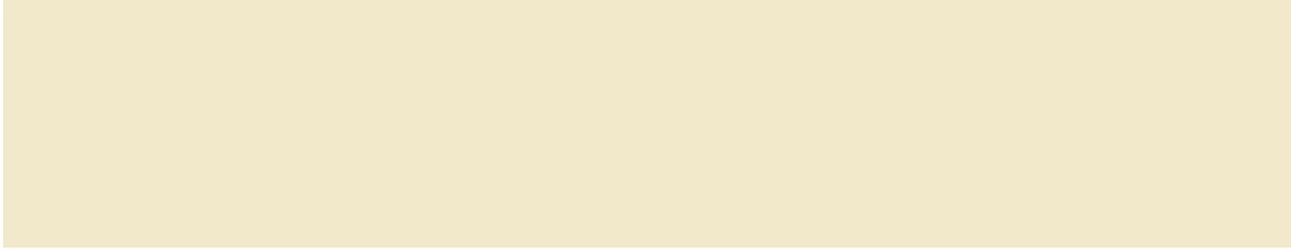
Module 1 Tool: Participant Introduction

Hopes & Concerns:

Identify 1-2 hopes you have for this learning experience:

_____

_____

_____

_____

Identify 1-2 concerns you have about this learning experience:

_____

_____

_____

_____

Improvement Story:

Identify a personal, meaningful story to illustrate how quality improvement has affected the HIV care you provide:

_____

_____

_____

_____

Module 1 Tool: Examples of Icebreakers

1. Cocktail Party

- For use with larger groups
- Ask people to circulate and speak to 1 person at a time to get acquainted
- After 1 minute, announce "CHANGE" and have everyone find another person to get acquainted with
- Continue changing every minute until most people have had the opportunity to meet each other

2. True and False (Three Truths and a Lie)

- For use with small groups sitting together
- Ask each person in the group to list four facts about themselves on a piece of paper; three of those facts should be true and one should be false
- One person in the group begins by reading their items aloud and the group tries to guess which one is false
- The person in question reveals the false item
- The others in the group take their turn until everyone has participated

3. Dreams & Nightmares

- Each person describes a "dream" about something positive they hope will happen in this course
- Each person describes a "nightmare" about something they hope will not happen on this course
- Put the dreams and nightmares on a flip chart so all groups can read them

4. Five Guests

- Each person reports to their groups as follows: if you could have any 5 people, living or dead, as guests in your home for an evening, who would they be and what would you talk about
- After hearing from everyone, the group selects their " all-star" team of 5 guests; put these on a flip chart

5. Group Resume

- Small groups put their collective resume on a flip chart: Have them list:
  - Degrees, diplomas
  - Previous jobs held
  - Courses they have taught
  - Hobbies
  - Major skill areas

Module 1 Tool: Human Scavenger Hunt Score

Find someone in the room who has had the experience
indicated below. Have them sign their initials in the space
next to the item. No one person may sign more than 2 items.

Find someone who:

_____ Was born in the same state as you

_____ Has participated on a quality improvement team

_____ Has lived their entire life in the same city or town

_____ Has a graduate degree

_____ Owns a motorcycle

_____ Has participated in a marathon or a triathlon

_____ Has conducted a training program for a group of 10 or more people

_____ Fluently speaks one other language

_____ Has facilitated at least 1 quality improvement team

_____ Plays a musical instrument

_____ Participated in any type of intercollegiate sport while in college

_____ Has been in the same job for their entire career

_____ Can explain what the letters PDSA means

_____ Has successfully run for any political office

_____ Has a family member living outside of the USA

Module 2: Satisfaction Continuum Exercise

Agenda Day 1:
9:00 – 9:20am (20 min)

Type of Activity:
Group Exercise with entire audience

Materials Needed:
Enough physical space to accommodate all participants while standing; flipchart

Overview of Activity – 20 min:
- 02 min: Introduction of Satisfaction Continuum Exercise
- 10 min: Rating and Discussion Among Participants and Group Discussion
- 05 min (if time permits): Additional Rating and Group Discussion
- 03 min: Debriefing of Group Exercise

Purpose and Key Lessons Learned:
- Personalize the term 'quality' by rating your own health care
- Develop your own definition of quality before the term 'quality' will be explained in detail
- Recognize the different definitions of 'quality'
- Allow networking among participants and provide an opportunity to share personal stories

Detailed Instructions:
Introduction to the Satisfaction Continuum Exercise – 2 min
1. In this activity participants will be asked to stand along an imaginary line; the line represents a continuum of satisfaction with the quality of health care
2. Ask each participant to think about the quality of their own health care and then assess the quality on a scale of 1 to 10; the number 1 represents 'the best care' while the number 10 represents 'the worst care'

Rating and Discussion Among Participants and Group Discussion – 10 min
3. Ask participants to stand up and position themselves on this imaginary line from 1 to 10; clarify the location of 1 and 10 in the room
4. Ask participants to talk to their neighbor for two minutes about why they have decided to stand where they did
5. After 2 minutes, ask a few participants along the continuum to share their reasons and experiences
6. Summarize the most important reasons people gave for being satisfied or dissatisfied with their HIV care; document on flipchart paper (if time permits)

Additional Rating and Group Discussion - 5 min (if time permits)

7. Ask participants to rate again but this time on the perceived quality of care provided by their HIV program and to position themselves on the same imaginary line from 1 to 10; once again, clarify the location of 1 and 10 in the room

8. Discuss any changes in ratings

Debriefing of Group Exercise - 3 min

9. Group discussion 'Why do these warm-up activities?'

10. "Wear your trainer hat" - discuss potential applications to participant training opportunities and potential barriers in delivering this exercise

Reference Materials:

*   'Making Sure Your HIV Care is the Best it Can Be' – Facilitator Guide by the NYSDOH AIDS Institute, National Quality Center; updated 2006
*   Patient Satisfaction Survey for HIV Ambulatory Care' - Publication by the NYSDOH AIDS Institute; 2002
*   Consumer Involvement' - Publication by the New York State Department of Health, AIDS Institute; 2006

Note:

This exercise was introduced in the facilitator guide, 'Making Sure Your HIV Care is the Best it Can Be,' developed by Dr. Joseph Rukeyser for the NYSDOH AIDS Institute.

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Module 3: QI Principles

Agenda Day 1:
9:20 – 10:30 am (70 min)

Type of Activity:
Presentation with PowerPoint Slides; Group Exercise with smaller teams

Materials Needed:
Presentation slides ("M3 QI Principles"); copies for Group Exercise handouts ("M3 QI Principle Quiz" and "M3 Principles in Action Worksheet"); NQC remotes; flipchart

Overview of Activity – 60min:
- 15 min: Introductory Quiz
- 20 min: QI Principle Presentation
- 15 min: Group Exercise – 'Principles in Action'
- 10 min: Reporting Back and Document Key Lessons Learned

Purpose and Key Lessons Learned:
- Familiarize participants with underlying key quality improvement principles
- Understand and recognize these principles in day-to-day work activities
- Provide an opportunity to strengthen participants' ability to work in teams

Detailed Instructions:
Introductory Quiz - 15 min
1. Hand out NQC remotes and briefly explain how to use the remotes
2. Hand out the "M3 QI Principle Quiz" to all participants
3. Present the appropriate slides, titled "M3 QI Principles" and ask each participant to respond to questions using the NQC remote; discuss the results with the group

QI Principle Presentation - 20 min
4. Ask participants to review facilitator notes for this module and reflect on training objectives throughout
5. Present the appropriate slides, named "M3 QI Principles"
6. Throughout the presentation illustrate each principle through concrete, real life examples (best to prepare these in advance)

Group Exercise – 'Principles in Action' - 15 min
7. Form several small groups of 5-8 individuals; you can use each table as one group
8. Hand out the "M3 QI Principles in Action Worksheet" to each group
9. Introduce the exercise and let each group find at least one concrete, real life example in HIV care (or in their work environment if not providers of HIV care) for each principle: "Based on your experiences in HIV care, find concrete, real life examples to clearly illustrate each principle;" allow for 'positive' and 'negative' examples
10. Make faculty available to assist group activities

Reporting Back and Document Key Lessons Learned - 10 min

11. Ask each group to report back on one principle and which examples the group could identify

12. Document on prepared flipchart paper

13. Tell participants that these examples will be summarized and shared after the TOT Session

Reference Materials:

- NQC Quality Academy – Online training course on quality improvement; 2006; selected Tutorials:
  - Tutorial 2: What is Quality? What is Quality Improvement in HIV Care?
  - Tutorial 3: The Ryan White Care Act and its Expectations for Quality
  - Tutorial 4: Quality Improvement Resources
- 'HIVQUAL Workbook: Guide for Quality Improvement in HIV Care' – Book by the New York State Department of Health AIDS Institute, National HIVQUAL Project (www.hivqual.org); 2006
- 'Measuring Clinical Performance: A Guide for HIV Health Care Providers' – Publication by the New York State Department of Health AIDS Institute; updated 2006
- 'Through the Patient's Eyes – Understanding and Promoting Patient- Centered Care' – Book by Gerteis, Edgman-Levitan, Daley, Delbanco; San Francisco, CA: Jossey-Bass; 1993
- 'Quality in Health Care: Theory, Application, and Evolution' – Nancy Graham. Gaithersburg, MD: Aspen Publications, 1995
- 'Crossing the Quality Chasm: A New Health System for the 21st Century' – Book by the Institute of Medicine Committee on Quality of Health Care in the US; Institute of Medicine; National Academy Press, 2001

Module 3 Tool: QI Principle Quiz

1. What does CQI stand for?
   a) Community Quality Initiative
   b) CM Quality Ideas
   c) Continuous Quality Improvement
   d) Circular Quantum Invention

2. Why has quality improvement become increasingly important in health care?
   a) Quality Improvement has shown benefits in patient care
   b) Increasing requirements by regulatory agencies
   c) Increasing program accountability for the quality of services
   d) All of the above

3. What is the main difference between quality assurance and quality improvement?
   a) Quality assurance uses mainly a team approach
   b) Quality improvement focuses on statistical outliers for improvements
   c) Quality assurance and quality improvement are practically the same
   d) None of the above

4. What is the most important principle of quality improvement? Quality improvement focuses on…
   a) Individual performers
   b) Routine measurement of performance
   c) Training of providers
   d) Systems issues

5. Which of the following statements by HAB is INCORRECT?
   a) QM programs need to look beyond clinical services to consider both supportive services and outcomes
   b) QM programs assess the extent to which HIV health services are consistent with the most recent Public Health Service guidelines
   c) The primary focus of the QM program is on performance measurement to assess clinical and non-clinical services
   d) Quality is the degree to which a health or social support service meets or exceeds established professional standards and user expectations

6. HAB describes the following characteristics of quality management programs. Which one is CORRECT?

    a) Systematic processes with identified leadership, accountability and dedicated resources

    b) Use data and measurable outcomes to determine progress toward relevant, evidenced-based benchmarks

    c) Focus on linkages, efficiencies and client expectations in addressing outcome improvement

    d) Ensure that data are fed back into the quality improvement process to assure that goals are achieved

    e) All of the above

    f) None of the above

7. The following performance data report is presented: PPD 95%, GYN 85%, and PCP Prophylaxis 55%. You advise the program to continue to measure

    a) Only PCP Prophylaxis

    b) GYN and PCP Prophylaxis

    c) All three indicators

8. The results of an adherence QI project are presented after 10 months of work, improving the rate to 98% and it was kept between 95%-100% for the last 4 months. You advise the program to

    a) Discontinue routine measurements

    b) Switch to quarterly measurements

    c) Keep monthly measurements

9) Due to the high rate of patients receiving a Mental Health screening (95%) over an extended period of time, the QI team decided to stop meeting but continue to measure the rate on a monthly basis. For three months in a row, the score declined. At what score should the MH team reconvene?

    a) 90%

    b) 80%

    c) 70%

Module 3 Tool: QI Principles in Action Worksheet

Group Exercise:

Based on your experiences in providing health care and services, find at least one concrete, real life examples to clearly illustrate each principle. Discuss in the group and document one example for each principle on this worksheet and report back to the larger group.

A) "Success is achieved through meeting the needs of those we serve."

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B) "Most problems are found in processes, not in people."

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C) "Do not reinvent the wheel – Learn from best practices."

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D) "Learn through small, incremental changes to achieve continual improvements."

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E) "Actions are based upon accurate and measured data."

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F) "Infrastructure enhances systematic implementation of improvement activities."

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G) "Set priorities and communicate clearly."

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Module 4: PDSA Cycle

Agenda Day 1:
11:00 – 12:15 am (75 min)

Type of Activity:
Presentations with PowerPoint slides; Group Exercise with smaller teams

Materials Needed:
Presentation slides ("M4 PDSA Cycle"); copies of Group Exercise handout ("M4 PDSA Reporting Form"); flipchart

Overview of Activity – 75 min:
- 30 min: PDSA Cycle and Improvement Model Presentation
- 30 min: PDSA Group Exercise
- 15 min: Individual Team Reporting and Group Discussion

Purpose and Key Lessons Learned:
- Familiarize participants with the PDSA Cycle and the Model for Improvement
- Recognize its application in HIV care and develop the skills to use the PDSA Cycle in real life scenarios
- Strengthen the participants' ability to problem solve using PDSA cycles

Detailed Instructions:

PDSA Cycle and Improvement Model Presentation - 30 min

1. Ask participants to quickly review the module's training objectives and assess how these are accomplished
2. Present slides, "M4 PDSA Cycle"
3. Provide participants one concrete example of how the PDSA Cycle can be applied in HIV care and allow the audience to respond while highlighting the lessons learned in preparation for the next group exercise

PDSA Group Exercise - 30 min

4. Provide a flipchart to each and each to report back their PDSA ideas
5. Form teams of 5-8 individuals; you can use each table as one group
6. Hand out the "M4 PDSA Reporting Form" worksheet to each team with concrete mini scenarios in HIV care
7. Ask each team to pick one mini scenario and brainstorm about potential PDSA cycles and ask each group to document their ideas on the provided reporting form
8. Make faculty available to participants to assist group activities

Individual Team Reporting and Group Discussion - 15 min

9. Ask each group to report back on their mini scenario
10. Faculty provides feedback and invites other participants to provide feedback
11. State that these examples are summarized will be shared after the TOT Session
12. Discuss "Wear your trainer hat" comments

Reference Materials:

- NQC Quality Academy – Online training courses on quality improvement in HIV care; 2006; selected Tutorials:
  - Tutorial 13: PDSA Cycle or how can we accelerate improvements in HIV care?
  - Tutorial 2: What is Quality? What is Quality Improvement in HIV Care?
  - Tutorial 3: The Ryan White Care Act and its Expectations for Quality
- 'HIVQUAL Workbook: Guide for Quality Improvement in HIV Care' – Book by the New York State Department of Health AIDS Institute, National HIVQUAL Project (www.hivqual.org); 2006
- 'HIVQUAL Group Learning Guide: Interactive Quality Improvement Exercises for HIV Health Care Providers' - Facilitator guide of the New York State Department of Health AIDS Institute; updated 2006; selected exercises:
  - Selecting a Pilot Test
  - Planning a Pilot Test
  - Evaluating a Pilot Test
- 'Improving Care for People Living with HIV/AIDS Disease' – Publication by the Institute for Healthcare Improvement, HRSA/HAB; HIV/AIDS Bureau Collaborative

- 'The Modular Quality Improvement Curriculum for Improving HIV Care' – Presentation Slides by the Institute for Healthcare Improvement, HRSA/HAB, HIV/AIDS Bureau
- 'Quality Management: Technical Assistance Manual' – Publication by the HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA)
- 'The Improvement Guide' Book by Gerald Langley, Kevin Nolan, Thomas Nolan, Cliff Norman, and Lloyd Provost; San Francisco, CA; Jossey-Bass, 1996
- 'Process Improvement' – Article by Ronald Moen, Thomas Nolan; Quality Progress, 1987, p62
- 'The Foundation of Improvement' Article by Gerald Langley, Kevin Nolan and Thomas Nolan; Quality Progress, June 1994, p. 81
- 'ASQs Accelerating Change Collaborative Series: A Challenge for Industry' – Article by Kevin Nolan; Quality Progress, Jan 1999, p55

Module 4 Tool: PDSA Reporting Form

Group Exercise:

Review the following mini scenarios and brainstorm potential PDSA cycles ideas.

As a group pick one of the three scenarios listed and discuss potential PDSA cycles; document your ideas on this reporting form and report back to the larger audience.

A) An ambulatory HIV clinic wants to improve the number of patients with routine CD4 and Viral Load tests every 4 months.

B) A case management program decides to improve the percentage of clients with a complete psychosocial assessment every 6 months.

C) A Department of Health chooses to work on linking patients who test positive for HIV to HIV primary care.

Ideas for PDSA cycles:

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Module 5: Lunch and Video

Agenda Day 1:

12:15 – 1:15 pm (60 min)

Type of Activity:

Lunch; Video Presentation

Materials Needed:

VCR and TV; Video ('Paradigm Shift')

Overview of Activity – 60 min:

- 40 min: Lunch
- 20 min: Video Presentation

Purpose and Key Lessons Learned:

- Network with other participants and learn why they have chosen to attend the TOT Session
- Learn about paradigm shifts and the importance of change

Detailed Instructions:

Lunch - 40 min

1. Ask participants to sit with one person that they have not met before the TOT Session and discuss why they have chosen to participate in the program

Video Presentation - 20 min

2. Present the Joe Barker Video
3. Ask the group about their reactions and possible application to their work environments

Reference Materials:

- 'The Business of Paradigms' – Video by Joel Barker; www.joelbarker.com

Module 6: Learner-Centered Training (Pre-work Follow-up)

Agenda Day 1:
1:15 - 2:00pm (45 min)

Type of Activity:
Small group "contest" activity reinforced with PowerPoint slides

Materials Needed:
Slides ("M6 Adult Learning Slides") and copies of handout ("M6 Adult Learning Quiz"); small group prize; NQC remotes

Purpose and Key Lessons Learned:
- Reinforce key concepts from the learner-centered training pre-work module
- Model group "contest activity" as an option for future training designs
- People learn through interactions, discussions, simulations and real work applications, not lectures
- "Having fun" is key to successful learning activities

Detailed Instructions:
Contest Activity – 40 min
1. Transition to this segment by saying, "Let's spend a few minutes reinforcing some of the key adult learning concepts experienced in the pre-work Webex call"
2. Hand out the "M6 Adult Learning Quiz" to participants
3. Give each table 10 minutes at your small tables to discuss and choose the most appropriate answers for all 18 items; one answer per table
4. Hand out the NQC remotes; one per table
5. After 15 minutes, review the slides and let each table 'vote' using the NQC remotes; create a safe competitive environment
6. Reinforce the answer with PowerPoint slides
7. Each group is asked to keep track of the number of correct and incorrect answers

Prize Component - 5 min
8. Ask each group for their number of correct answers, determine which group or groups had the largest number of correct answers and awards the "prize(s)"
9. Debrief on "Wear your trainer hat"

Module 6 Tool: Adult Learning Quiz

1. Subject matter experts typically are:
   a) Consciously competent
   b) Consciously incompetent
   c) Unconsciously incompetent
   d) Unconsciously competent

2. Which of the following physical factors affects learning?
   a) Noise level
   b) Time of day
   c) Structure
   d) Room temperature
   e) All of the above

3. A standard way to keep people engaged in learning is to:
   a) Summarize key points frequently
   b) Use dramatic gestures to make points more forcefully
   c) Ask good questions and allow people time to think & respond
   d) Repeat key points numerous times to support short term memory

4. Which of the following are not preferences the instructor must recognize?
   a) Participant's apparel
   b) Learning style
   c) Setting
   d) Motivation
   e) Social needs

5. Of the following options, which is the most learner-centered?
   a) Case study
   b) Role play
   c) Self assessment
   d) Large group discussion
   e) Lecture

6. Which is correct? We tend to remember:
   a) 30% of what we hear
   b) 50% of what we read
   c) 20% of what we say
   d) 90% of what we say and do
   e) None of these is correct

7. Which of the following is not an example of active involvement?
   a) Making a presentation
   b) Participating in a discussion
   c) Watching a demonstration
   d) Engaging in a simulation

8. Left untreated, information disappears from short term memory in:
   a) 3-5 minutes
   b) 60 seconds
   c) 30 seconds
   d) 15 seconds
   e) None of the above

9. Visual learners prefer, enjoy or require:

    a) Written material to study new concepts

    b) A good joke or story they can repeat or tell to others

    c) Gestures when making a point

    d) Frequent breaks to rest their eyes

    e) Words to accompany a cartoon

10. Research suggests people learn best when:

    a) There is lots of detailed content

    b) They are shown how things are done

    c) They see what's in it for the organization

    d) They get to try things for themselves

    e) They are told how things work

11. Learning is defined as:

    a) Retaining facts accurately in long term memory

    b) A change in behavior due to experience or continued practice

    c) Successfully driving knowledge from core skills sets

    d) Correctly replicating in a work environment techniques discussed in a session

12. Which of these learning conclusions are false?

    a) Adults resist situations where they are not treated with respect

    b) Adults will strive to do their best when they are physically comfortable

    c) Adults prefer a serious, no nonsense tone to maximize learning

    d) Adults prefer practical results from learning

    e) Teachable moments are determined by the adults needs and interests

Module 7: Interactive QI Activities

Agenda Day 1:
2:00 – 3:00 pm (60 min)

Type of Activity:
Interactive Game; Review of Interactive QI Resources; Group Discussion of 'Ground Rules' for Game Activities

Materials Needed:
Red Bead Game, Red Bead handout ("M7 Red Bead Handout"); Presentation slides ("M7 Interactive QI Resources"); flipchart

Overview of Activity – 60 min:
- 30 min: Red Bead Game
- 20 min: Participant Presentations
- 10 min: Discussion of 'Ground Rules' for Game Activities

Purpose and Key Lessons Learned:
- Experience an interactive QI game and apply the lessons learned to HIV care
- Learn about existing interactive QI resources
- Understand the 'ground rules' when using game activities and how to engage participants in QI and adult learning

Detailed Instructions:
Red Bead Game – 30 min

1. Encourage participant to demonstrate the Red Bead Experiment (prior experience is recommended); if no one volunteers, faculty will facilitate
2. Give the "M7 Red Bead Handout" to all participants and ask for volunteers to participate
3. Play the Red Bead Game; see detailed instructions in the NQC Game Guide
4. Upon the completion of the game ask the entire audience why this game is relevant to quality improvement in HIV care ("What do you think are the lessons learned from this Red Bead Game?")
5. Focus the discussion on the following issues:
   - Random chances ("What was the biggest driver of good/bad performance?")
   - Importance of process thinking over individual performances ("Did the individual have an impact on the score? Why? Why not?")
   - The role of leadership ("Was the leader effective? Why? Why not?")
   - Working in teams ("Would a team approach be more effective? Why? Why not?")

