

Stanford Self-Management Fidelity Tool Kit

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INTRODUCTION

Welcome to the Self-Management Fidelity Manual Tool Kit. While this tool kit was written for the Chronic Disease Self-Management Program, it can be used with any of the Stanford community-based group self-management programs. You can use, reproduce, or adapt any of the tool-kit items without permission.

This tool kit is designed to be used with the Stanford Self-Management Program Fidelity Manual which can be found at http://patienteducation.stanford.edu/licensing/Fidelity_Manual2010.pdf

Please note that these tools are samples to support your organizations development of a fidelity plan. Most of the tools support the “Must Do” items found in the fidelity manual. This tool-kit is growing, so check back for additional tools. If you have a tool that you use to support your organizations fidelity plan, and would like to suggest that it be added to this tool kit, please email us at self-management@stanford.edu.

MUST DO'S - FIDELITY CHECKLIST

The following is a check list of all Fidelity Must Do's. You are probably already doing most of these things. We suggest that you go through the list and check "YES" for all the things you are now doing and then go back through and figure out how you can implement the rest of the steps. If unable to implement all the Must Do's right away, you may incorporate them into your Fidelity Plan for the future and make them goals for the near future and long term.

PERSONNEL		
YES	NO	Program Coordinator Qualifications
		Has dedicated time to work with the Stanford Programs (20-100%)
		Has proven administrative and program management experience or aptitude
		Is very familiar with both the Program Fidelity and Program Implementation manuals
		Is familiar with the terms of the license under which your organization is offering the program
		Reports necessary data in timely manner to both Stanford and funding agencies if applicable.
		Has observed a Leader or Master Training
		Leaders Qualifications
		At least one third of the Leaders are men
		Leaders come from the same communities you are serving
		Are not afraid to speak in front of groups
		Read, write and speak the language of the workshop participants
		Are literate at about 10 th grade level in the language they facilitate workshops
		Are willing to teach course during "off hours—Saturday, evenings etc" (if applicable to your program)
		Prospective Leaders are able to attend all 4 days of training and complete two practice teaching during training
		Are available to facilitate a workshop within six months of training
		Are willing to commit to facilitating at least one six-week workshop in the next year
		Are willing and available to attend an update session if they do not train within 6 months from the original date of training
		Have transportation to get to the site of workshops
		Are willing to facilitate in the communities that you wish to serve.
		Are committed to facilitate once a year to remain an active leader
		Are willing to attend a new 4 day training if they become inactive