6. Summarize the key lessons learned:

    •   In order to improve, you need to improve your clinic's system (not just individuals)

    •   Leaders are critical to root the quality concept

    •   Involve people who will be affected by proposed changes

    •   Eliminate special causes and reduce common cause variation

Participant Presentations - 20 min

7. Invite the 3 volunteer participants (from final Pre-TOT conference call) to each present on their assigned QI resource (NQC Game Guide, HIVQUAL Group Learning Guide, Making Sure Your HIV Care is the Best It Can Be); remind each participant to limit their presentation to 5 minutes

8. Allow participants to ask questions related to the resources and their applications

9. Faculty should complete the presentation feedback form for each presenter; provide words of encouragement

Discussion of 'Ground Rules' for Game Activities - 10 min

10. Facilitate large group brainstorming exercise to answer the following question: "How can you use game activities most effectively and what are some rules to engage participants in these training activities?"

11. Document the discussion on flipcharts

12. Invite a volunteer to conduct the "Win as Much as You Can Win' Activity on Day 2

Reference Materials:

•   'NQC Game Guide - The Game Guide Interactive Exercises for Trainers to Teach Quality Improvement in HIV Care' - Facilitator Game Guide by the New York State Department of Health, AIDS Institute, National Quality Center; 2006

•   'HIVQUAL Group Learning Guide' – Facilitator Guide by the New York State Department of Health, AIDS Institute, National HIVQUAL Project; updated 2006

•   The Team Handbook – Book by Peter Scholtes, Joiner, Brian L. and Streibel, Barbara J. Second Edition. Madison, WI: Joiner Associates Inc., 1996

Note:

The Red Bead Game was developed by Dr. W. Edwards Deming. The NQC Game Guide includes a detailed description of this game.

Module 7 Tool: Red Bead Handout

HELP WANTED

HIV Program, located on the Island of Manhattan, has openings for 6 people. Applicants must be willing to work and willing to do their best! Advancement is rapid and depends solely on an individual's performance, not someone else's. HIV Program rewards quality workers.

Provider (3 Positions):

Minimal education, ability to follow instructions. No experience necessary. Women and minorities are encouraged to apply.

External Auditor (1 Position):

Ability to count to 18 (maybe even 20) without help. Access to pencil/pen and paper. Experience helpful, but not necessary.

Recorder (1 Position):

Ability to do basic addition of rows and columns with numbers as high as 20, multiplication and division too. Would help if had calculator experience. Accountant desired, but will consider mathematician or engineer.

Consultant (1 Position):

Provide assistance to HIV program. Good verbal and writing skills. Knowledge of HIV guidelines necessary. Previous experience necessary. MBA desired but not necessary.

Please Apply!

Module 8: Building QM Infrastructure

Agenda Day 1:
3:30 – 4:30 pm (60 min)

Type of Activity:
Group Exercise with smaller teams; PowerPoint slide presentation; Large Group Brainstorming

Materials Needed:
Copies of NQC QM Assessment Tools; copies of Group Exercise handouts ("M8 QM Infrastructure" and "M8 QM Action Plan"); flipchart

Overview of Activity – 60 min:
- 10 min: Self Assessment of HIV Quality Program
- 15 min: Group Exercise: Sharing of Self Assessment of HIV Quality Program
- 20 min: Development of QM Action Plan
- 15 min: Large Group Brainstorming

Purpose and Key Lessons Learned:
- Summarize key findings from the QM self assessments to peers
- Develop an action plan to strengthen participants' QM programs
- Understand the importance of a sound QI infrastructure to support ongoing quality activities
- Understand the drivers to support quality management in HIV organizations

Detailed Instructions:
Self Assessment of HIV Quality Program - 10 min
1. Ensure each participant has brought their own HIV quality program self assessment, as required in the pre-work TOT phase
2. Ask individuals from the same HIV program to sit next to each other
3. Ask each participant (or team of the same HIV program) to quickly review their QM self assessment form and complete the provided handout, named "M8 QM Infrastructure"

Group Exercise: Sharing of Self Assessment of HIV Quality Program - 15 min
4. Ask each partner (or team) to find a colleague in the room with the same (or similar)Part funding
5. Instruct each team to share their successes and weaknesses based on the "M8 QM Infrastructure" handout; encourage the teams to provide their insight and offer their advice; ensure that all participants have the opportunity share their findings
6. Make faculty available to participants to assist this activity

Development of QM Action Plan - 20 min

7. Handout the "M8 QM Action Plan" worksheet to teams

8. Instruct each team to develop an action plan to work on 1-2 concrete weaknesses based on the "M8 QM Infrastructure" worksheet; ensure that all participants have their turn

9. Make faculty available to participants to assist this activity

10. Ask for volunteers to report back their action steps

Large Group Brainstorming - 15 min

11. Facilitate large group brainstorming exercise to answer the following question: "What are all the elements necessary to support quality improvement in your organization?"

12. Document the discussion on flipcharts

13. Debrief on how training objectives were met and how participants could facilitate this training activity ("Wear your trainer hat")

Reference Materials:

- NQC Quality Academy – Online training courses on quality improvement in HIV care; launched 2007; selected Tutorials:
    - Tutorial 6: Quality Management Infrastructure
    - Tutorial 3: The Ryan White Care Act and its Expectations for Quality
    - Tutorial 20: Spreading Good Ideas for Change
    - Tutorial 18: Systems Thinking
    - Tutorial 19: Organizational Cooperation and Collaboration
- 'HIVQUAL Workbook: Guide for Quality Improvement in HIV Care' – Book by the New York State Department of Health AIDS Institute, National HIVQUAL Project (www.hivqual.org); 2006
- 'HIVQUAL Group Learning Guide: Interactive Quality Improvement Exercises for HIV Health Care Providers' - Facilitator guide of the New York State Department of Health AIDS Institute; updated 2006; selected exercises:
    - Support for Quality Program
    - Facilitation of Quality Program
    - Sustainability of Quality Program
    - Evaluation of Quality Program
- 'Technical Assistance Manual for Quality Management for Ryan White CARE Act Title I Programs' – Guide by the HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration; 2002

Module 8 Tool: QM Infrastructure

Exercise:

Based on your QM infrastructure assessment findings, complete the following worksheet by listing three strengths and three weaknesses of your quality management program.

Strengths of your quality management program:

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Weaknesses of your quality management program:

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Module 8 Tool: QM Action Plan

Exercise:

Based on your QM infrastructure assessment findings, develop an action plan to strengthen your quality program.

ACTION STEP	DETAIL	WHEN	WHO

ACTION STEP	DETAIL	WHEN	WHO

Module 9: Using Assessment to Target Training at the Individual Learner Level

Agenda Day 1:
4:30 – 5:00 pm (30 min)

Type of Activity:
Presentation with PowerPoint Slides; Large Group Discussion and Brainstorm

Materials Needed:
Copies of aggregate skills assessment results for this TOT Session; Presentation Slides ("M8 Learner-Centered Training")

Overview of Activity – 30 min:
- 15 min: Review of the NQC Skills Assessment
- 15 min: Group Discussion - How to Gather Data about Participant Needs

Purpose and Key Lessons Learned:
- Reinforce concepts from learner centered training module and discussion; show how the NQC's and other types of assessments link to "learner centered" program design and implementation
- Learn about the NQC's assessment and other methods and resources for understanding participant knowledge and needs

Detailed Instructions:
Review of the NQC Skills Assessment - 15 min

1. Open with transition comments from the previous module on adult learning; present how, just as is true with QI work, data and information are necessary when designing and delivering workshops that are "learner centered" and which help participants sustain behavioral change

2. Hand out the aggregate assessment results; discuss how the results impacted your thinking about what to emphasize and de-emphasize in the workshop; answer participant questions about the assessment, discuss ways participants can work with NQC to collect additional data?

Group Discussion: How to Gather Data about Participant Needs - 15 min

3. Lead a discussion on other ways to gather information about participant needs, knowledge and experience; examples include:
   - In the pre-work conference calls, build in more time to get input from participants on hopes and expectations for the program. ("what do you hope to accomplish as a result of this training? Identify 3-5 specific expectations that this training will help you accomplish")
   - Research online or in periodicals the organizations that participants are from (Beforehand, look for connections between the trainng and the organizations' missions, key strategies, and comments frm senior leaders)

- Call or email participants to get input on their hopes, needs, and expectations ("are there any needs we should be aware of that will make the learning experience successful for you?")

- Review participants' organizational QM assessment data, patient satisfaction data and other scorecard indicators (look for gaps or areas of low performance to use as part of the rationale for linking the training to an organizational benefit; ask participants the question about how the data relates to the need for this program)

- Survey participants at the beginning of the program on what type of learning styles they prefer ("what approach might work best for you? Are there approaches that should be avoided?)

- Ask participants to brainstorm "What other ways could you better understand participants needs and expectations?"; write down responses on a flipchart and save for the NQC learning database

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Module 10: Mini-Presentations: "Five Minutes of Fame"

Agenda Day 1:
5:00 - 5:30 pm (30 min)

Type of Activity:
Presentations by participants

Materials Needed:
Presentation Slides ("M10 Presentation Slides"); Copies of Presentation Feedback Form for Faculty

Overview of Activity – 30 min:
- 05 min: Introduction of Exercise
- 25 min: Presentations by Participants

Purpose and Key Lessons Learned:
- Build participants' confidence for presenting to large audiences
- Help participants improve their presentation skills through individualized feedback from faculty

Detailed Instructions:

Introduction of Exercise - 5 min

1. Introduce activity and thank participants for volunteering in the Pre-TOT conference call
2. Ask the audience to be ready to provide constructive feedback on participant delivery of presentation

Presentations by Participants - 25 min

3. Remind presenters to stay within their allotted five minutes and describe how you will give them a one-minute warning signal
4. Ask for the first volunteer to present
5. Solicit 1-2 pieces of constructive feedback from audience
6. Faculty should complete the presentation feedback form and provide to each presenter

Module 11: Sharing of Aha! Moments & Day 1 Evaluation

Agenda Day 1:
5:30 - 6:00pm (30 min)

Type of Activity:
Group Feedback

Materials Needed:
Evaluation slides ("M11 Day 1 Evaluation Slides"); NQC remotes; copies of the NQC Evaluation Form ("M11 Day 1 Evaluation Form")

Overview of Activity – 30 min:
- 20 min: Sharing of Aha! Moments
- 10 min: Day 1 Evaluation

Purpose and Key Lessons Learned:
- Identify concepts that created an impression in the minds of participants
- Gauge the level of interest in the topics covered
- Identify mid-course corrections, if any
- As a session facilitator, receive positive and constructive feedback
- Assist with planning the next day

Detailed Instructions:

Sharing of Aha! Moments – 20 min

1. Transition to this segment by saying, "Let's spend a few minutes discussing some of your personal highlights or an Aha! From today's session. I'll give you 2 minutes to think about today and we'll begin with a volunteer. We'll hear from as many of you as we can in the next 15 minutes"

2. After 2 minutes, ask for a volunteer; listen to each contribution and simply thank each person for sharing

3. Transition to the evaluative section by saying, "Let's get some feedback from you on today's session so we can make tomorrow even better"

Day 1 Evaluation – 10 min

4. Hand out NQC remotes

5. Present Day 1 Evaluation Slides and collect the feedback using the remote feature

6. Discuss if appropriate any aggregate results

7. Once complete, divide a flipchart into 2 columns labeled "Went Well" and "Do Differently"

8. Ask the group to respond to 2 questions:
   a) "From a training perspective, what is one thing you thought went well today?"
   b) "From a training perspective, what one thing would you suggest we do differently next time?"

9. Remind group to post any last-minute fears or challenges on the flipchart

10. Present "Guest Voices" video

11. Remind participants of 8AM start on Day 2

Module 11 Tool: Day 1 Evaluation Form

QUESTION:	STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
The way the course was delivered today was an effective way for me to learn	1	2	3	4	5	6
I had sufficient opportunity to participate	1	2	3	4	5	6
Materials were useful during the day	1	2	3	4	5	6
The facilities, equipment, etc. were favorable to learning	1	2	3	4	5	6
The agenda and content for today was logically organized	1	2	3	4	5	6
Overall, I was satisfied with the session facilitator(s)	1	2	3	4	5	6
I will refer to or use the materials going forward	1	2	3	4	5	6
My knowledge and /or skills increased as a result of today	1	2	3	4	5	6
The workshop had the right balance of lecture and inter-active activities	1	2	3	4	5	6

QUESTION:	STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
Please rate the following agenda items:						
• Welcome & Introductions	1	2	3	4	5	6
• Satisfaction Continuum	1	2	3	4	5	6
• QI Principles	1	2	3	4	5	6
• PDSA Model	1	2	3	4	5	6
• Paradigm Shift Video	1	2	3	4	5	6
• Learner-Centered Training	1	2	3	4	5	6
• Interactive QI Activities	1	2	3	4	5	6
• Assessment of HIV Quality Program	1	2	3	4	5	6
• Using Assessment to Target Training at the Individual Learner Level	1	2	3	4	5	6
• Mini-presentations: Five Minutes of Fame	1	2	3	4	5	6
Overall, I was satisfied with today	1	2	3	4	5	6

Other suggestions or comments:

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Day 2

Module 12: Welcome and Warm-Up Activity

Agenda Day 2:

8:00 - 9:00 am (60 min)

Type of Activity:

Group Discussion; Group Activity

Materials Needed:

Day 2 Agenda Slides ("M12 Welcome Day 2 Slides"); flipchart; post-it notes

Overview of Activity – 60 min:

- 10 min: Review Overall Objectives & Key Objectives for Day 2
- 20 min: Fears and Challenges Discussion
- 30 min: Flowcharting Activity & De-brief

Purpose and Key Lessons Learned:

- Clarify the aim for the day and how Day 2 fits into the overall context of the TOT Session
- Help participants overcome identified fears and challenges in providing future trainings
- Experience creating a flowchart with a small group of people for a relatively simple process

Detailed Instructions:

Review Overall Objectives & Key Objectives for Day 2 - 10 min

1. Present the "M12 Welcome Day 2" slides to highlight the Day 2 Objectives
   - Present learning material with greater confidence and effectiveness
   - Design and use visual aids which have more impact
   - Increase engagement and involvement in training situations
   - Articulate strategies for diffusing difficult behaviors in training settings
   - Locate and incorporate NQC quality improvement resources and materials into training sessions
   - Design and present Quality Management Plan and Performance Measurement concepts and materials
   - Demonstrate a learning plan for an upcoming training session on quality improvement
2. Review agenda for Day 2 using the NQC slides

Fears and Challenges Discussion - 10 min

3. Acknowledge the postings and identify main themes
4. Provide advice to audience on main themes
5. Solicit additional advice from participants on those themes

Flowcharting Activity – 30 min

6. Form small groups, one per table, and charge each table to create a process flowchart of the pizza making process, making the "best pizza in the world"

7. Introduce the flowchart tools and display the flowchart symbols to use (see "M12 Welcome Day 2 Slides")

8. Provide flipchart and post-it notes for each table

9. Ask each group to initially decide on the start and end point for the process, use post-it notes, brainstorm all the steps in the process, 1 step per post-it note, arrange the notes in a logical sequence, from start to finish on the flipchart

10. Make faculty available

11. After 15-20 minutes transition to the group discussion by asking, "When instructing others on creating process flowcharts, what one thing would you emphasize about the process?"

Reference Materials:

• 'HIVQUAL Group Learning Guide' – Facilitator Guide by the New York State Department of Health, AIDS Institute, National HIVQUAL Project; updated 2006; pages 108-115, Flowcharting.

Notes

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Module 13: Five Step Model for Creating Effective Training

Agenda Day 1:

9:00 - 10:30 pm (90 min)

Type of Activity:

Presentation with PowerPoint Slides and Handouts;
Individual activity using a Participant-created Case Study

Materials Needed:

Presentation slides ("M13 Moving from Training to Assessment"); Copies for Individual Exercise handout ("M13 5 Step Training Model"); flipchart

Overview of Activity – 90 min:

- 20 min: Review of the 5 Step Training Model
- 30 min: Individual Activity
- 20 min: Small Group Exercise to Discuss Sample Plans
- 20 min: Large Group Discussion and Q&A

Purpose and Key Lessons Learned:

- Help participants begin to identify their potential TOT workshop participants after this Program
- To support participants with a simple easy-to-use training design template
- To provide participants with an opportunity to assimilate information from Day 1 and to begin to apply that to their work environment and future trainings

Detailed Instructions:

Review of the 5 Step Training Model (Step 1-5) - 20 min

1. Transition from the previous module with an appropriate linkage explaining that participants will now have an opportunity to begin adapting this program to their own potential workshops by using a training design template to develop a high level outline of a workshop
2. Present slides, titled "M13 5 Step Training Model"

Individual Activity - 30 min

3. Hand out the 5 Step Training Model sheets to each participant
4. Use the provided PowerPoint slides to provide activity instructions; monitor and assist participants as they complete the handouts

Small Group Exercise to Discuss Sample Plans – 20 min

5. Ask the group to break into pairs and then share their completed handouts with their partner; partners should provide feedback on what makes sense and what could be improved
6. Make faculty available for participants

Large Group Discussion and Q&A – 20 min

7. Engage the entire group in a discussion by asking the
    following:

    -   How does this template help you develop
        your training?

    -   What type of feedback did you give/receive in
        your pairs?

    -   What further thoughts do you have on your first
        TOT workshop and its potential participants?

    -   What questions or concerns do you have with this
        initial structure for developing training?

Reference Materials:

-   Telling Ain't Training, ASTD, Harold Stolovitch, Erica
    Keeps, 2002.

Notes

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Module 13 Tool: Five Step Training Model

Using this simple 5 Step Training Model to design your training program will help your learners learn and grow.

Rational:
Why?

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Objective
What?

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Activities:
How?

↓

Evaluation:
How Well?

↓

Confirming
Feedback ← OK? → Corrective
Feedback
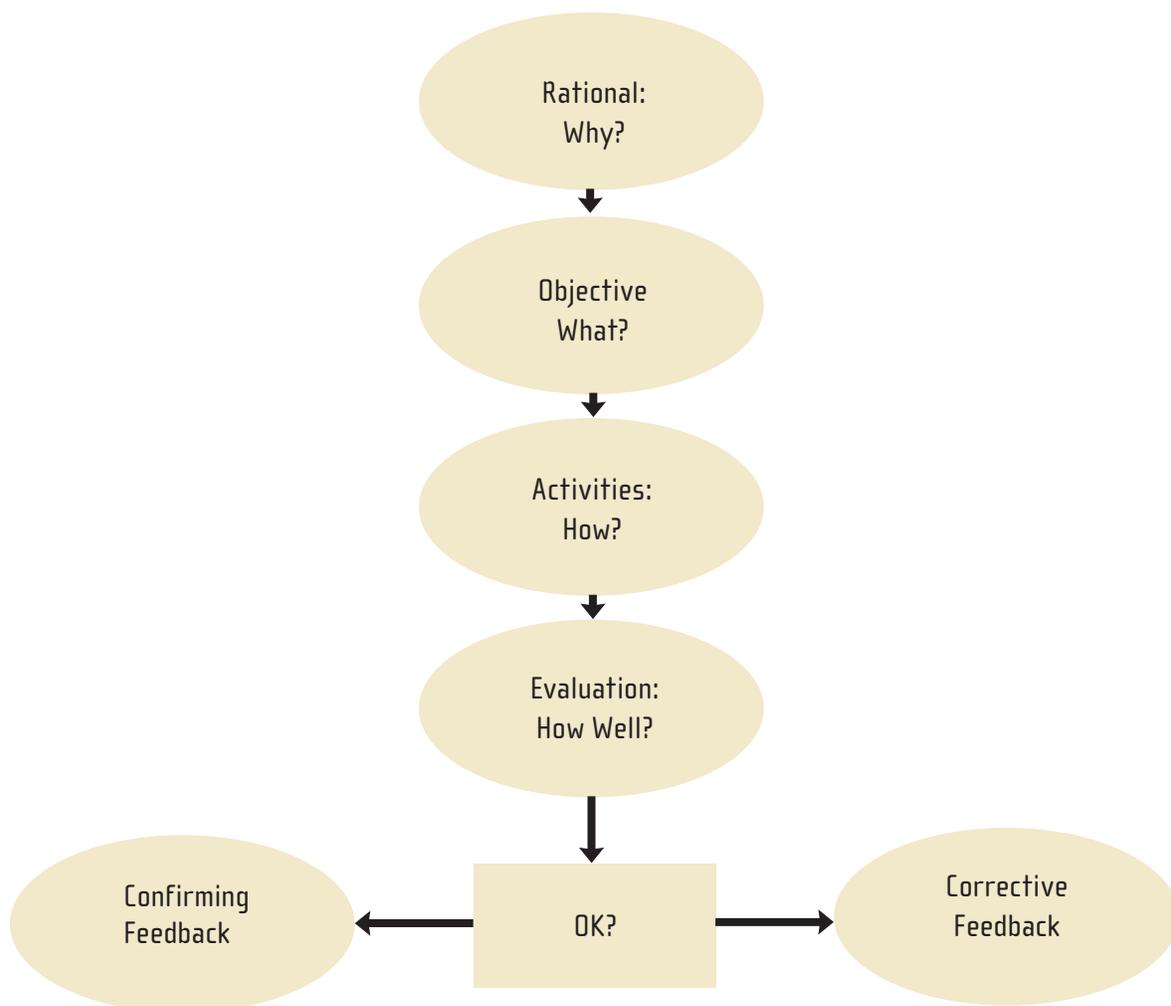
Source: Telling Ain't Training, ASTD, Harold Stolovitch, Erica Keeps, 2006

A) Background Information:

Step 1: Topic & Rationale

- Engage your learners in a dialogue about why they need your program, and what is in it for them to attend, engage, and practice new learning and performance. Your rationale needs to address and enhance their motivation to learn and change.

- In delivering the rationale, you will also state the title of the topic area you wish to teach. Make sure the topic is not too general. You should be able to teach each topic in one segment.

Step 2: Performance Objectives

- Ask yourself "What is it I want the employee to be able to DO after this session?" The answers are your learning objectives. Learning objectives are demonstrable behaviors. They begin with action verbs such as: to list, to state, to count. They do not begin with the words "to know " or "to understand." Learning objectives provide specific goals which everyone in your training should be able to attain.

Step 3: Activities

- Learners are most engaged when they are active participants who are "doing instead of listening." What activities and methods will you provide to your learners to help them embrace the materials? Activities should be focused on support of the learning objectives. They should have some of the following characteristics:
  - Engaging
  - Fun
  - Inherently Interesting
  - Provoke creative participation
  - Spark curiosity, but not confusion

- The National Quality Center has several resources that provide active learning activities around quality improvement and management principles and methods. For example, the NQC Game Guide includes a list of 20 games designed to engage learners in QI tools, methods, and concepts.

SOME SUGGESTED ACTIONS WORDS TO USE IN CREATING PERFORMANCE OBJECTIVES:

list	state	input	interview
count	correct	answer	verify
calculate	file	define	complete
smile	record	explain	identify

Step 4: Evaluation

- It is important to assess whether participants have met learning performance objectives. When assessed, there is a much better chance participants will learn. Be sure to evaluate the learning performance and not the person doing the learning. Adult learners are sensitive and have strong feelings about learning situations, so be sure to set up any kind of evaluative activity in a way that stresses accomplishment.

Step 5: Feedback

- Research shows that when learners receive feedback on how well they are learning, they learn better. Note that there are two types of feedback, corrective or confirming. Adult learners expect corrective feedback, and may be defensive about it. Adult learners will respond more favorably to genuine confirming feedback.

B) Case Study Practice Session: Moving from Assessment to Design

Think about a one-day workshop with 20 participants over the next several months. Consider their organizational knowledge and resources the potential knowledge and skill of individuals and key outcomes you wish to achieve. Use this template to complete a high level, 5 step training plan to support your training.

General notes about the situation and participants:

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Step 1: Topic & Rationale

In this step, you need to communicate with and engage your learners in why they need your program, and what is in it for them to attend, engage, and practice new learning and performance. Your rationale needs to address and enhance their motivation to learn and change. Given what you know from your experience with groups like this, how will your quality program benefit this particular group of learners, and why do they need your program? How can you validate your rationale prior to the program?

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Step 2: Performance Objectives

Ask yourself: "What is it I want the learner to be able to DO after this session?" Learning objectives are demonstrable behaviors. They begin with action verbs such as: to list, to state, to count. They do not begin with the words "to know " or "to understand." Learning objectives provide specific goals which everyone in your training should be able to attain. The number of objectives depends on the outcomes you want to achieve, the time available to you and the participants, and their prior knowledge and experience.

List potential learning objectives for your participants:

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Step 3: Activities

Learners are most engaged when they are active participants who are "doing instead of listening." What will you provide to your learners to help them embrace your materials? Activities should be focused directly on support of the learning objectives. They should have some of the following characteristics:

- Engaging
- Fun
- Inherently Interesting
- Provoke creative participation
- Spark curiosity, but not confusion

What activities will you conduct for this group and why?

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Step 4: Evaluation

Evaluation is an important element to determine whether or not you and the participants have met the program objectives.

How will you assess participants on each learning objective?

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Step 5: Feedback

Research shows that when learners receive feedback on how well they are learning, they learn better.

How will you provide feedback to learners, and how can you decrease any defensiveness they might naturally feel?

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Module 14: Performance Measurement

Agenda Day 2:
11:00 – 12:30 am (90 min)

Type of Activity:
Presentation with PowerPoint slides; Group Exercises; Group Discussion

Materials Needed:
Presentation slides ("M14 Performance Measurement"); copies of Group Exercise handouts ("M14 PM Indicator Worksheet" and "M14 PM Data Collection Worksheet"); flipchart

Overview of Activity – 90 min:
- 20 min: Performance Measurement Presentation on Indicators
- 20 min: Group Exercise - "How to develop an indicator"
- 20 min: Presentation on Data Collection
- 15 min: Group Exercise - "How to sample records"
- 15 min: Group Discussion

Purpose and Key Lessons Learned:
- Understand the key concepts on how to develop and write an indicator definition
- Learn about data collection processes and sampling methodologies
- Familiarize participants with available resources around performance measurement in HIV care
- Share with others lessons learned around performance measurement

Detailed Instructions:
Performance Measurement Presentation on Indicators - 20 min
1. Have participants review module training objectives
2. Present the appropriate PowerPoint slides, named "M14 Performance Measurement" with focus on the reasons for performance measurement and around quality indicators in HIV care
3. Engage the participants to share their data collection experiences

Group Exercise - "How to develop an indicator"- 20 min
4. Form several small groups of 5-8 individuals; it is suggested to use each table as one group
5. Hand out the "M14 PM Indicator Worksheet" exercise to each group
6. Introduce the exercise and let each group define one indicator based on several presented examples (retention of care; coordination of care; consumer involvement in care)
7. Record the topics on a flipchart
8. Make faculty members available to teams
9. Ask 1-2 teams to report back their definition; ask for feedback by other participants and faculty

Presentation on Data Collection - 20 min
10. Present the appropriate PowerPoint slides, named "M14 Performance Measurement" with focus data collection in HIV care
11. Engage the participants to share their data collection experiences

Group Exercise - "How to sample records" - 15 min

12. Form the same small groups of 5-8 individuals as before

13. Hand out the "M14 PM Data Collection Worksheet" handout to each group

14. Introduce the exercise and ask each group to identify the appropriate number of male and female records to be pulled

15. Share the results with all groups

Group Discussion - 15 min

16. Facilitate a group discussion among all participants around the question: "What are the Dos & Don'ts of Performance Measurement?"

17. Debrief on "Wear your trainer hat"

Reference Materials:

- NQC Quality Academy – Online training courses on quality improvement in HIV care; 2006; selected Tutorials:
  - Tutorial 7: "Acting on Measurement - Overview"
  - Tutorial 8: "Choosing Quality Measures for HIV Care and Services"
  - Tutorial 9: "Collecting Data"
  - Tutorial 10: "Narrowing Your Focus – Using Data to Select an Improvement Project"
- 'Measuring Clinical Performance: A Guide for HIV Health Care Providers' – Publication by the New York State Department of Health AIDS Institute; updated 2006

- 'HIVQUAL Workbook: Guide for Quality Improvement in HIV Care' – Book by the New York State Department of Health AIDS Institute, National HIVQUAL Project (www.hivqual.org); 2006
- HIVQUAL3 Software – HIV Data Collection Software by the New York State Department of Health, AIDS Institute, National HIVQUAL Project; updated 2006
- 'HIVQUAL Group Learning Guide: Interactive Quality Improvement Exercises for HIV Health Care Providers' - Facilitator guide of the New York State Department of Health AIDS Institute; updated 2006; selected exercises:
  - Constructing a Sample
  - Data Collection
  - Putting it All Together: An Improvement Project Cycle
  - 'Patient Satisfaction Survey for HIV Ambulatory Care' - Publication by the New York State Department of Health AIDS Institute; 2003
- 'Measuring Quality Improvement in Healthcare' – Book by R.G. Carey, and Lloyd, R.C.. New York: Quality Resources, 1995
- Group Techniques for Program Planning: A Guide to Nominal Group and Delphi Processes – Book by Delbecq, A., Vand de Ven, A., and Gustafson, D.. Middleton, WI: Green Briar Press, 1975/1986
- 'An Introduction to Categorical Data Analysis' – Book by Alan Agresti, Wiley Series in Probability and Statistics. Applied Probability and Statistics, May 1996

Module 14 Tool: Performance Measurement Indicator Worksheet

Indicator Development Exercise:

PROJECT TITLE:

GOAL:	

DENOMINATOR:

NUMERATOR:

Module 14 Tool: PM Data Collection Worksheet

Group Excercise:

Review the following case study and respond to the questions below using the provided Sample Table:

"An HIV drug treatment clinic assesses the clinic's annual quality of care measurements for July 1, 2005 to June 30, 2006. During an initial meeting, the team defines their selection criteria as all HIV+ patients who have had at least 1 visit within the last 6 months of the study period and who have had more than 1 visit during entire the study period. 125 HIV+ patients meet these criteria (53 females)."

Questions:

a) How large should the total review sample be (females and males)? _____

b) How many female medical records? _____

c) How many male medical records? _____

TOTAL SAMPLE TABLE		
TOTAL ELIGIBLE POPULATION	MINIMUM TOTAL RECORDS	CHARTS TO PULL
Up to 20	All	All
21 - 30	24	31
31 - 40	30	39
41 - 50	35	46
51 - 60	39	51
61 - 70	43	56
71 - 80	46	60
81 - 90	49	64
91 - 100	52	68
101 - 119	57	74
120 - 139	61	79
140 - 159	64	83
160 - 179	67	87
180 - 199	70	91
200 - 249	75	98
250 - 299	79	103
300 - 349	82	107
350 - 399	85	111
400 - 449	87	113
450 - 499	88	114
500 - 749	94	122
750 - 999	97	126
1000 - 4999	105	137
5000 or more	107	139

Module 15: Box Lunch

Agenda Day 2:
12:30 – 1:30 pm (60 min)

Type of Activity:
Lunch

Materials Needed:
None

Overview of Activity – 60 min:
• 60 min: Box Lunch

Purpose and Key Lessons Learned:
• Network with other participants and learn why other participants have chosen to attend this TOT Session

Detailed Instructions:
Lunch - 60 min

1. Let participants know that box lunches are provided
2. Remind participants to be ready to resume at 1:30

Module 16: QI Safari

Agenda Day 2:

1:30 – 2:15 pm (45 min)

Type of Activity:

Presentation; Small Group Exercise

Materials Needed:

PowerPoint slides ("M16 QI Safari"); Laptop connected to sound system; Copies of Group Handout ("M16 'Tool Hunt' Questions"); access to NQC Resources in hard copy for each table (NQC Game Guide, HIVQUAL Workbook, Group Learning Guide, Performance Measurement Guide; Satisfaction Survey; Guide to Consumer Involvement; Patient Health Journal; FAQ on Quality Management; NQC QM Checklist); Copies of Presenter Feedback Form for Faculty

Overview of Activity – 45 min:

• 20 min: Small Group Work "Tool Hunting"
• 20 min: Mini-presentations by Participants
• 05 min: Reporting Back and Q&A

Purpose and Key Lessons Learned:

• Familiarize participants with available state-of-the-art quality improvement resources
• Allow participants to navigate and search for appropriate quality improvement resources
• Strengthen individual presentation skills of participants through practice

Detailed Instructions:

Small Group Work "Tool Hunting" – 20 min

1. Distribute the "M16 'Tool Hunting' Handout" to participants
2. Form small group of 3-4 participants
3. Instruct each team to respond to all questions on the handout within 15 min; be sure to set the stage for a constructive and competitive environment
4. Gather all participants after 15 minutes to reflect on the activity
5. Ask which team could respond to all questions and count how many correct answers each team had; the team(s) with the most correct answers wins; provide winning team(s) with prizes

Mini-presentations by Participants – 20 min

6. Ask the selected volunteer presenters to introduce their assigned QI resource to the group in 2-3 minutes or less (Performance Measurement Guide, Guide to Consumer Involvement, Patient Satisfaction Survey, HIVQUAL Workbook, Patient Health Journal, FAQ on Quality Management, NQC QM Checklist)
7. Faculty provide feedback to presenters

Reporting Back and Q&A – 5 min

8. Invite any questions about QI resources before moving on

Module 16 Tool: 'Tool Hunt' Questions

Reviewing the QI resources on your table, complete the following questions as a team:

1) In what two months should an HIV program (Zip Code: 10024) administer a satisfaction survey? (Satisfaction Survey Tool)

_____

_____

2) What is the minimal sample case for administering a satisfaction survey at an HIV program with 756 patients per year? (Satisfaction Survey Tool)

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3) What does the following question in the Outpatient Substance Use Treatment Module mean in English: 1. Cuando necesité una cita, yo pude ver a mis consejeros para uso de drogas tan pronto como los necesité? (Satisfaction Survey Tool)

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4) What are the random numbers for 92 eligible cases based on the Performance Measurement Guide?

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5) What is the top 10% score for annual Pelvic Exams based on 2004 data in New York State? (Performance Measurement Guide)

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6) What are the two recommended steps after you've completed the measurement process and are on your way? (Performance Measurement Guide)

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7) Which game has links to all 5 key concepts in the NQC Game Guide?

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8) What is the source for the Paper Puppets Game? (NQC Game Guide)

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9) What is the answer to the Zin Obelisk Game? (NQC Game Guide)

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10) What is the answer to the following question to sustain the quality program: "8) Your HIV quality improvement team recently worked on improving patients' medication adherence notes. Which of the following steps seems most important in sustaining the team's adherence gains?" and why? (Group Learning Guide)

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11) On page 203 in the Group Learning Guide, what is the first decision tree in the described flow process?

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12) What is the source for the Logic Model as outlined in the Group Learning Guide?

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13) What is Step 5 in the HIVQUAL Model? (HIVQUAL Workbook)

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14) What HIV program uses competition among teams to plan and test changes? (HIVQUAL Workbook)

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15) What is the first idea for advanced HIV programs to develop and plan a quality management plan? (HIVQUAL Workbook)

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Module 17: Individual Training Design

Agenda Day 2:

2:15 – 4:30 pm (135 min)

Type of Activity:

Short presentation and then an individual work session

Materials Needed:

PowerPoint slides ("M17 Individual Training Design");
Training Design Worksheet: 5 Step Training Model; Faculty
Notes Template and Completed Sample ("M17 Faculty
Notes Form" and "M17 Faculty Notes Form: Completed
Sample); Day at a Glance (DAAG) Template and Com-
pleted Sample ("M17 Day at a Glance (DAAG) Template"
and "M17 Day at a Glance (DAAG) Template: Completed
Sample"); List of Participant Training Topics ("M17 List
of Training Topics"); Copies of Feedback Forms ("M17
Five Step Model Feedback Sheet" and "M17 Presentation
and/or Facilitation Skills Feedback Form"); Access to NQC
resources

Overview of Activity – 135 min:

- 10 min: Explanation of Activity and Specific Instructions
- 60 min: Individual Activity Creating Draft Training Plan
- 50 min: Small Group Activity Reviewing Draft Training
  Plans
- 15 min: Large Group Discussion and Q&A

Purpose and Key Lessons Learned:

- This 'putting it together' activity allows participants
  to consolidate 1.5 days of learning so far into a draft
  training plan
- Participants integrate their understanding of adult learn-
  ing principles, specific quality improvement content and
  NQC resources to create a mock training session

Detailed Instructions:

Explanation of Activity and Specific Instructions – 10 min

1. Present the PowerPoint slides, named "M17 Individual
   Training Design" to introduce the purpose and
   instructions for the module

2. Hand out the Participant Training Topics Sheet, so that
   each participant can select a topic that they will develop
   into a training module; also hand out the Faculty Notes
   Form

3. At the instructor's discretion, you can have participants
   choose a topic that is either familiar or unfamiliar to
   them, depending on how you assess their experience and
   learning needs

4. Explain that there are two or three tools participants can
   use in order to support their training design and actual
   facilitation:
   - 5 Step Training Model (from Module 13): this
     model helps participants first create a high level
     outline of their workshop; it includes key elements
     that they should incorporate into an overall plan as
     well as in shorter sub modules in their training
   - Faculty Notes Template: this template is a logistical

and detailed tool that lists the workshop time, purpose, detailed instructions, and resources needed for 60-90 minute sub-modules in the training; it should provide specific detail needed in order to support delivery of the training; walk through both a blank form as well as the completed sample form in the TOT Guide

- Day-At-A-Glance Form: this expandable form is simply a word table template that can be used to outline both a lengthy, multi-day training session as well as shorter sessions; pass out a blank form and show a sample form; explain the form to the participants

Individual Activity Creating Draft Training Plan – 60 min

5. Instruct participants to work on their own and use the forms provided to create a draft training session; this session should contain, at a minimum, a general introduction, one or more specific content training pieces, as well as a conclusion; the elements of Rationale, Objectives, Activities and Content, Evaluation, and Feedback must be included

6. Participants will have approximately 50 minutes to complete their design; then there will be an afternoon break, after which time participants will gather into sub-teams to explain their design and receive feedback and commentary from faculty and other participants

7. Faculty should visit with each participant during the work session to ensure that they are progressing and on-track

Small Group Activity Reviewing Draft Training Plans - 50 min

8. Form participants into small groups for approximately 50 minutes during which time they can share their designs, challenges, and knowledge with others; participants should use the Module 21 Tool: Five Step Model Feedback Sheet to evaluate and provide feedback on each other's presentation

9. Ask participants to report back to the room after 50 minutes

Large Group Discussion and Q&A – 15 min

10. Gather participants together; ask for a group progress report: what are the challenges in designing your training? how do the forms support your design work?

11. Reflect on "Wear your trainer hat" and the applicability of this activity in future participant trainings

Module 17 Tool: List of Training Topics

Topic Selection by Participants:

Please select from the list below a topic to develop into a Training Module:

- How to write and update quality management plans
- How to build a sustainable quality management infrastructure
- Choosing HIV quality measures, collecting performance data
- Using data to prioritize improvement activities
- Using teams to improve quality
- How to use the PDSA Cycle to accelerate improvements in HIV care
- Involvement of stakeholders (staff and consumers) in quality improvement
- Importance of leadership in implementing and sustaining QI activities
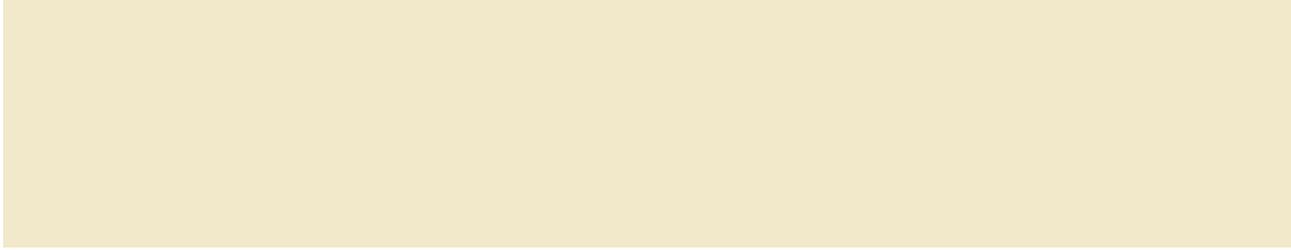
Module 17 Tool: Day at a Glance (DAAG) Template

Learning Objectives:

Participants will_____

Participants will_____

Participants will_____

Participants will_____

TIME	TOPIC	NOTES	RESOURCES

Module 17 Tool: Sample Day at a Glance (DAAG)

Training-of-Trainers (TOT) Agenda: Tools for QI in HIV

2.5 Day Session

Learning Objectives:

Participants who successfully complete the entire Training-of-Trainers Program, including the pre-work assignments will be able to:

- Demonstrate quality improvement principles and their application to HIV care, including the requirements for quality set by the Ryan White Program.
- Design appropriate and helpful adult learning experiences that measurably advance quality improvement within other grantee and sub-grantee's care settings.
- Increase their confidence in facilitating quality improvement related training opportunities in HIV care environments.
- Effectively plan the meeting logistics for upcoming workshops, including registration, meeting environments, and workshop evaluation.

Day 1: A.M. Overview

TIME	TOPIC	NOTES	RESOURCES
8:00 - 8:30	Introductory Activities • Session Objectives, Agenda & Expectations – 'Setting the Stage' • Instructor Intro and logistics • Participant Introductions • Participants Demographics (via remotes) • Human Scavenger Hunt • Brief overview of gaps areas from aggregate assessment	For participant Introductions, include: • Name, Organization, Title/Job, TOT Session expectations • share one personal, meaningful story to illustrate how quality improvement has affected HIV care (e.g., a positive or negative patient story, an organizational change, one project, etc.) Ice breaker: Help participants become familiar with it plus demonstrate use of technique.	• TOT participant materials • NQC remotes • HA Human Scavenger Hunt Handout • Customized sheet on aggregate results of pre-work.

TIME	TOPIC	NOTES	RESOURCES
8:30 - 9:00	Satisfaction Continuum Exercise • Debrief – "Why do these warm-up activities?"	Satisfaction Continuum: 1. Have people consider a recent personal healthcare experience. 2. Rate it 1-10 and stand in line. 3. Describe to the person next to you the reason for your rating. 4. De-brief the High, Medium and Low ratings. Record.	Flip Chart for Debrief
9:00 - 10:00	QI Principles: Overview & Group Exercise • QI Principle Presentation (with concrete examples not mentioned in Quality Academy) • Group Exercise - "Principles In Action" • Reporting Back and Document Key Lessons Learned for each Principle	Group Exercise: • form several groups (e.g., each table) and let the group find at least one concrete, real life example in HIV care (or in their work environment if not providers of HIV care) for each principle; "Based on your experiences in HIV care, find concrete, real life examples to clearly illustrate each principle!" ('positive and negative' examples are okay…)	• Select content slides to reinforce key concepts.
10:00 - 10:15	Break		
10:00 - 11:15	PDSA Model: Overview & Group Exercise • PDSA Cycle and Improvement Model Presentation (with concrete examples not mentioned in Quality Academy) • Group Exercise (provide PDSA Reporting Form) • Reporting Back and Discussion (to ensure that the presented ideas are in fact short-term PDSA Cycles) • Review of available resources	Group Exercise: • display a list of concrete min-scenarios in HIV care (e.g., clinic with low patient retention rate, lack of communication between case management and clinical providers, low adherence rate for ARV management, etc.) • ask each group to pick one example and brainstorm about potential PDSA cycles; document ideas on PDSA Reporting Form (to be collected and given to facilitator; be shared via email after TOT session)	• Select content slides to reinforce key concepts.
11:15 - Noon	Building QI Infrastructure: Quality Management Plans • QM Plan Presentation (use remotes to assess case study) • Individual/Group Exercise: Compare the participant's against the NQC QM Plan Checklist identify opportunities for improvement- see notes • Facilitated Discussion around Lessons Learned • Review of available resources	Exercise: • Individuals from the same organization should come together and review the QM Plan, otherwise individual exercise. • For those with no QM Plan, provide a sample plan to review.	• Select content slides to reinforce key concepts. • NQC QM Plan Checklist • QM Sample Plan • Remotes

Module 17 Tool: Individual Training Design

Here is a step-by-step guide for creating your session plans. Use this guide as a blank session plan you can use as an original. Simply make a copy of it for each session you plan to present.

Session Title:_____

Target Audience:_____

Time Allotted:_____

Rationale:

_____

_____

_____

_____

Objectives:

_____

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Activities:

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Evaluation:

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Feedback:

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Module 17 Tool: Faculty Notes Template

A) Faculty Notes – Module

Title of Activity:

_____

_____

Agenda Day & Time:

_____

_____

Type of Activity:

_____

_____

Materials Needed:

_____

_____

Overview of Activity – ___min:

- _____min:
- _____min:
- _____min:
- _____min:

Purpose and Key Lessons Learned:

- _____
- _____

Detailed Instructions:

_____min:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Reference Materials:

- _____
- _____
- _____
- _____
- _____

Module 17 Tool: Sample Faculty Notes

Faculty Notes - Performance Measurement: Overview & Group Exercises

Title:

Performance Measurement: Overview & Group Exercises

Agenda Item:

10:30am – 12:15am (105min)

Type of Activity:

Presentation with PowerPoint slides; Group Exercises; Group Discussion

Materials Needed:

Presentation slides ("Performance Measurement"); copies of Group Exercise handouts ('PM Quiz", "PM Indicator Work-sheet" and "PM Data Collection Worksheet"); flipchart

Overview of Activity – 105 min:

- 15 min: Introductory Performance Measurement Quiz
- 20 min: Performance Measurement Presentation on Indicators
- 20 min: Group Exercise - "How to develop an indicator"
- 20 min: Performance Measurement Presentation on Data Collection
- 15 min: Group Exercise - "How to sample records"
- 15 min: Group Discussion

Purpose and Key Lessons Learned:

- Understand the key concepts on how to develop and write an indicator definition
- Learn about data collection processes and sampling methodologies
- Familiarize participants with available resources around performance measurement in HIV care
- Share with others lessons learned around performance measurement

Detailed Instructions:

Introductory Performance Measurement Quiz - 15 min

1. Hand out copies of Group Exercise handouts, named 'PM Quiz'
2. Ask one participant to respond and explain rationale; ask for feedback by other participants
3. Review the answers with the audience and discuss elements of a sound data collection system

Performance Measurement Presentation on Indicators - 20 min

4. Present the appropriate PowerPoint slides, named 'Performance Measurement' with focus on the reasons for performance measurement and around quality indicators in HIV care
5. Engage the participants to share their data collection experiences

Group Exercise - "How to develop an indicator"- 20 min

6. Form several small groups of 5-8 individuals; it is suggested to use each table as one group

7. Hand out the 'PM Indicator Worksheet' exercise to each group

8. Introduce the exercise and let each group define one indicator based on several presented examples (retention of care; coordination of care; consumer involvement in care)

9. Make faculty members available to teams

10. Ask 1-2 teams to report back their definition; ask for feedback by other participants and faculty

Performance Measurement Presentation on Data Collection - 20 min

11. Present the appropriate PowerPoint slides, named 'Performance Measurement' with focus data collection in HIV care

12. Engage the participants to share their data collection experiences

Group Exercise - "How to sample records"- 15 min

13. Form the same small groups of 5-8 individuals as before

14. Hand out the 'PM Data Collection Worksheet' handout to each group

15. Introduce the exercise and ask each group to identify the appropriate number of male and female records to be pulled

16. Share the results with all groups

Group Discussion - 15 min

17. Facilitate a group discussion among all participants around the question: "What are the Do's & Don'ts of Performance Measurement?"

Reference Materials:

- NQC Quality Academy – Online training courses on quality improvement in HIV care; 2006; selected tutorials:
    - Tutorial 7: Acting on Measurement - Overview
    - Tutorial 8: Choosing Quality Measures for HIV Care and Services
    - Tutorial 9: Collecting Data
    - Tutorial 10: Narrowing Your Focus – Using Data to Select an Improvement Project
- 'Measuring Clinical Performance: A Guide for HIV Health Care Providers' – Publication by the New York State Department of Health AIDS Institute; updated 2006
- 'HIVQUAL Workbook: Guide for Quality Improvement in HIV Care' – Book by the New York State Department of Health AIDS Institute, National HIVQUAL Project (www.hivqual.org); 2006
- HIVQUAL3 Software – HIV Data Collection Software by the New York State Department of Health, AIDS Institute, National HIVQUAL Project; updated 2006

- 'HIVQUAL Group Learning Guide: Interactive Quality Improvement Exercises for HIV Health Care Providers' - Facilitator guide of the New York State Department of Health AIDS Institute; updated 2006; selected exercises:
    - Constructing a Sample
    - Data Collection
    - Putting it All Together: An Improvement Project Cycle
- 'Patient Satisfaction Survey for HIV Ambulatory Care' - Publication by the New York State Department of Health AIDS Institute; 2003
- 'Measuring Quality Improvement in Healthcare' – Book by R.G. Carey, and Lloyd, R.C.. New York: Quality Resources, 1995
- Group Techniques for Program Planning: A Guide to Nominal Group and Delphi Processes – Book by Delbecq, A., Vand de Ven, A., and Gustafson, D.. Middleton, WI: Green Briar Press, 1975/1986
- 'An Introduction to Categorical Data Analysis' – Book by Alan Agresti, Wiley Series in Probability and Statistics. Applied Probability and Statistics, May 1996

Module 17 Tool: Five Step Model Feedback Sheet

Feedback For:_____   Date:_____

Topic or Subject of Training:_____

Step 1: Topic & Rationale

What did the presenter do well in communicating with and engaging learners in why they need their training program?

_____
_____
_____

What else might they do to better engage their learners?

_____
_____
_____

Step 2: Performance Objectives

Did the presenter provide clear, behavioral learning objectives?

_____
_____
_____

What other words or phrases could they use to provide actionable, behavioral objectives, if any?

_____
_____
_____

Step 3: Activities

How well would the activities the presenter chose engage their adult learners?

_____
_____
_____

In what ways can you suggest to make the activities more interesting, fun, or creative for adult learners?

_____
_____
_____

Step 4: Evaluation

Did the presenter use appropriate evaluation tools or methods? What seemed to work well with them, and what other evaluation methods or tools would you suggest for this content?

_____
_____
_____

Step 5: Feedback

How well did the presenter do in building in check points or ways to provide feedback to participants on how well they learned the material?

_____
_____
_____

What other ways or places in the training can you recommend for providing feedback?

_____
_____
_____

Module 17 Tool: Presentation and/or Facilitation Skills Feedback Form

A) What did the presenter do well in delivering their message? What could they have done differently to limit distractions and reinforce their message?

_____

_____

_____

Consider the following elements of presentation skills:

• Use of voice, volume, and intonation:_____

• Use of movement or gestures:_____

• Eye contact:_____

• Lack of filler words:_____

• Appropriate pace and pauses:_____

B) What did the presenter do well in facilitating learning? What might they have done differently?

_____

_____

_____

• Allow group participation:_____

• Create comfortable learning environment: _____

• Establish common ground rules:_____

Module 18: Win as Much as You Can

Agenda Day 2:

4:30 - 5:15 pm (45 min)

Type of Activity:

Game activity

Materials Needed:

Copies of Participant Handout ("M18 Win as Much as You Can Tally Sheet"); Copy of NQC Game Guide

Overview of Activity – 45 min:

- 05 min: Explanation and Set-up
- 25 min: Conduct the Activity
- 15 min: Activity De-brief

Purpose and Key Lessons Learned:

- Model use of a game to reinforce quality principle
- Familiarize participants with systems and cooperation concepts: systems – being able to understand the processes of a system and their interactions; and cooperation – being able to understand that system performance is closely tied to interaction and interdependence, being able to foster this interdependence and support teamwork and collaboration
- Connect participants with the NQC Game Guide resource

Detailed Instructions:

Explanation and Set-up - 5 min

1. Transition to this activity by saying, "Let's use a game activity to learn more about systems and cooperation"
2. Ask for a volunteer to co-present this activity
3. Explain the following basic rules:
   a) Break the room up into 4 equal groups
   b) The objective of the game is to "Win as Much as You Can"
   c) You'll be given a short amount of time in your group to reach a relatively simple decision, which is to select an X or Y for each round
   d) There are 6 rounds and we'll go one at a time
   e) Review the instructions on the "M18 Win as Much as You Can" Tally Sheet

Conduct the activity – 25 min

4. Keep a brisk pace up throughout the activity; variation: tell participants that no discussion can occur between groups until after the 5th round

De-brief the Activity – 15 min

5. Utilize the suggested de-brief from the NQC Game Guide
6. Key points:
   - Data should give you the answers to useful questions
   - Displaying these data graphically make them easier to understand
   - A good data tool will also tell you about the distribution of the data you have collected

Reference Materials:

- 'NQC Game Guide - The Game Guide Interactive Exercises for Trainers to Teach Quality Improvement in HIV Care' - Facilitator Game Guide by the New York State Department of Health, AIDS Institute, National Quality Center; 2006.

Notes

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Module 18 Tool: Win As Much As You Can Tally Sheet

Instructions:

For 6 consecutive rounds you and your partner will choose either an X or a Y, and each of the other partnerships in your group will make the same choice. The payoff for each round depends on the pattern of choices made by your group. Confer with your partner in each round and make a joint decision and mark the scorecard accordingly. After each round, track the groups choices and the payoff.

PAYOFF SCHEDULE	
4 X's	Lose $1.00 each
3 X's	Win $1.00 each
1 Y	Lose $3.00
2 X's	Win $2.00 each
2 Y's	Lose $2.00 each
1 X	Win $3.00
3 Y's	Lose $1.00 each
4 Y's	Win $1.00 each

ROUND	YOUR CHOICE (CIRCLE)		GROUP'S CHOICE	PAYOFF	BALANCE
1	X	Y	X____ Y____		
2	X	Y	X____ Y____		
3	X	Y	X____ Y____		
4	X	Y	X____ Y____		
5	X	Y	X____ Y____		
6	X	Y	X____ Y____		

Module 19: Sharing of Aha! Moments & Day 2 Evaluation

Agenda Day 2:

5:15 - 6:00 pm (45 min)

Type of Activity:

Group Feedback

Materials Needed:

Evaluation slides ("M19 Day 2 Evaluation Slides"); NQC remotes; NQC evaluation form ("M19 Day Evaluation Form"); "Guest Voices" DVD

Overview of Activity – 45 min:

- 20 min: Sharing of Aha! Moments
- 10 min: Day 2 Evaluation via Remotes
- 15 min: "Guest Voices"

Purpose and Key Lessons Learned:

- Identify concepts that created an impression in the minds of participants
- Gauge the level of interest in the topics covered
- Identify mid-course corrections, if any
- As a session facilitator, receive positive and constructive feedback
- Assist with planning the next day

Detailed Instructions:

Sharing of Aha! Moments – 20 min

1. Transition to this segment on the agenda by saying, " Let's spend a few minutes discussing some of your personal highlights or an Aha! From today's session. I'll give you 2 minutes to think about today and we'll begin with a volunteer. We'll hear from as many of you as we can in the next 15 minutes"

2. After 2 minutes, ask for a volunteer

3. Listen to each contribution and simply thank each person for sharing

4. Transition to the evaluative section by saying, "Let's get some feedback from you on today's session so we can make tomorrow even better"

Day 2 Evaluation – 10 min

5. Hand out NQC remotes

6. Present Day 2 Evaluation Slides and collect the feedback using the remote feature

7. Discuss, if appropriate, any aggregate results

8. Once complete, divide a flipchart into 2 columns labeled "Went Well" and "Do Different"

9. Ask the group to respond to 2 questions, which are:
   a) "From a training perspective, what is one thing you thought went well today?"
   b) "From a training perspective, what one thing would you suggest we do different or better next time?"

10. Remind participants to post any last fears and challenges on the board

"Guest Voices" Video – 15 min

11. Show video to participants

12. Emphasize the start time for Day 3 – 8am
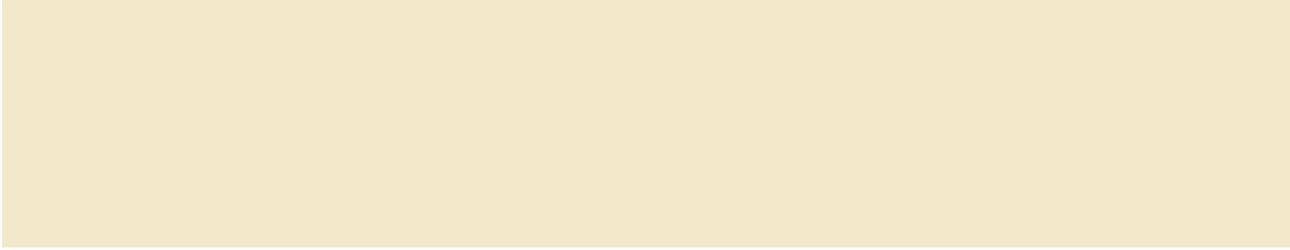
Module 19 Tool: Day 2 Evaluation Form

QUESTION:	STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
The way the course was delivered today was an effective way for me to learn	1	2	3	4	5	6
I had sufficient opportunity to participate	1	2	3	4	5	6
Materials were useful during the day	1	2	3	4	5	6
The agenda and content for today was logically organized	1	2	3	4	5	6
Overall, I was satisfied with the session facilitator(s)	1	2	3	4	5	6
I will refer to or use the materials going forward	1	2	3	4	5	6
My knowledge and /or skills increased as a result of today	1	2	3	4	5	6
The workshop had the right balance of lecture and interactive activities	1	2	3	4	5	6
Please rate the following agenda items:						
• Welcome and Warm-up Activity	1	2	3	4	5	6
• Five Step Model for Creating Effective Training	1	2	3	4	5	6
• Performance Measurement	1	2	3	4	5	6
• QI Safari	1	2	3	4	5	6
• Individual Training Design and Practice	1	2	3	4	5	6
• Win as Much as You Can	1	2	3	4	5	6
Overall, I was satisfied with today	1	2	3	4	5	6

Other suggestions or comments:

_____

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Day 3

Module 20: Welcome to Day 3

Agenda Day 3:
8:00 - 8:30 am (30 min)

Type of Activity:
Opening Remarks, Review of Objectives and Emphasis Discussion

Materials Needed:
Day 3 Agenda Slides ("M20 Welcome Day 3 Slides"); flipchart; dots; small cards

Overview of Activity – 30 min:
- 05 min: Welcome Remarks
- 05 min: Review Overall Objectives and Objectives for Day 3
- 20 min: Discuss Areas Requiring Additional Emphasis based on Fears and Challenges Themes

Purpose and Key Lessons Learned:
- Clarify the day's objectives and how Day 3 fits into the overall TOT Program
- Identify areas where participants would like additional discussion, support or clarification

Detailed Instructions:

Welcome Remarks - 5 min

1. Welcome the group and briefly discuss some of the key areas covered yesterday
2. Answer questions for clarification using the prompt, "Any quick questions from yesterday before we jump into Day 3?"
3. Answer questions briefly or utilize the parking lot to "store" questions until after the discussion following the Objectives Review

Review Overall Objectives and Objectives for Day 3 - 5 min

4. Review Learning Objectives for Day 3:
   - Articulate the requirements for quality set by the Ryan White Program
   - Use different methods to effectively evaluate their training effectiveness
   - Effectively plan training logistics for upcoming NQC QI workshops, including registration and meeting environments
   - Understand how to routinely report to NQC on training activities, training participants and evaluation results
   - Access the dedicated TOT website and listserv
   - Identify resources and contacts for problem solving when issues arise in their QI training
   - Show a personal plan for next steps in delivering QI training

Discuss Areas Requiring Additional Emphasis based on Fears and Challenges Themes - 20 min

5. Transition to the discussion section by asking the following "What topics or issues in the last 2 days merit additional discussion before we leave today?"

6. Discuss main themes from Fears and Challenges postings

Notes

Module 21: Quality Management Plans

Agenda Day 3:
8:30 – 9:15 am (45 min)

Type of Activity:
Presentation with slides; Group Exercise

Materials Needed:
Presentation slides ("M21 QM Plan"); copies of Group Exercise handouts ("M21 QM Plan Case Study," "M21 QM Plan Review Sheet", and "M21 QM Plan Checklist"); copies of Sample QM Plans ("M21 Sample Plan A and Plan B"); NQC remotes; flipchart

Overview of Activity – 45 min:
- 25 min: QM Plan Presentation
- 20 min: Group Exercise

Purpose and Key Lessons Learned:
- Familiarize participants with the importance of a written QM Plan and its role to support ongoing QI activities
- Learn about key elements in a written QM Plan and available resources
- Review examples of written QM Plans

Detailed Instructions:
QM Plan Presentation - 25 min
1. Instruct participants to review the module's training objectives
2. Hand out NQC remotes and "M21 QM Plan Case Study" worksheets to participants
3. Present the appropriate PowerPoint slides, named "M21 QM Plan"
4. Ask the participants to assess the provided examples and engage the audience in discussion around the reasons for scoring these examples

Group Exercise - 20 min
5. Form teams of 8-10 participants
6. Hand out sample QM Plans (or use those from participants if they are willing to share their plans) and copies of the "M21 QM Plan Review Sheet" to participants
7. Instruct participants to review the sample plans and check against the provided "M21 QM Plan Review Sheet;" give each team about 10-12 minutes
8. Make faculty available for participants during exercise
9. Ask one or two teams to report back their findings
10. Debrief on "Wear your training hat"

Reference Materials:

- NQC Quality Academy – Online training course on quality improvement; 2006; selected tutorials:
    - Tutorial 5: Quality Management Plan
    - Tutorial 6: Quality Management Infrastructure
- 'HIVQUAL Workbook: Guide for Quality Improvement in HIV Care' – Book by the New York State Department of Health AIDS Institute, National HIVQUAL Project (www.hivqual.org); 2006
- 'HIVQUAL Group Learning Guide: Interactive Quality Improvement Exercises for HIV Health Care Providers' - Facilitator guide of the New York State Department of Health AIDS Institute; updated 2006; selected exercises:
    - Quality Management Plan
    - Support for Quality Program
    - Facilitation of Quality Program
    - Sustainability of Quality Program
    - Evaluation of Quality Program

- 'Technical Assistance Manual for Quality Management for Ryan White CARE Act Title I Programs' – Guide by the HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration; 2002

Notes

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Module 21 Tool: Quality Management Plan Case Study

Part 1: Quality Statement – Example

'…The mission of the Quality Management Program is to ensure that all people living with HIV/AIDS receive the highest quality of funded primary medical care and support services….'

How do you rate this mission statement?

POOR		AVERAGE		EXCELLENT
1	2	3	4	5

Part 2: Quality Improvement Infrastructure

'…The Program A's leadership is highly dedicated in the QM process and provides guided effort in implementing the QM Program. The staff is vitally interested in the assessment of the effectiveness of the QM Program in order to make changes in the program that will keep it on the cutting edge of progress and effective, efficient, high quality patient care. Reports from the staff will be provided to the QI Committee...'

How do you rate the accountability as outlined in the sample?

POOR		AVERAGE		EXCELLENT
1	2	3	4	5

Part 3: Performance Measurement

'…List of collected indicators:

- Management of Antiretroviral (ARV) Therapy

- Treatment Adherence

- CD4 and Viral Load Measurement

- Mental Health Assessment

- Hepatitis C Screening

- PPD Screening

- Substance Use Assessment

- Pelvic Exam and Pap Smear

- HIV Specialist Care

- Lipid Screening

- Pneumonia (PCP) Prophylaxis

- STD screening

- Quality of life

- Referral needs, tracking of referrals and referral outcomes

- Coordination of care..'

How do you rate the completeness of indicators?

POOR		AVERAGE		EXCELLENT
1	2	3	4	5

Part 4: Annual Quality Goals

'…Goal 1: Improve the program wide rate of MH screenings of PLWHA in primary care settings

- Collect baseline data based on established MH indicator
- Assess present findings to QI Committee
- Present an action plan to QI committee and request input from leadership, providers, consumers, and consortia representatives
- Hold MH trainings for providers
- Evaluation of the action plan…'

How do you rate this goal?

POOR		AVERAGE		EXCELLENT
1	2	3	4	5

Part 5: Participation of Stakeholders

'…The QM Plan engages the following stakeholders:

- HIV program leadership
- Clinical providers
- Case managers
- Hospital Administration
- Nutritionist
- Volunteers… .'

How do you rate the completeness of this list?

POOR		AVERAGE		EXCELLENT
1	2	3	4	5

Part 6: Evaluation

'…Service providers, QI Committee members, consumers, and staff will work collaboratively throughout the year and conduct a year-end evaluation. An assessment tool will be developed to determine the quality of HIV care and services based on the performance data and the overall success of the QM program based on the annually established QI goals. Staff will review the evaluation and recommend a plan for improvement. Evaluation results and findings will be discussed at the QI committee meeting in a timely manner to be useful in the annual priority setting process and resource allocation decisions..'

How do you rate the completeness of the evaluation strategies?

POOR		AVERAGE		EXCELLENT
1	2	3	4	5

Module 21 Tool: QM Plan Review Sheet

Sample Plan:_____

DOMAIN IN QM PLAN	DESCRIPTION	RATING: 0 (RUDIMENTARY) – 5 (EXEMPLARY)
Quality statement	• Provides brief purpose describing the end goal of the HIV quality program and a shared vision to which all other activities are directed; assume an ideal world and ask yourselves, "What do we want to be for our patients and our community?"	
Quality infrastructure	The quality infrastructure includes the following elements: • Leadership: Identifies who is responsible for the quality management initiatives. • Quality committee(s) structure: Documents who serves on the quality committee, who chairs the committee, and who coordinates the QM activities • Roles and Responsibilities: Defines all key persons, organizations, and major stakeholders and clarifies their expectations for the quality management program. • Resources: Identifies the resources for the QM program	
Performance measurement	• Identifies and quantifies the critical aspects of care and services provided in the organization; ensures integration with other Parts or accrediting bodies, GPRA, Program Assessment Rating Tool (PART) measures and unmet need • Identifies indicators to determine the progress of the QM Program • Indicates who will collect, and analyze data • Indicates who is accountable for collecting, analyzing, and reviewing performance data results and for articulation of findings • Includes strategies on how to report and disseminate results and findings; communicate information about quality improvement activities • Processes in place to use data to develop new QI activities to address identified gaps	

DOMAIN IN QM PLAN	DESCRIPTION	RATING: 0 (RUDIMENTARY) – 5 (EXEMPLARY)
Annual quality goals	• Quality goals are endpoints or conditions toward which quality program will direct its efforts and resources • Selects only a few measurable and realistic goals annually (not more than 5); uses a broad range of goals • Indicates that those annual goals are established priorities for the QM Program • Establishes thresholds at the beginning of the year for each goal	
Participation of stakeholders	• Lists internal and external stakeholders and specify their engagements in the QM program • Provides opportunities for learning about quality for staff • Includes community representatives, as appropriate • Specifies how feedback is gathered from key stakeholders	
Evaluation	• Evaluates the effectiveness of the QM/QI infrastructure to decide whether to improve how quality improvement work gets done • Evaluates QI activities to determine whether the annual quality goals for quality improvement activities are met • Reviews performance measures to document whether the measures are appropriate to assess the clinical and non-clinical HIV care	
Formatting	• Clear and easy to follow layout and organization of content • Clear dating of document, including date of 'expiration;' page numbers	

Module 21 Tool: Sample Plan A

Albany AIDS Clinic Process Improvement Management Plan 2006

The Albany Medical Center Division of HIV Medicine (DHIVM), Albany site serves over 1200 patients annually. We offer comprehensive HIV services including access to clinical research, primary care, case management, adherence, dental, mental health, nutrition, and related services.

Mission Statement. The mission of the Albany Medical Center Division of HIV Medicine Albany site Process Improvement Team is to ensure the highest quality of care for the patients receiving outpatient clinical services at the Albany Medical Center (AMC) Division of HIV Medicine (DHIVM), Albany site. The focus is on changes that improve outcomes on clinical standards.

The Process Improvement Team has the responsibility to serve as a catalyst for continuous improvement in patient care, educate AMC DHIVM staff on basic principles of process improvement, and serve as a resource for staff initiating change.

Process Improvement Infrastructure. The "core" PI team, comprised of the operations manager, process improvement coordinator, and clinical director, is responsible for guiding the direction of PI, maintaining focus on goals, and removing barriers whenever possible. This team meets 1-2 times per month. The DHIVM medical director and/or program administrator are consulted as needed.

The multidisciplinary PI "home team" is comprised of the core team as well as managers from the following areas: client services, clerical, information systems, nursing, and primary care providers. This team meets monthly. The DHIVM medical director and program administrator attend meetings when feasible and are consulted as needed. Ad-hoc workgroups are sometimes created to prevent delays in the process.

The program administrator, medical director, and process improvement coordinator also participate in the Albany Medical Center Hospital's AIDS quality improvement team (QIT) meetings (held monthly).

Decisions within the PI structure are made using a modified consensus approach:

1. If consensus for a decision cannot be reached within 3 agenda discussions, the decision responsibility is forwarded to the core team.
2. If consensus is not reached within the core team, the AIDS program medical director has the ultimate decision-making authority.

The ultimate responsibility for leadership of process improvement lies with the AMC Division of HIV Medicine Medical Director.

Annual Quality Goals. PI efforts this year will be focused on redesign of systems and resources allocation to improve our measures of annual comprehensive exams (ACE), patient retention, annual PPD reading rates, and annual Pap tests (women only). Specific goals include:

- 60% of active patients (at least one medical visit in last year) with ACE
- 90% of active patients with visit in the previous 4 months
- 60% of active patients with a PPD reading in the previous 12 months
- 70% of active patients with a secondary prevention intervention in the previous 12 months
- 80% of active female patients with a Pap test in the previous 12 months.

In addition, we will develop tools to improve patient care in addressing dual-diagnosis issues. These include (but are not limited to):

- Developing a Mental Health screening tool that encompasses the 7 HIVQUAL components of the Mental Health screen. Testing of this tool will begin in the first quarter of 2006.
- Developing a flow sheet that incorporates diabetes-specific standards of care.

Staff Involvement. Staff is informed of the DHIVM PI initiatives and progress toward goals at monthly staff meetings. PI meeting minutes are available on the DHIVM share drive. The PI coordinator meets with providers 3-4 times per year to receive and provide feedback on current and future PI activities. In addition, the medical director facilitates focused PI intervention discussion at 1-2 full staff meetings per year. The process improvement coordinator serves as a resource to all staff interested in initiating change.

Consumer Involvement. The PI Coordinator provides updates on PI goals at all Community Advisory Board (CAB) meetings. CAB members provide feedback and suggestions to help achieve PI goals.

Evaluation. PI performance is evaluated by:

- quarterly review of progress toward goals
- annual review of goal achievement
- annual review of effectiveness of PI structure.

Addendum

- 4/24/06 Diabetes flow sheet options presented to providers. Providers agreed on a single flowsheet encompassing all diabetes standards.
- 4/24/06 New project-"new patient checklist" to be developed to ensure baseline information /assessments are completed on new patients.
- 5/9/06 Mental Health Screening tool revised to encompass new domestic violence and post-traumatic stress disorder components. Cognitive components not included in screening tool. Components of mental health indicator have been reviewed with providers. Testing of screening tool began 5/9/06.

Module 21 Tool: Sample Plan

Ryan White Part C Program, Western Montana

Quality Statement:

The purpose of the Quality Management program for Ryan White Part C in western Montana is to systematically monitor, evaluate and continuously improve the quality and appropriateness of HIV care and services provided to all Ryan White Part C patients in Montana through the combined efforts of the CQI Program Designer, the Ryan White Program Coordinator, medical staff, Regional CQI Committee, and Ryan White consumers in concert with PHS Guidelines for Care.

Quality Infrastructure

- PHC Performance Improvement Committee Structure:
  - Quarterly meetings with organization-wide participation including Executive Director, Medical Director, and Clinic Director
- Regional CQI Committee:
  - CQI Committee, composed of appropriate clinical and administrative staff (case managers and care providers), will collaborate to create systems for reporting clinical outcome measures to clinical staff and overseeing implementation of CQI project ideas in individual care environments, i.e. allowing time at staff meetings for discussion of quality issues.

- The CQI Committee will meet at least quarterly by conference call and minutes will be taken and kept on file.
  - Members of the CQI Committee may have the responsibility to develop, implement and monitor improvement programs. Members may be responsible for components of the CQI program, including overseeing actual data collection and analysis and team development to address specific issues. However, primary responsibility for these tasks rests with the CQI Program Designer.
  - The CQI Committee will promote progress in the following areas:
    - Routine monitoring of internally identified clinical issues in HIV care;
    - Adherence to PHS standards for consumer care management;
    - Patient Chronic Disease Self Management
    - Program; Education of all staff regarding CQI principles.

Quality Plan Implementation

- Additional staff resources (CQI Coordinator) will be dedicated to the establishment of a wide-reaching CQI Program.
    - The CQI Coordinator will be responsible for:
    - Establishing content of and scheduling of meetings;
    - Research on best practices.
    - Quarterly reports on projects and progress.
    - Facilitating consumer involvement in quality improvement and program planning
    - Providing instruction on CQI principles.
    - Facilitating consumer involvement in quality improvement and program planning.
    - Following up on suggestions by consumers to improve the care they are receiving.
- Develop a timeframe for re-measurement that will allow for the tracking of deficiencies and ensure quality care.
- Collect data from all counties in the region in a timely and efficient way that will allow for data analysis and needs assessment throughout the region.
- Focus on promoting provider adherence to highest priority PHS Guidelines for HIV care.

Performance Measurement

- Quarterly chart audits and reports; yearly HIVQUAL data submission.
- Office of Performance Review process is underway to be completed in May 2008.

Annual Quality Goals

- Current annual quantitative goals for selected indicators:
    - GYN exams for female patients: increase from 89% to 95%
    - Hep C screening: increase from 83% to 90%
    - Annual dental visits: increase from 39% to 59%

Participation of Stakeholders

- Representation on PHC Performance Improvement Committee from all departments involved with QI:
    - Pharmacy, Clinic, Dental, Medical Director, Clinic Director, Executive Director, Medical Records, Diabetes Collaborative Coordinator, Ryan White
- Specific guidelines for consumer involvement in quality management:
    - Establish a formal program to educate consumers about improving quality of care by increasing self-management practices.
    - Identify and document barriers to participation in self-management and educational activities.

Evaluation

- The QM program will be evaluated annually to assess quality infrastructure and activities to ensure that the quality program is in line with its overall purpose. Based on those findings, the CQI Team will refine strategies for the following year. Chart audit results, staff and patient comments, effectiveness of CQI activities, and program goals will be used to evaluate the program.

Capacity Building

- Establish a communications structure that will address CQI issues in outlying areas of the grantee region.
- The CQI Program will initially pertain to all RW3 services and contract service in the 16 counties of the Western Montana region, with statewide expansion planned for Year 3 of the CQI project.

Process to Update QM Plan

- Plan is reviewed and updated annually by consensus at State-wide Ryan White Part C consortia meetings.

Communication

- Quarterly consortia conference calls are held with CQI Team, yearly face-to-face Statewide meetings with stake-holders, quarterly Consumer Advisory Board meetings.

Module 21 Tool: NQC QM Plan Checklist

Grantee:_____   Date:_____

DOMAIN IN QM PLAN	DESCRIPTION	COMMENTS
Quality statement	• Provides brief purpose describing the end goal of the HIV quality program and a shared vision to which all other activities are directed; assume an ideal world and ask yourselves, "What do we want to be for our patients and our community?"	
Quality infrastructure	The quality infrastructure includes the following elements: • Leadership: Identifies who is responsible for the quality management initiatives • Quality committee(s) structure: Documents who serves on the quality committee, who chairs the committee, and who coordinates the QM activities • Roles and Responsibilities: Defines all key persons, organizations, and major stakeholders and clarifies their expectations for the quality management program • Resources: Identifies the resources for the QM program	
Performance measurement	• Identifies and quantifies the critical aspects of care and services provided in the organization; ensures integration with other Parts or accrediting bodies, GPRA, Program Assessment Rating Tool (PART) measures and unmet need • Identifies indicators to determine the progress of the QM program • Indicates who will collect, and analyze data • Indicates who is accountable for collecting, analyzing, and reviewing performance data results and for articulation of findings • Includes strategies on how to report and disseminate results and findings; communicate information about quality improvement activities • Processes in place to use data to develop new QI activities to address identified gaps	

DOMAIN IN QM PLAN	DESCRIPTION	COMMENTS
Annual quality goals	• Quality goals are endpoints or conditions toward which quality program will direct its efforts and resources • Selects only a few measurable and realistic goals annually (not more than 5); uses a broad range of goals • Indicates that those annual goals are established priorities for the QM program • Establishes thresholds at the beginning of the year for each goal	
Participation of stakeholders	• Lists internal and external stakeholders and specify their engagements in the QM program • Provides opportunities for learning about quality for staff • Includes community representatives, as appropriate • Specifies how feedback is gathered from key stakeholders	
Evaluation	• Evaluates the effectiveness of the QM infrastructure to decide whether to improve how quality improvement work gets done • Evaluates QI activities to determine whether the annual quality goals for quality improvement activities are met • Reviews performance measures to document whether the measures are appropriate to assess the clinical and non-clinical HIV care	
Capacity Building	• QI capacity building of providers and spread of QI performance measurement systems and QI activities • Identifies methods for QI training opportunities • Provision of technical assistance on QI and support for QI activities • Indicates how data are being fed back to providers and key stakeholders	
Process to update QM plan	• Identifies routine schedule to at least annually update QM plan • Specifies accountability – indicates who will initiate process to update/revise plan • Indicates a sign-off process to finalize plan; potentially include internal/external stakeholders; include signatures of key stakeholders	

DOMAIN IN QM PLAN	DESCRIPTION	COMMENTS
QM plan implementation	• Specifies timelines for implementation to accomplish those goals – workplan • Specifies accountability for implementation steps • Provides milestones and associated measurable implementation objectives	
Communication	• Outlines process to share information with all stakeholders at appropriate intervals • Identifies format for communication • Identifies communication intervals	
Formatting	• Clear and easy to follow layout and organization of content • Clear dating of document, including date of 'expiration'; page numbers	

Module 22: Evaluating Training Effectiveness

Agenda Day 3:
9:15 - 9:45 am (30 min)

Type of Activity:
Presentation and Group Discussion

Materials Needed:
Copies of Participant handouts ("M22 Evaluation Summary and Evaluation Form" and "M22 Fist of Five"); flipchart

Overview of Activity – 30 min:
- 30 min: Group Discussion of Training Evaluation Model

Purpose and Key Lessons Learned:
- Familiarize participants with the Kirkpatrick Model
- Help understand different approaches to training evaluation, offer practical tips and advice

Detailed Instructions:
Group Discussion of Training Evaluation Model - 30 min

1. Start the discussion by saying, "How do you presently measure the effectiveness of training programs in your organization?"; allow participants to respond
2. Transition to the Kirkpatrick Model by saying, "A model that has stood the test of time was developed by Donald Kirkpatrick in the late 1950's and can serve as a framework for our discussion"
3. Place the 4 key words on a flipchart for participants to see ("Reaction, Learning, Behavior and Results") and discuss Kirkpatrick's 4 levels of measurement; see notes for more details
4. Hand out the "M22 Evaluation Summary and Evaluation Form"; review the chart and the sources of information
5. Engage the participants in a group discussion with the following question, "What are the considerations when choosing a level?"
6. Conclude the discussion by asking, "Which level or levels seems most appropriate to you at this time?"
7. Review the sample participant questionnaire in the materials
8. Discuss the Fist of Five method as summarized in the participant hand-out; demonstrate the use of the method with participants in the session so they can see how the Fist of Five works

9. Remind the group on the use of the remote technology that was discussed earlier as a way to collect anonymous feedback instantly from participants in a visual way; see the sample form provided in the participant materials as an initial form, one that the facilitator can add to or delete from as needed

10. Discuss the use of test questions imbedded into materials or presentations as a form of evaluation; ask participants if any of the presentations they've experienced included test questions; discuss benefits/drawbacks

11. Discuss the other methods used at or available from NQC and how individuals could access those methods

12. Finish this module with a brief Q&A

Notes:

Kirkpatrick Model:

1) REACTION – How did participants react to the program?

2) LEARNING - To what extent did participants improve knowledge and skills and change attitudes as a result of the training?

3) BEHAVIOR - To what extent did participants change their behavior back in the workplace as a result of the training?

4) RESULTS - What organizational benefits resulted from the training?

Reference Sources:

- Kirkpatrick, D. L. (1959) Evaluating Training Programs, 2nd ed., Berrett Koehler, San Francisco (This is THE definitive text on evaluation and training ROI. If you only read one book on the subject, pick this one.)

- Training for Impact: How to Link Training to Business Needs and Measure the Results. Dana Gaines Robinson and Jim Robinson. Jossey-Bass 1989 (An outstanding text on all facets of training, but especially good on evaluation and ROI.)

- National HRD Measurement and Evaluation for 1997 Fourth Quarter Survey Report http://www.astd.org/virtual_community/research/nhrd_executive_ survey_ 97me.htm

- Raise Your Training's ROI from Quality Magazine: http://www.qualitymag.com/0997f3.html

- Make the test match the job from Quality Magazine: http://www.qualitymag.com/articles/mar98/0398tt.html

- The Handbook of Leadership Development Evaluation. Kelly Hannum, Jennifer Martineau and Claire Reinelt. Jossey-Bass 2007

Module 22 Tool: Evaluation Summary

Kirkpatrick Evaluation Summary

LEVEL	KEYWORD	FRAMING QUESTION
4	Results	What organizational benefits resulted from the training?
3	Behavior	To what extent did participants change their behavior back in the workplace as a result of the training?
2	Learning	To what extent did participants improve knowledge and skills and change attitudes as result of the training?
1	Reaction	How did paricipants react to the program?

How do you conduct an evaluation? Consider these sources of information. What are the considerations when choosing a level?

Level 1 – Reaction
- Participant questionnaires
- Informal comments from participants
- Focus group sessions with participants

Level 2 – Learning
- Pre- and post-tests
- On-the-job assessments
- Supervisor feedback

Level 3 – Behavior
- Multi-rater feedback including a self assessment
- On-the-job observation
- Reports from participant's customers, peers and mangager

Level 4 – Results
- Performance measures, scorecards, outcomes
- Patient satisfaction scores
- Interviews with patients and families
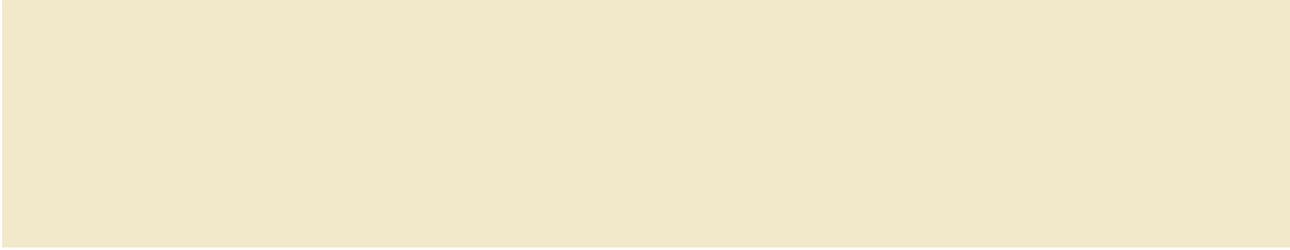
Module 22 Tool: Sample Training Evaluation Form

Training Session: _____

Date: ___ /_____ /___Instructor: _____

Please indicate how important you consider this course to be by circling the appropriate number. Use the following scale:

QUESTION:	STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
The information I learned in this course will help me in my job	1	2	3	4	5	6
I believe attending this course was a good use of my time	1	2	3	4	5	6
Overall, I was satisfied with the course	1	2	3	4	5	6
I would recommend this course to others	1	2	3	4	5	6

Additional comments/suggestions:

_____

_____

What should be given more emphasis:

_____

_____

What should be given less emphasis:

_____

_____

Course Materials and Excercises:

Please indicate your reaction to the course materials and exercises. Use the following scale:

QUESTION:	STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
The course's activities provided sufficient practice	1	2	3	4	5	6
The activities were realistic	1	2	3	4	5	6
The difficulty level of course was appropriate	1	2	3	4	5	6
The pace of the course and amount of material was appropriate	1	2	3	4	5	6
The materials helped me learn during course	1	2	3	4	5	6
The materials will be a useful reference for me back on the job	1	2	3	4	5	6
Overall, the materials and exercises were valuable	1	2	3	4	5	6

Additional comments/suggestions:

_____

_____

_____

_____

Familiarity with the subject matter prior to attending this course:

_____ No familiarity

_____ I know what it is but I have never used/practiced it

_____ I know it and use/practice it frequently

_____ I am very familiar with it and consider myself very knowledgeable

Instructor:

Please indicate your reaction to the instructor for this course. Use the following scale:

QUESTION:	STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
He/she did a good job of stating the objectives at the beginning of the course	1	2	3	4	5	6
He/she made good use of visual aids (flipcharts, whiteboards, LCD projector)	1	2	3	4	5	6
He/she kept me interested in the content	1	2	3	4	5	6
He/she encouraged questions and participation from trainees	1	2	3	4	5	6
He/she made sure everyone understood concepts before moving on to the next topic	1	2	3	4	5	6
He/she was well prepared and knowledgeable	1	2	3	4	5	6
He/she was flexible in responding to needs of participants	1	2	3	4	5	6
He/she created a safe environment for individuals to learn	1	2	3	4	5	6
I would take another course from this instructor	1	2	3	4	5	6

Additional comments/suggestions:

_____

_____

_____

_____

What did you like the most about this course?

_____

_____

_____

_____

How could this course be improved?

_____

_____

_____

_____

Name (optional): _____

Thank you for your time. I appreciate your feedback!

Module 22 Tool: Fist of Five

This approach uses a simple visual process for facilitators to collect feedback from participants on a learning experience, module, section, exercise, activity, etc.

Set-Up

1. Tell participants you'd like feedback on a particular training component.
2. Tell participants they can use a hand and their fingers to provide you quick feedback using a 1-5 scale.
3. Say, "I'll ask you a few questions about this last activity. If you thought it was excellent, hold up 5 fingers. If you thought it definitely needs improvement, hold up 1 finger. If you thought it was satisfactory, hold up 3 fingers.
4. Then say, "For this last activity, WIN AS MUCH AS YOU CAN, how was…"

    a) The explanation of the rules to play …

    Then say, "Hold up 1-5 fingers, 5 was excellent, 1 was needs improvement" Get a feel for the general pattern of the response and say, "Looks like most of you thought it was satisfactory." Move to the next question.

    b) The debrief discussion following the activity…

    Again say, "Hold up 1-5 fingers." After you mentally tabulated the feedback say, "Looks like most thought it was very good to excellent. Good! "

c) What about applicability of the activity to your work situation…

Again say, "Hold up 1-5 fingers." After looking at the feedback say, "I'm seeing more 1's and 2's than I'd like to see. Let's discuss how WIN AS MUCH AS YOU CAN relates to your work situation. Here is how I see it…."

After providing your perspective and listening to the perspectives of others on applicability, ask those who gave the 1's and 2's if the discussion was helpful.

Summary

Use this feedback method to understand how to better set up an activity or presentation, develop better examples or anecdotes, more deeply explain the rationale around a topic, allow more time for the de-brief and discussion, provide written instructions for people rather than verbal, etc. It's best used immediately after the area you'd like feedback on and should involve a limited number of questions, about 3-5.

Module 23: Quality Management Expectations in the Context of the Ryan White Program

Agenda Day 3:

10:15 – 11:00 am (45 min)

Type of Exercise:

Presentation with PowerPoint slides; Group Exercise

Materials Needed:

Presentation slides ('M25 Quality Expectations"); copies of Group Exercise handout ("M25 Quality Expectations Case Study"); flipchart

Overview of Activity – 45 min:

- 20 min: Quality Management Expectations in the Context of the Ryan White Program
- 25 min: Group Exercise: Case Study

Purpose and Key Lessons Learned:

- Familiarize participants with the key expectations and requirements in the context of the Ryan White Program
- Assess and HIV program how to best fulfill key quality expectations
- Review how and where to access available quality resources

Detailed Instructions:

Quality Management Expectations in the Context of the Ryan White Program - 20 min

1. Instruct participants to review module's training objectives
2. Present slides, named "M23 Quality Expectations"

Group Exercise: Case Study - 25 min

3. Distribute the Quality Expectations worksheet
4. Give each participant about 5 min to review and score the presented scenarios
5. Ask for volunteers to share their score and encourage a discussion among all participants about scoring
6. Engage the audience in a discussion about how to assist this program
7. Debrief "Wear your training hat"

Reference Materials:

- NQC Quality Academy – Online training courses on quality improvement in HIV care; 2006; selected Tutorials:
    - Tutorial 3: The Ryan White Program and its Expectations for Quality
    - Tutorial 2: What is Quality? What is Quality Improvement in HIV Care?
    - Tutorial 4: Quality Improvement Resources
- "Frequently Asked Questions on Quality Management in the Context of the Ryan White Program" - Publication by the New York State Department of Health AIDS Institute, National Quality Center, 2005.
- "HIVQUAL Workbook: Guide for Quality Improvement in HIV Care" – Book by the New York State Department of Health AIDS Institute, National HIVQUAL Project (www.hivqual.org); 2006.
- "Quality Management: Technical Assistance Manual" – Publication by the HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA); 2003.

Module 23 Tool: Quality Expectations Case Study

Please review the following HIV program description and score each component on a scale from 1 (low) to 5 (high) whether or not this program fulfill HRSA's expectations:

Description of Program:
HIV Program, serving 120 pts. Staff: two clinical providers (MD, NP), 1 nurse, 1 HIV program director, 3 case managers/HIV counselors, 1 secretary, part-time nutritionist, and 1 volunteer.

QUALITY COMPONENTS – PROGRAM RESPONSES	SCORE [1-LOW; 5-HIGH]
Infrastructure: Due to the small size of the program, the medical director and HIV program director review the quality program goals annually. The medical director is responsible for the implementation of changes to the quality program through personal interactions with individual providers. Time tables and actions steps will be kept by nurse practitioner for follow-up.	
Staff Involvement: A quality committee has been convened last week for the very first time. The members include the medical director, HIV program director, nurse practitioner, and one case manager. Minutes are kept. All members of this committee have attended a hospital-wide sponsored quality training. The committee will meet quarterly right after the management meeting.	
Performance Measurement: The HIV program intends to evaluate the performance by using two clinical measures that are developed by the medical director. The review and analysis will be done by the nurse who will consult with the medical director about the data. Corrective action plans will be developed to follow-up and make individual providers accountable for their performance.	
Quality Improvement Projects: One QI team that includes the medical director, HIV program director, and nurse practitioner started 10 months ago to improve the GYN rate. Because many new patients that are seen in the clinic, the medical director and nurse practitioner often cannot make the bi-weekly meetings. Results are usually shared with external agencies.	
Consumer Involvement: Our main goal is to provide patient-centered care that is delivered in a culturally sensitive manner respectful of the patients' needs. Client satisfaction will be surveyed through patient complaints. A patient complaint log is kept in the HIV program director's office. The log is reviewed by him and the medical director on a regular basis. Follow-up to patient complaints will be the responsibility of the entire staff.	

Module 24: Training Nightmares, Mishaps and Messes

Agenda Day 3:
11:00 - 11:30 am (30 min)

Type of Activity:
Discussion and Brainstorming Activity

Materials Needed:
Copies of handout ("M24 10 Pre-flight Tips & Advice")

Overview of Activity –30 min:
- 25 min: Group Brainstorm & Discussion
- 05 min: Handout Review

Purpose and Key Lessons Learned:
- Create a shared understanding of the types of typical problems that occur when training
- Instill a "don't panic, just figure it out" approach when dealing with mishaps
- Begin to proactively address negative fantasies participants may have fears about
- Increase participant confidence in handling typical problems that occur when training

Detailed Instructions:
Group Discussion & Brainstorm - 25 min

1. Transition to this discussion by saying, "All of us have had occasional training nightmares, mishaps and messes. Who would like to share some of their more memorable experiences?"
2. People will volunteer a story; keep the facilitation tight

so each story is 30 seconds or so; at the end, ask, "So what did you wind up doing?" and "What was the result on the participants and the training?"

3. Generate as many stories as you can and add your experiences as well
4. After 20 minutes, ask, "What can we take away from all these experiences?"
   Key ideas to reinforce if not offered:
   a) Arrive early to any training
   b) Plan on arranging/re-arranging the room
   c) Plan on the food/coffee/refreshments being late or missing in action
   d) Plan on the room becoming too hot/too cold/too hot, etc. and people wanting you to do something about it
   e) If equipment/technology doesn't work properly, briefly explain to people what's happening and transition to your back-up plan; remember to have a back-up plan
   f) Anxious trainers normally compensate by adding material and many times can't come close to covering all they wanted to
   g) Remember, if you forget to do something, participants will not know what they missed; give yourself a break, keep going and do better next time
   h) Remember the old adage, " if it can go wrong, it probably will"

Handout Review - 5 min

5. Briefly review with participants the "M24 Tool: 10 Pre-flight Tips & Advice"

Module 24 Tool: 10 Pre-flight Tips & Advice

- Are you prepared to arrive at least 45 minutes before the session to prepare and set-up?

- What equipment will you need? Confirm it will be there at least the day before and use some of the early arrival time on training day for set-up and testing.

- Identify and meet with the person responsible for troubleshooting technical/equipment issues before the session begins. Consider what back-up plan exists in the event your laptop crashes, projector bulb burns out, etc.

- Are you familiar with the training location, rest rooms, handicap access, fire exits, etc. If you're unfamiliar with the location, add 5 minutes to your early arrival time.

- If you are responsible for room set-up, see if you can do it the night before or the morning of an afternoon session. Having 3-5 participants at small tables works well.

- Do you have your hands on the participant materials. If no, who does and how will they get to the training location?

- Distribute materials in advance at the small tables, face down in an organized stack. Have each hand-out a different color to help with distribution.

- Allow for some quiet time before the beginning of the session to center yourself. Review the first 15-30 minutes of the content and facilitation notes so they are fresh in your mind.

- Review housekeeping items such as breaks, lunchtime, fire exits, groundrules, etc. before you begin the session.

- And remember, it's not about you, it's about the learners. Be flexible, relax, have fun and know their will be glitches as you go. If you don't overreact when problems occur, it's likely your participants won't either.

Module 25: Presentation and Facilitation Skills

Agenda Day 3:

11:30 - 12:30 pm (60 min)

Type of Activity:

Presentation with PowerPoint slides; Group Exercise

Materials Needed:

Presentation Slides ("M25 Presentation/Facilitation Skills and Using Visual Aids"); Copies of Handout ("M25 Tips for Dealing with Difficult Behavior")

Overview of Activity – 60 min:

- 20 min: Group Discussion - "Great Presentations"
- 15 min: Instructor Presentation: Review of "What We Hear and See"
- 10 min: Instructor Presentation: Creating and Using Visual Aids
- 15 min: Instructor Presentation: Essentials of Facilitation

Purpose and Key Lessons Learned:

- Create participant awareness on key essentials for pre- senting learning material to groups of adults
- Provide participants with guidelines for creating and using visual aids
- Provide participants with awareness on key essentials for facilitating small groups and managing difficult situations
- Contract with participants to provide feedback to them on their presentation and facilitation skills during the remainder of the TOT Program

Detailed Instructions:

Group Discussion - "Great Presentations" - 20 min

1. Ask participants to review module's training objectives and reflect how those are achieved throughout
2. Ask the group to spend 10 minutes in their small group generating a list of ideas for the following question, "In your experience, what types of things make for a great presentation?"
3. After 10 minutes, debrief the small groups and generate a list of their ideas on a flipchart
4. Transition to the slides on "What We Hear and See"

Presentation: Review of "What We Hear and See" – 15 min

5. Present the slides for this module on presenting and facilitating skills, "M25 Presentation/Facilitation Skills and Using Visual Aids"
6. Be prepared to demonstrate the range or type of physical behaviors you refer to
7. See detailed notes section ("Details Notes: What We Hear and See") that follows

Presentation: Detailed Instructions for Creating and Using Visual Aids – 10 min

8. Present the slides for this module on creating and using visual aids
9. See detailed notes section ("Details Notes: Creating and Using Visual Aids") that follows

Instructor Presentation: Essentials of Facilitation - 15 min

10. Present the slides for this module on facilitation and managing the group

11. See detailed notes ("Details Notes: Facilitation and Managing the Group") that follow

13. When discussing the typical behavior problems, ask each participant to select 2 behaviors from the slides called "Dealing with Difficult Behaviors" that they will use in the role play section after lunch

Detailed Notes: What We Hear and See

Most of us can remember a few of the hundreds or thousands of presentations we have seen. One thing that makes the memorable ones stand out is the way they were presented. Depending on when you were born, you may remember key political or social action speeches, like those of John Kennedy at his inauguration or Martin Luther King, Jr., in his "I Have a Dream" speech. You may remember a speaker at a service club or a sermon. What most often sets the memorable ones apart is the way they are presented, even more than the content. There is great power in personal conviction; your confidence in what you are saying shows through.

How we are received is dependent on what people in the audience hear and what they see. In this segment, we will consider what people hear and see when they hear and see us.

Volume

• People are not impressed by what they cannot hear, so speak loudly enough to be heard and use sound systems carefully.

• Generally, people don't like to be yelled at and don't tolerate loud noise well, so don't speak too loudly.

• Find a happy medium and vary your volume at least a little, depending on the content of your presentation.

• (Demonstrate by speaking very loudly, very softly, and in-between to the group.)

Pitch

• We each have a natural range of pitch, so we can't make radical changes in the pitch of our voice. We can make the most of what we have and who we are, though.

• *"What are the advantages and disadvantages of a presentation delivered in a consistently high pitch?" "In a consistently low pitch?"*

• You'll keep people's interest best if you vary your pitch within your natural range and use other "sound effects" only to make a point or draw attention to one aspect of your presentation. People might be lulled by a low, flat pitch (like driving in Kansas) and/or they might be set "on edge" by a consistently high pitch (like driving in the Rocky Mountain passes in Colorado).

• (Demonstrate a range of pitch as you speak a sentence.)

Pace

- The rate one person can talk and present information, and the rate another person can understand and absorb information can be quite different! It doesn't accomplish much if you PRESENT a huge amount of information; it matters if your participants UNDERSTAND and RETAIN what you are presenting.

- Too fast a pace might mean that you leave a portion of the audience back in the dust of your ideas. Too slow a pace will tempt people to do other things with their mind, attention and energy.

- Luckily, there is a broad area in the middle where everyone can be comfortable. Comfort is especially important for the speaker - comfort with the material, with the environment, with the audience, with the processes and audiovisuals used. As a presenter, try to maintain a high "comfort" level and that will help keep you going at the right pace.

- *"What kinds of factors can make a presenter go too fast?" "What can be done to address each of these factors?"*

- *"What kinds of factors can make a presenter go too slowly? What can be done to address each of these factors?"*

- A very effective way to manage a fast pace is through pauses (see next section).

Pauses

- New speakers sometimes tend to be afraid of "dead air." More experienced speakers are often better at using pauses. There are all kinds of pauses:
  - dramatic pauses (before or after making a big point);
  - catch your breath pauses;
  - find your place in your notes pauses;
  - pauses to let ideas sink in;
  - pauses after you have asked a question but before anyone has answered;
  - pauses to separate important concepts, ideas, or statistics;
  - pauses between different parts of your presentation;
  - pauses after the slide presentation but before the lights are on; etc.

- Don't be afraid to use pauses. They can be very useful and can help you make points, gather your wits, and emphasize important points. There is a big difference between pauses and times when there is "dead air." You might want to plan your pauses into your presentation. Write them in your outline.

Fillers

- Most of us have "fillers" that come very naturally to us (Um, Er, Hmm, you know, you guys, etc.). Most of these fillers can become quite distracting during a presentation. Is this a problem for you?

- *"Why do you think people use fillers?" Gather answers. "What can be done about fillers?"*
  "Does anyone have a success story for us about themselves or someone else who managed to rid their presentation of fillers? What was the successful strategy?"

- One way to stop using filler words is to ask for assistance in becoming aware of their use. It may seem obnoxious, but doing something like snapping fingers, just for 30 seconds or so, when someone uses a filler word allows them to become aware of their use.

What We See

- Now, let's discuss how presentation skills are related to body language. Live presentations are different than audio tapes because there is a focus on the presenter, and different than video and TV because there is a live, interactive person standing there in three dimensions. Live presentations can be effective because there is a physical presenter, because people see what you do, how you move, what your "Body English" says about you.

Body Stance and Movement

- Let's review a few different body stances. Take a few different body stances, such as the "defensive posture" (arms folded in front of your chest), or the Parade Rest gesture (arms behind you and your hands locked together behind you), or the "Fig Leaf" stance (arms in front of you and your hands clasped together).

- *What is each stance expressing?*

- Where your body is (close to participants, behind a podium, in the middle of the crowd) and how you move it send a loud message to the audience. Pacing back and forth before the audience while you speak does not necessarily support the meaning of what you are saying. In general, intentional movement can be more helpful when trying to support your points.

- *What stance is most effective? Is a stance that presenters should avoid?*

- Tell them what stances, positioning and movements have worked for you as a presenter.

Gestures

- *If a person does not normally use gestures when they talk with one person at a time, should that person try to use gestures during a presentation to a group? Why or why not?*

- *Are some gestures more effective than others? Which ones?*

- In general, gestures are useful if they aren't contrived because it helps create a picture for your audience. Think again how adults learn, and you can see that some visual reinforcement might be helpful.

Facial Expression

- Since so much of what we experience as adults comes to us through sight, facial expression is an important component when we speak with others. As they say, "a picture is worth a thousand words."

- Most people do not have much awareness about this "tool" and how it can impact an audience. The most dramatic example is when someone is nervous and perhaps frowning or has a neutral expression, and yet they say how happy they are "to be here."

- *What do you think as a listener when this happens?*

- Take a moment and practice this with someone next to you. Try to show them with your facial expression that you are happy to see them, mad at them, and sad or nervous. Note how that feels to actually show that with your face.

- *Have participants ask themselves: "How was my facial expression during my last presentation?" "Did my facial expression help or hurt my presentation?"*

- *"What kind of expression do I 'normally' have?" "Should I have my 'normal' expression during a presentation or should I try to look another way?"*

Eye Contact

- *What is the role of eye contact in communication in general? If you have children, what role does eye contact play in communicating with them?*

- *Why is it important in presentations? Why is it hard to maintain eye contact?*

- In general, you should try to maintain solid eye contact with a specific listener through the completion of a one continuous thought.

Nervousness

- Most facilitators with some experience teaching find that they are only really challenged by nervousness at the beginning of their presentations. Nervousness is a physiological response, and is generally related to a fear of the unknown. It is energy and it can escalate due to "fight or flight" physiological responses.

- One way to reduce nervousness is to minimize the "unknowns" which means knowing your material, your resources, and your participant's needs and interests. Practicing in advance will help you control "nervous butterflies" and allow you to channel nervous energy into productive uses such as more volume, more pitch, supporting gestures, and more direct eye contact.

Detailed Notes: Creating and Using Visual Aids

Visual Aids: (show examples of different types of visuals from the PowerPoint)

- As is the case with your physical delivery skills, visual aids can either support your impact or reduce it. The purpose of visual aids is to re-enforce your message so that participants remember and retain your content. Visual aids can easily become a distraction when misused or when poorly designed. How many times have you seen a word document with no graphics used as a visual aid?

Key points for the creation of visual aids include:

- Try to use pictures when possible.
- Use color.
- Limit the amount of text or bullet points on a PowerPoint or flip chart (chunk information into 5-9 pieces!).
- Ensure that participants will be able to see or read your visuals from wherever they might be in the room you are in.

Key points for using visual aids:

- Don't talk to your visual aids when presenting. Look at your visual to think about what you want to say and then talk to your audience using good, solid eye contact.
- Manage the mechanics of transitioning from visual to visual or handing out a visual separately from presenting the material. This applies to virtually all kinds of visual aids, whether flip chart or PowerPoint or handout.

Detailed Instruction: Facilitation and Managing the Group

Training is a blend of presentation and facilitation. It is important to understand how to integrate facilitation tools and practices into your training in order to more fully engage participants in learning. In some cases, you will be challenged with difficult behaviors in the group, and it will be useful to have a method to manage the individual and group dynamics.

- *What does the word "facilitate" mean, and how does it apply to working with groups?*
- The purposes of communication: facilitation helps more deeply engage others.
- The role of the facilitator can often be that of a "traffic cop." The traffic cop is responsible for group learning and does that by exhibiting the following behaviors, which also have sentence stems attached to each behavior.
  - Observing:
    "There seems to be a concern that…"
    "Perhaps it's time to move on…"
  - Clarifying:
    'What I hear you saying is…"
    "Let's review as a group where we are…"
  - Focusing:
    "Getting back to the agenda…."
    "Can we park this issue for now and get back to our agenda item?"
  - Stimulating:
    "What ideas can we come up with…?"
    "What might be other reasons for this situation…?"

- Balancing:

"Does anyone have another viewpoint?"

"Any other ideas?"

- Summarizing:

"To review the key points we've heard today…"

"Let's look again at the decisions we've made…"

Dealing With Difficult Behavior

- Learning is about change, and sometimes occasions will arise in which participants or group dynamics create difficult behaviors situations. These behaviors could be a result of resistance to change, misunderstanding, different styles between participants or the faculty, or other factors. The following steps are most often effective in dealing with difficult behaviors.

Prevention

- Work done before a group or workshop convenes and work done during the first session can prevent many problems from ever occurring. Talk with participants before the first session and address problems which you think might occur. Build ground rules at the first session to define appropriate group norms and learning behavior. Remind participants that they are responsible for upholding and enforcing the ground rules.

Non-intervention

- Usually, when someone is acting in a difficult way, the first step you should take is not to intervene at all. Pause a moment and see if other participants handle the situation. Oftentimes, participants will bring others into line by referring to the Ground Rules, or by simply asking them to stop what they are doing.

- If the behavior continues, and no one else steps in, you might have to intervene. If the behavior is destructive like a personal attack, intervene immediately. Use your judgment about when it is appropriate to intervene. Intervening too frequently can inhibit learning and problem solving behavior among adults.

Low-level intervention

- Relatively non-threatening techniques designed to short circuit the difficult behavior will frequently take care of the problem. A reference back to the ground rules may be all that is needed. Something as simple as a shift in eye contact or asking for input from another learner may stop the behavior.

Medium-level Intervention

- If the problem behavior is chronic, you may choose to talk with the individual between modules or at a break and offer constructive feedback. Your goal is to create an informal contract in which the person agrees to desired behaviors. This may require you to offer certain agreements, too. For example, "I will try to avoid teaming you with Mary on assignments again, but you need to agree to stop arguing with her during the session."

- If the participant does not respond to your feedback or suggestions, a more assertive intervention may be called for.

High-level Intervention

- If all else fails, you may have to deal with the offending behaviors in the presence of other participants. This is not a step to be taken lightly. A great deal of thought and preparation has to precede such a confrontation. Avoid blaming. Use constructive feedback and focus on problem solving. Stay focused on the behavior. Keep personalities and stereotypes out of it. This is a high-risk intervention. It can alienate others, even though they may agree with you. It can, however, be very effective in halting problem behaviors.

Tips for Preventing Behavior Problems:

- Prepare thoroughly for training sessions
- Practice specific comments you might use to intervene
- Have solutions prepared before problems arise
- When you have concerns, discuss them with the individual outside of the training setting
- Plan seating arrangements so that everyone can see everyone else
- Avoid creating "power" positions, like the head of the table or the corner of the room
- Ask participants what else they have tried to effectively manage difficult behaviors or dynamics in learning situations

Module 25 Tool: Tips for Dealing with Difficult Behavior

FOR THE:	TRY:
Broken Record	• Raising your hand: when they pause, break eye contact and ask for other people's thoughts. • Recording their comments or concerns on the flip chart, or adding them to the Parking Lot. • Jumping in with, "Thanks. Anyone else?" • Asking them if they are willing and able to "let go" of the particular concern so that the group can continue with the meeting.
The "gloom and doom" spokesperson	• Refocusing the discussion on the possible solutions, rather than on the problems. • Asking the group "does anyone else feel as strongly about this issue?" • Keeping them busy taking notes or writing on the flip chart. • Using humor: "that sounds terrible, how long has it been like that?" • Asking them to give at least one solution for each "problem" they identify. • Offering to discuss their concerns off line.

FOR THE:	TRY:
The interrupter	• Cutting it short: "Hold that thought, until we hear the rest of what John has to say." • Creating ground rules to control contributions (no interruptions, etc.) • Saying "thank you, however I would like to hear the end of Linda's comments…"
The rambler	• Interrupting quickly and firmly. • Summarizing their key points, asking for confirmation that you've captured their thoughts, and then move on. • Saying "please take 10 seconds to complete your thought so we can hear from others." • Refocusing the discussion with a question or statement. • Directing your question at another group member. • Saying "that sounds like it would be a good item for discussion at break or lunch."
The side conversationalist	• Pausing, look at them and wait for them to stop. • Saying, "Let's get everyone on track." Inviting them to join the group's discussion. • Asking if he/she has something to contribute to the group's discussion. • Saying, "let's make sure we are listening to what other members of the group haveto say."

Module 26: Lunch - "Meet Someone New"

Agenda Day 3:

12:30 – 1:15 pm (45 min)

Type of Activity:

Lunch

Overview of Activity – 45 min:

• 45 min: Lunch

Purpose and Key Lessons Learned:

• Network with other participants

Detailed Instructions:

Lunch - 45 min

1. Ask participants to sit with one person that they have not
   yet met and discuss their greatest Aha! Moment in the
   training program

Module 27: Presentations and Role Play with Peers

Agenda Day 3:
1:15– 2:15 pm (60 min)

Type of Activity:
Group Practice Exercise

Materials Needed:
Copies of presentation materials on paper ("M26 Presentation Slides); flip charts; feedback reminder form ("M26 Presentation and Facilitation Skills Feedback Form")

Overview of Activity – 60 min:
- 05 min: Group Instructions & Assignments
- 50 min: Small Group Activity: Present and Facilitate
- 05 min: Record Development Ideas

Purpose and Key Lessons Learned:
- Provide participants an opportunity to present on and facilitate discussion around several QI concepts in a safe environment and receive peer feedback on their presentation
- Provide participants an opportunity to record development goals derived from the feedback provided by others in their small group

Detailed Instructions:

Group Instructions and Assignments - 5 min

1. Transition group by reminding them this next activity relates to the slide content distributed on Day 1
2. Set up the activity by relating it to how adults learn

Small Group Activity: Present and Facilitate - 50 min

3. Provide the basic instructions and time parameters; have each triad identify a timekeeper
4. Ask participants to form groups of three; all three people should be presenting on different topics (assigned on Day 1)
5. Each presenter gets five minutes for content presentation and ten minutes to facilitate a short discussion within the group
6. During each presentation, ask the two "learners" to select one difficult behavior to use during the facilitation; instruct the facilitator to use the presented coping strategies to maintain a good learning environment
7. After each presentation, ask the two "learners" to provide the presenter with constructive feedback
8. Assign faculty to assist teams
9. Remind teams to switch roles after providing feedback

Record Development Ideas - 5 min

10. Bring small groups back together
11. Ask participants to reflect on areas for personal improvement in presenting and facilitating trainings

# Module 27 Tool: Presentation and/or Facilitation Skills Feedback Form

A) What did the presenter do well in delivering their message? What could they have done differently to limit distractions and reinforce their message?

_____

_____

_____

Consider the following elements of presentation skills:

- Use of voice, volume, and intonation:_____
- Use of movement or gestures:_____
- Eye contact:_____
- Lack of filler words:_____
- Appropriate pace and pauses:_____

B) What did the presenter do well in facilitating learning? What might they have done differently?

_____

_____

_____

- Allow group participation:_____
- Create comfortable learning environment: _____
- Establish common ground rules:_____

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Module 28: Game Plan Going Forward

Agenda Day 3:

2:15 - 3:00 pm (45 min)

Type of Activity:

Participant Planning Activity and Reporting

Materials Needed:

Blank Sample Form ("M28 Individual Training Planning Form"); NQC Reporting Form ("M28 NQC Reporting Form"); access to photocopier

Overview of Activity – 45 min:

- 05 min: Completion of Individual Training Planning Form
- 15 min: Small Group Discussion to Review Planning Forms
- 20 min: Reporting of Participants on Planned Training Activities
- 05 min: Instructions by NQC on how to Report Training Activities

Purpose and Key Lessons Learned:

- Assist participants in planning ongoing training activities
- Orient participants to the logistics, timeframes and communication challenges necessary for their upcoming training opportunities
- Solidify individual commitment to act on the TOT training in their organization
- Inform participants about NQC reporting expectations

Detailed Instructions:

Completion of Individual Training Planning Form - 05 min

1. Ask each participant to take their Individual Training Planning Form ("M28 Individual Training Planning Form") and review them carefully one more time; encourage them to ask faculty for their advice
2. Make faculty members available during this time

Small Group Discussion to Review Planning Forms - 15 min

3. Ask each participant to turn to their neighbor and share with them their training plans; encourage the partner to provide constructive comments; edit the form, as necessary
4. Assign faculty members to each table during this time

Reporting of Participants on Planned Training Activities – 20 min

5. Ask for one volunteer per table to report to the entire group about their next training activities based on the completed Individual Training Planning Form
6. Encourage others to listen for similar topics/timeframes to facilitate sharing, collaboration and problem solving
7. Collect the forms from everyone by saying, "Let us make a quick copy of everyone's form so we can also get a heads up on potential plans going forward. We'll return these back to you before you leave today"

Instructions by NQC: How to Report Training Activities – 5 min

8. Review the NQC Reporting Form ("M28 NQC Report-ing Form") with participants to familiarize them with the NQC expectations to report back on their training activities

9. Clearly articulate that all training activities are to be reported and part of the TOT Program expectations

10. Answer any questions and wish everyone luck with their upcoming trainings

Notes

_____

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Module 28 Tool: Post-TOT Form

Name: _____   Organization: _____   Date: ___ / ___ / ___

POTENTIAL TRAINING TOPIC(S)	TRAINING OBJECTIVE(S)	TARGET AUDIENCE(S)	# OF PARTICIPANTS	APPROXIMATE TARGET DATES	LOGISTICS/ ROOMS	POTENTIAL CHALLENGES
				Assessment: Design: Conduct:		
				Assessment: Design: Conduct:		
				Assessment: Design: Conduct:		

Notes for Individual Training Planning Form

Potential Training Topic(s):

What modules or content areas do you anticipate teaching at this time? (subject to participant assessment)

Training Objective(s):

What are the 2-3 key objectives for this training opportunity?

Target Audience(s):

What key audiences will you target for this training?

of Participants:

How many individuals require this type of training and could potentially attend?

Approximate Target Dates:

When would you perform the Assessment (A), Design the training (D) and Conduct the training (C)?

Logistics/Rooms:

What meeting logistics do you need (equipment, conference room, etc.)?

Potential Challenges:

 What are potential barriers for this training you need to address to make this a successful training?

Module 29: NQC Reporting Form (one per training)

A) About Trainer:

Name of Trainer: _____

Organization: _____

Reporting Date: _____

E-mail Address: _____

Work Phone: _____

Completion Date of NQC TOT Program:

_____

Participants' Ryan White Funding: (check all that apply)

☐ Part A

☐ Part B

☐ Part C

☐ Part D

☐ AETC

☐ Other: _____

Training Topic(s): _____

_____

_____

_____

_____

_____

_____

_____

B) Training:

Date of Training: _____

Location of Training: _____

State: _____

Lengh of Training (in hours): _____

Type of Training:

☐ Face-to-Face Workshop

☐ Audio Conference Call

☐ Virtual Webinar

☐ Other: _____

# of Participants: _____

Challenges Faced: _____

_____

_____

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_____

NATIONAL QUALITY CENTER

New York State Department of Health, AIDS Institute
90 Church Street, 13th floor
New York, New York 10007-2919

Meeting Worksheet

LEGEND: X = Task Items Pending/Still Needed √ = Task Items Completed

PROGRAM INFORMATION

Meeting Title:

Day(s)/Date(s):

Location/Room:

Address/Directions:

Program Type: (check all that apply)
- ☐ Scheduled Training
- ☐ In-Service
- ☐ Meeting/Event
- ☐ Faculty Development
- ☐ Special Request Program
- ☐ Conference
- ☐ Workshop
- ☐ Satellite Broadcast

Meeting Organizer(s): National Quality Center

Key Staff:

	Name/Program	Involvement	E-mail	Phone #	Fax #
Additional Key People:					
Co-Sponser:					
Co-Sponser Address:					

MEETING PLAN CHECK LIST

Action Item	Agent Responsible	Specifications/Comments	Start Date	End Date	Status
Agenda development					☐
Pre-conference Calls					☐
Meeting Site/Rooms Confirmed					☐
Room Set-up					☐
Registration					☐
A/V Equipment					☐
Materials					☐
Catering					☐
Guest Speakers					☐
Language Services/Interpreters					☐

SPACE RESERVATIONS

☐ Yes   ☐ No   Total # of people: Site Contact: Phone #:

☐ Classroom   ☐ U-Shape   ☐ Theatre Seating   ☐ Podium   ☐ Speaker's Table   ☐ Registration Table
☐ Catering Table(s)   ☐ Chairs only

REGISTRATION

Min/Max # of Participants: _____/_____   Total # of confirmed Participants: _____

To Do: ☐ Confirmation Letter   ☐ Reminder   ☐ Calls   ☐ Maps/Directions
         ☐ Attendance Roster (sign-in sheet)   ☐ Name Badges   ☐ E-mails   ☐ Folder
         ☐ Exhibit Booth   ☐ Name Tents   ☐ Postcards

A/V EQUIPMENT REQUISITION

Set up?   ☐ Yes   ☐ No

	#	Item	#	Item	#	Item
☐ Ordered:		LCD Projector		TV/VCR		Table Mic
☐ Confirmed:		Slide Projector		Flip Chart		Floor Mic
		Overhead Projector		Extension Cord		Lavalier Mic
Total A/V Costs: $_____		Screen		Cart		Wireless

CATERING

Set up?   ☐ Yes   ☐ No   Vendor Name: _____ Phone #: _____ Fax #: _____

☐ Ordered:	☐ Breakfast	Time:	Type/Menu:	Cost: $_____
☐ Confirmed:	☐ AM Break	Time:	Type/Menu:	Cost: $_____
Total Costs: $_____	☐ Lunch	Time:	Type/Menu:	Cost: $_____
Notes:	☐ PM Break	Time:	Type/Menu:	Cost: $_____
	☐ Dinner/Reception	Time:	Type/Menu:	Cost: $_____

GUEST SPEAKERS/PRESENTERS/FACILITATORS

Name and Contact Information	Confirmation	Speaker Packet	A/V Requirements

	☐ Confirmed _____
	 ☐ Spkr Fee $ _____
	 ☐ Travel
	 ☐ Lodge
	 ☐ Thank You _____
		☐ Packet Sent _____
		 ☐ Objectives/Outlines/Slides
		 ☐ C/V
		 ☐ Disclosure
		 ☐ Syllabus Materials
		 ☐ Consent to record:
		   ☐ Yes ☐ No
			☐ LCD Projector
			 Needs laptop?:
			   ☐ Yes ☐ No
			 ☐ Overhead ☐ Slide Proj
			 ☐ TV/VCR ☐ Flip Chart
			 ☐ Microphone
			 ☐ Other: _____

	☐ Confirmed _____
	 ☐ Spkr Fee $ _____
	 ☐ Travel
	 ☐ Lodge
	 ☐ Thank You _____
		☐ Packet Sent _____
		 ☐ Objectives/Outlines/Slides
		 ☐ C/V
		 ☐ Disclosure
		 ☐ Syllabus Materials
		 ☐ Consent to record:
		   ☐ Yes ☐ No
			☐ LCD Projector
			 Needs laptop?:
			   ☐ Yes ☐ No
			 ☐ Overhead ☐ Slide Proj
			 ☐ TV/VCR ☐ Flip Chart
			 ☐ Microphone
			 ☐ Other: _____

	☐ Confirmed _____
	 ☐ Spkr Fee $ _____
	 ☐ Travel
	 ☐ Lodge
	 ☐ Thank You _____
		☐ Packet Sent _____
		 ☐ Objectives/Outlines/Slides
		 ☐ C/V
		 ☐ Disclosure
		 ☐ Syllabus Materials
		 ☐ Consent to record:
		   ☐ Yes ☐ No
			☐ LCD Projector
			 Needs laptop?:
			   ☐ Yes ☐ No
			 ☐ Overhead ☐ Slide Proj
			 ☐ TV/VCR ☐ Flip Chart
			 ☐ Microphone
			 ☐ Other: _____

	☐ Confirmed _____
	 ☐ Spkr Fee $ _____
	 ☐ Travel
	 ☐ Lodge
	 ☐ Thank You _____
		☐ Packet Sent _____
		 ☐ Objectives/Outlines/Slides
		 ☐ C/V
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			☐ LCD Projector
			 Needs laptop?:
			   ☐ Yes ☐ No
			 ☐ Overhead ☐ Slide Proj
			 ☐ TV/VCR ☐ Flip Chart
			 ☐ Microphone
			 ☐ Other: _____

	☐ Confirmed _____
	 ☐ Spkr Fee $ _____
	 ☐ Travel
	 ☐ Lodge
	 ☐ Thank You _____
		☐ Packet Sent _____
		 ☐ Objectives/Outlines/Slides
		 ☐ C/V
		 ☐ Disclosure
		 ☐ Syllabus Materials
		 ☐ Consent to record:
		   ☐ Yes ☐ No
			☐ LCD Projector
			 Needs laptop?:
			   ☐ Yes ☐ No
			 ☐ Overhead ☐ Slide Proj
			 ☐ TV/VCR ☐ Flip Chart
			 ☐ Microphone
			 ☐ Other: _____

	☐ Confirmed _____
	 ☐ Spkr Fee $ _____
	 ☐ Travel
	 ☐ Lodge
	 ☐ Thank You _____
		☐ Packet Sent _____
		 ☐ Objectives/Outlines/Slides
		 ☐ C/V
		 ☐ Disclosure
		 ☐ Syllabus Materials
		 ☐ Consent to record:
		   ☐ Yes ☐ No
			☐ LCD Projector
			 Needs laptop?:
			   ☐ Yes ☐ No
			 ☐ Overhead ☐ Slide Proj
			 ☐ TV/VCR ☐ Flip Chart
			 ☐ Microphone
			 ☐ Other: _____

PRINTED MATERIAL TO BE PRINTED/COPIED AND SHIPPED

☐ Materials Needed	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	Miscellaneous: ☐ ☐ ☐
Deadline Date?: ___/___/___				

EQUIPMENT TO BE ASSEMBLED AND SHIPPED

☐ Equipment Needed	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	Miscellaneous: ☐ ☐ ☐
Deadline Date?: ___/___/___				

SHIPPMENT SPECIFICATIONS

☐ Fed Ex Approval	Box 1: ☐ ☐ ☐	Box 2: ☐ ☐ ☐	Box 3: ☐ ☐ ☐	Box 4: ☐ ☐ ☐
# of Boxes Being Shipped: _____				
Ship Date?: ___/___/___	Fed Ex Tracking #: _____	Fed Ex Tracking #: _____	Fed Ex Tracking #: _____	Fed Ex Tracking #: _____

MEETING RECAP

Item	Completed	Item	Completed		
Agenda Development	☐	Language Services-Sign Language Interpreters	☐		
Pre-Conference Calls	☐	Services - Forward Materials to visually impaired members	☐	Expenses:	
Meeting Site/Rooms Confirmed	☐	Other:	☐	Total Faculty:	$
Room Set-up	☐	Other:	☐	Total Registration:	$
Registration	☐	Other:	☐	Total A/V:	$
A/V Equipment	☐		☐	Total Materials:	$
Materials	☐		☐	Total Catering:	$
Catering	☐		☐	Total Speakers:	$
Guest Speakers	☐		☐	Total Other:	$
Guest Speakers Travel	☐		☐	Total Expenses:	$

Module 29: TOT Close, Session Evaluation, Kudos & Celebration

Agenda Day 3:

3:00 - 4:00 pm (60 min)

Type of Activity:

Group Activities

Materials Needed:

TOT Evaluation Forms and Slides ("M29 Evaluation Statements – Day 3" and "M29 Day 3 Evaluation"); Certificates for Participants; Contact List (updated); Audio/Video of "Guest Voices"; Music via sound system

Overview of Activity – 60 min:

- 15 min: TOT Evaluations and Distribution of Updated Contact List
- 10 min: Closing Remarks and "Guest Voices"
- 35 min: Handing out Certificates

Purpose and Key Lessons Learned:

- Bring the TOT Session to a successful close
- Inspire/motivate participants going forward
- Acknowledge participants' hard work and their training activities and the faculty for their contributions

Detailed Instructions:

TOT Evaluations & Contact Form - 15 min

1. Hand out NQC remotes
2. Complete evaluations using the NQC remotes
3. Distribute updated contact list

Closing Remarks - 10 min

4. Faculty remarks & observations
5. Closing NQC remarks and thank the faculty for their contributions
6. Play "Guest voices" video

Handing out Certificates - 35 min

7. Hand out certificates (and small surprise) to each participant; play music if sound system allows

Module 29 Tool: Day 3 Evaluation Form

QUESTION:	STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
The way the course was delivered today was an effective way for me to learn	1	2	3	4	5	6
I had sufficient opportunity to participate	1	2	3	4	5	6
Materials were useful during the day	1	2	3	4	5	6
The agenda and content for today was logically organized	1	2	3	4	5	6
Overall, I was satisfied with the session facilitator(s)	1	2	3	4	5	6
I will refer to or use the materials going forward	1	2	3	4	5	6
My knowledge and /or skills increased as a result of today	1	2	3	4	5	6
The workshop had the right balance of lecture and inter-active activities	1	2	3	4	5	6
Please rate the following agenda items:						
• Quality Management Plans	1	2	3	4	5	6
• Generating Participant Feedback	1	2	3	4	5	6
• Quality Management in the Context of the Ryan White Program	1	2	3	4	5	6
• Training Nightmares, Mishaps & Messes	1	2	3	4	5	6
• Presenting and Facilitating Learning	1	2	3	4	5	6
• Lunch – "Meet Someone New"	1	2	3	4	5	6
• Presentations and Role Play with Peers	1	2	3	4	5	6
• Game Plan Going Forward	1	2	3	4	5	6
Overall, I was satisfied with today	1	2	3	4	5	6

Other suggestions or comments:

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Appendix

TOT Terminology

TOT Program:

All activities related to the Training-of-Trainers (TOT) course, including the nomination process, pre-assessment, pre-work learning, TOT Session, and post TOT Session activities and support.

TOT Session:

2.5-day intensive, face-to-face meeting of TOT participants and TOT faculty.

TOT Faculty:

NQC consultants and/or experts in the quality improvement field who are trained to lead TOT Sessions and pre-work activities.

TOT Participant:

Individual who has the capacity and ability to train others on quality improvement.

NQC Quality Improvement Trainer:

Individual who has satisfactorily completed the pre-work and TOT Session.

QI Training Participant:

Individual who is trained by NQC Quality Improvement Trainers.

Definitions of Quality Terms

NAME	DEFINITION
Algorithm	Description of an ordered sequence of steps in patient care under specified circumstances. Algorithms can be used to display a decision tree for certain care conditions (e.g. PPD placement and reading).
Audit	A systematic appraisal procedure that examines, evaluates, and verifies that appropriate procedures, requirements, and programs comply effectively with planned arrangements.
Baseline Data	Data collected at the beginning of an improvement project. It is compared with future data collected on the same system to measure improvement.
Benchmark, Benchmarking	A benchmark is a comparative measure for a particular indicator or performance goal; within the health care or non-health care field. The benchmarking process identifies the best performance in the industry (health care or non-health care) for a particular process or outcome, determines how that performance is achieved, and applies the lessons learned to improve performance.
Brainstorming	Brainstorming is a technique to freely and uninhibitedly generate ideas, problems, or opportunities using a group approach.
Cause-and-Effect Diagram	A Cause-and-Effect Diagram is a picture of various system elements and is used to identify possible variables influencing a problem, outcome, or effect. The diagram is sometimes call an Ishikawa diagram or a fishbone diagram because its resemblance to the skeleton of a fish.
Confidence Intervals (95%)	95% confidence intervals state that if all records of an organization were reviewed, the performance score attained would fall between the upper and lower confidence limits.
Cross-functional	Representation of members of different professional and functional backgrounds within a program (or from different departments within the overall organization) in quality committees or in Quality Improvement Teams (e.g. inclusion of professional disciplines other than healthcare workers). Synonym includes multidisciplinary teams (in medical setting usually refers to different departments or divisions or professional disciplines).
Customer	Anyone who receives health care services and/or products. Customers can be internal (e.g. patients) and external (e.g. other departments within organization) to the organization.
Flow Chart	A Flow Chart is a picture of any process, such as sequence of events, steps, activities, or tasks. Flow Charts are drawn with standard symbols that represent different types of activities or tasks.
Gantt Chart	A Gantt Chart is a list of all activities (including the roles and responsibilities) to accomplish a specific goal. It helps to highlight key components of a problem and sequence of tasks to be completed.

Definitions of Quality Terms

NAME	DEFINITION
Guideline	Statements or standardized specifications for care to assist practitioners and patient about appropriate health care decisions for specific clinical circumstances. Guidelines are developed through a formal process and are based on authoritative sources, including clinical literature and expert consensus. Guidelines may also be called clinical or practice guidelines.
Histogram	A Histogram is a bar graph representing the frequency of individual occurrences or classes of data. It provides basic information about the presented data set, such as central location (mean, median, and mode), width of spread (range or standard deviation), and the shape.
HIVQUAL	The National HIVQUAL Project, sponsored by the Ryan White Part C and Part D Program, is designed to build capacity and capability among Part C and D grantees to sustain quality improvement. The HIVQUAL Initiative promotes quality improvement activities and self-reporting of HIV performance data through HIVQUAL3.
HIVQUAL3	A specially designed software package in Microsoft Access, called 'HIVQUAL3'. The software incorporates HIV clinical indicators to measure care and provide reports for use in internal quality programs. The software is part of the national HIVQUAL Project, funded by Health Resources and Services Administration (HRSA).
Indicator	A measurement tool or operational definition of one specific quality characteristic that can be measured (e.g. GYN exam, PPD) conforming to guidelines or standards of care. They are often categorized as either outcome or process indicator. It can also be called measure.
Intermediate Outcome Indicator	The goal of quality improvement is to improve the outcome of care. If a valid correlation between the process and an improved outcome can be proven, process indicators can sometimes be called Intermediate Outcome Indicators.
Inter-rater Reliability	Inter-rater reliability is a process that compares different reviewers abstracting from the same information (e.g. patient chart) to ensure that they come to the same review conclusions.
Mean	The arithmetic average of a set of numbers.
Median	The median is the value that divides an ordered series of numbers so that there is an equal number of values on either side of the center (or median).
Mode	The mode is the most frequently occurring number in a group of values.
Outcome	The results achieved through the performance of a process or function.
Outcome Management	Approach that is focused on the outcome of health care interventions. It is designed to help patients, payors, and providers to make evidence based medical care-related decisions.

Definitions of Quality Terms

NAME	DEFINITION
Pareto Chart	A Pareto Chart or Diagram is a simple bar chart, which ranks related categories (e.g. barriers to GYN exam) in decreasing order of occurrence. It can be used to analyze causes, study results, or plan for improvements.
Peer Review	Evaluation or review of the performance of colleagues by professionals with similar types and degrees of expertise (e.g., the evaluation of one physician's practice by another physician).
Plan-Do-Study-Act Cycle (PDSA)	A process to describe a quality improvement cycle using four-steps: Plan, Do, Study, and Act. It is sometimes referred to as the Shewart cycle (Walter A. Shewart) or as the Deming cycle (W. Edwards Deming). Also called Plan-Do-Check-Act (PDCA) Cycle.
Practitioner	The professional who provides health care services. Practitioners are usually required to be licensed as defined by law and include MD, NP, PA.
Process	An action, or series of actions, that transform inputs into outputs.
Provider	An institution, organization, or person that provides health care services.
Quality Assessment	A measurement activity that includes the review of a process, data analysis, and report of findings. To assess a care process is an important step in the quality improvement cycles.
Quality Assurance (QA)	A formal set of activities to review and to safeguard the quality of medical services provided. QA includes quality assessment and implementation of corrective actions to address deficiencies. It is focused on ensuring standards are adhered to, identifying problems, and solving single quality issues with problem resolution focused on the responsible individual. QA is used more in a regulatory environment.
Quality Improvement (QI)	Quality Improvement (QI) is defined as an organizational approach to improve quality of care and services using a specified set of principles and methodologies. Those principles include, but are not limited to, leadership commitment, staff involvement, cross-functional team approach, consumer orientation, and a continuing cycle of improvement activities and performance measurements. Synonyms include Continuos Quality Improvement (CQI), Performance Improvement (PI), and Total Quality Management (TQM).
Quality Management Plan (QM)	A written QM plan defines a process for ongoing evaluation and assessment to identify and improve the quality of care, and the infrastructure that clearly indicates responsibilities and accountability for the quality program.
Quality Improvement (QI) Team	A specially constituted working group to address one specific opportunity for improvement. QI Team consists of those people who have regular involvement in the process and have a leader and sometimes a facilitator. (e.g. QI Team to improve the patient adherence to antiretroviral therapy). Synonyms include CQI (Continuous Quality Improvement) Team.

Definitions of Quality Terms

NAME	DEFINITION
Quality of Care	The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.
Rapid Improvement	Rapid Improvement is a quality improvement methodology that uses shorter cycles of changes to accelerate the rate of improvement.
Run Chart	A Run Chart is a line graph of data plotted over time. The plotted data can be variables (measurements) or attributes (counts). The purpose of making a run chart is to look at a system's behavior over time. Run Charts can reveal trends or patterns of a system, if they exist.
Sampling	A statistical process for selecting the size and frequency of populations under study.
Scatter Diagram	A Scatter Diagram helps to evaluate the relationship between two factors. It is a graph showing the plotted values of two factors: each point on the graph represents a pair of measures. It is used to identify whether the two factors are related.
Standard Deviation	The standard deviation shows the dispersion of the data within the distribution. It measures the variation of the data around the mean.
Standard of Care	Preformed and agreed upon statements issued for the purpose of influencing decisions, about health interventions.
Structure	Inputs in the health care system that are used in the delivery of care process.

Glossary of Acronyms

TERM	EXPLANATION
AI	AIDS Institute
ARV	Antiretroviral Therapy
CBO	Community Based Organization
CD4	T cell count
CFA	Continuing Funding Application
CQI	Continuous Quality Improvement
HAB	HRSA HIV/AIDS Bureau
HIVQUAL	National project to build capacity for QI in Part C and Part D sites
HRSA	Health Resources Services Administration
IHI	Institute of Healthcare Improvement
MAC	Mycobacterium avium complex infection
MBR	Multiple Drug Resistant
MH	Mental Health
MTB	Mycobacterium Tuberculosis
NIH	National Institute of Health
NQC	National Quality Center
PCAT	Primary Care Assessment Tool
PCP	a) Pneumocystis carinii Pneumonia b) Primary Care Provider

TERM	EXPLANATION
PDSA	Plan-Do-Study-Act Cycle
PPD	Preferred Protein Derivative (skin test for TB)
QA	Quality Assurance
QARR	Quality Assurance Reporting Requirement (managed care measure)
QI	Quality Improvement
RFA	Request for Applications
STD	Sexually Transmitted Diseases
SU	Substance Use
TA	Technical Assistance
TB	Tuberculosis
VDRL	Veneral Disease Research Lab
VL	Viral Load

Other Resources

AIDS Institute Publications

- HIVQUAL Group Learning Guide: Interactive Quality Improvement Exercises for HIV Health Care Providers. A publication of the New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau, Updated 2006; www.hivqual.org

- Measuring Clinical Performance: A Guide for HIV Health Care Providers. A publication of the New York State Department of Health AIDS Institute Updated 2006; www.hivqual.org

- Patient Satisfaction Survey for HIV Ambulatory Care. A publication of the New York State Department of Health AIDS Institute, 2002; www.hivqual.org

HRSA Publications on Quality

- Improving Care for People Living with HIV/AIDS Disease. Institute for Healthcare Improvement, HRSA/HAB. HIV/AIDS Bureau Collaborative. Order via the HRSA Information Center at www.ask.hrsa.gov or call 888-ASK-HRSA.

- The Modular Quality Improvement Curriculum for Improving HIV Care. Institute for Healthcare Improvement, HRSA/HAB, HIV/AIDS Bureau. www.ihi.org/IHI/Topics/HIVAIDS/HIVDiseaseGeneral/Tools

- Quality Management: Technical Assistance Manual. HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA); www.hab.hrsa.gov/tools/QM

Other Resources

Books on Quality

- Agresti, Alan. An Introduction to Categorical Data Analysis, Wiley Series in Probability and Statistics. Applied Probability and Statistics, May 1996.

- Brassard, M., Ritter, D., Rilter, D., Oddo, F. The Memory Jogger II. Goal /QPC, Lawrence MA; 1994.

- Carey, R.G., and Lloyd, R.C. Measuring Quality Improvement in Healthcare. New York: Quality Resources, 1995.

- Delbecq, A., Vand de Ven, A. and Gustafson, D. Group Techniques for Program Planning: A Guide to Nominal Group and Delphi Processes. Middleton, WI: Green Briar Press, 1975/1986.

- Gerteis, M., Edgman-Levitan, S., Daley, J., Delbanco, T.L. Through the Patient's Eyes–Understanding and Promoting Patient-Centered Care. San Francisco, CA: Jossey-Bass; 1993.

- Graham, N. Quality in Health Care: Theory, Application, and Evolution. Gaithersburg, MD: Aspen Publications, 1995.

- Institute of Medicine Committee on Quality of Health Care in the US, Institute of Medicine, Crossing the Quality Chasm: A New Health System for the 21st Century, National Academy Press, 2001.

- Langley Gerald J., Nolan, Kevin M., Nolan, Thomas W., Norman, Clifford L., and Provost, Lloyd P. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance. San Francisco, CA: Jossey-Bass Publishers, 1996.

- Rogers, E. Diffusion of Innovation. New York: Free Press; 1995.

- Scholtes, Peter R., Joiner, Brian L. and Streibel, Barbara J. The Team Handbook. Second Edition. Madison, WI: Joiner Associates Inc., 1996.

- Swanson, Roger C. The Quality Improvement Handbook: Team Guide to Tools and Techniques. Delray Beach, FL: St. Lucie Press, 1995.

Websites on Quality

- National HIVQUAL Project - www.hivqual.org

- National Quality Center - www.nationalqualitycenter.org

- New York State Department of Health AIDS Institute - www.hivguidelines.org

- Agency for Healthcare Research and Quality (AHRQ) - www.ahrq.gov/qual

- HIV/AIDS Treatment Information Service - www.aidsinfo.nih.gov

- HRSA Bureau of Primary Health Care Quality Center - www.bphc.hrsa.gov/quality

- HRSA Center on Quality - www.hrsa.gov/quality

- Infectious Diseases Society of America - www.hivma.org/HIV/tocCEN.htm

- Institute for Healthcare Improvement (IHI) - www.ihi.org

- Johns Hopkins AIDS Service - www.hopkins-aids.edu

- National Quality Measures Clearinghouse - www.qualitymeasures.ahrq.gov

Answer Keys for Facilitators

Module 3 Tool: QI Principle Quiz

1. What does CQI stand for? C
2. Why has Quality Improvement become increasingly important in health care? D
3. What is the main difference between Quality Assurance and Quality Improvement? D
4. What is the most important principle for Quality Improvement? D
5. Which of the following statements by HAB is INCORRECT? C
6. HAB describes the following characteristics of Quality Management Programs. Which ones are CORRECT? E
7. The following performance data report is presented: PPD 95%, GYN 85%, and PCP Prophylaxis 55%. You advise the program to continue to measure: C
8. The results of an adherence QI project are presented after 10 months of work, improving the rate to 98% and it was kept between 95%-100% for the last 4 months. You advise the program to: B
9. Due to the high rate of patients receiving a Mental Health screening (95%) over an extended period of time, the QI team decided to stop meeting but continue to measure the rate on a monthly basis. For three months in a row, the score declined. At what score should the MH team reconvene? All are correct answers

Module 6 Tool: Adult Learning Quiz

1. Subject matter experts typically are: D
2. Which of the following physical factors affects learning: E
3. A standard way to keep people engaged in learning is to: C
4. Which of the following are not preferences the instructor must recognize: A
5. Of the following options, which is the most learner centered? C
6. Which is correct? We tend to remember: D
7. Which of the following is not an example of active involvement? C
8. Left untreated, information disappears from short term memory in: D
9. Visual learners prefer, enjoy or require: A
10. Research suggests people learn best when: D
11. Learning is defined as: B
12. Which of these learning conclusions are false: C

Module 16 Tool: 'Tool Hunt' Questions

1) April and October (pg. 12)
2) 100 (pg. 12)
3) 1. When I needed an appointment, I could see my substance use counselors soon enough for my needs. (In Spanish, pg. 47, in English, pg. 31)
4) 1, 2, 6, 9, 10, 13, 14, 15, 19, 22, 26, 28, 30, 32, 33, 34, 35, 37, 38, 40, 42, 43, 44, 45, 46, 47, 48, 51, 54, 55, 56, 58, 59, 60, 61,70, 71, 74, 75, 79, 80, 81, 85, 86, 88, 92, 93, 94, 96, 97, 98, 99 (pg. 44)
5) 94% (pg. 11)

Answer Keys for Facilitators...Continued

6) Remeasurement and Quality Improvement (pg. 39)

7) Egg Ship (pg. 13)

8) "101 More Training Games," by Gary Kroehnert, Mc-Graw-Hill Book Company Australia, Sydney, copyright 1999 (pp. 28-29)

9) Neptiminus (pg. 93)

10) b) Change job descriptions to reflect quality team recommendations; Rationale: While all three responses contribute to sustainability, changing job descriptions is most likely to alter the way in which services are delivered, thereby sustaining gains over the long term. (pg. 63)

11) Chart Ready – yes or no? (pg. 208)

12) Source: Center for Health and Public Service Research, Robert F. Wagner Graduate School of Public Service, New York University (pg. 233)

13) Evaluate results with key stakeholders (pg. 21)

14) Albany Medical Center (pg. 117)

15) Identify ways to include consumers in the quality improvement structure. Educate and promote consumers to become members on the overall quality committee. Invite consumers to participate in project teams. (pg. 54)

Module 21 Tool: Quality Management Plan Case Study

- Part 1: Quality Statement – How do you rate this mission statement? Potential Answer: 3 (too narrow, not visionary, no listing of internal and external expectations)

- Part 2: Quality Improvement Infrastructure - How do you rate the accountability as outlined in the sample? Potential Answer: 2 (not specific enough, no clear description of committee structure (who is meeting, when, no inclusion of stakeholders, internal and external)

- Part 3: Performance Measurement - How do you rate the completeness of statewide indicators? Potential Answer: 3 (no case management indicators, no satisfaction measures, no measures to assess the effectiveness of QMP program)

- Part 4: Annual Quality Goals - How do you rate the statewide goal? Potential Answer: 4 (more like an action plan, no indicator description, no threshold, maybe not realistic to collect baseline data and expect changes in Year 1)

- Part 5: Participation of Stakeholders - How do you rate the completeness of this list? Potential Answer: 4 (no consumers)

- Part 6: Evaluation - How do you rate the completeness of the evaluation strategies? Potential Answer: 4-5 (clear but wordy)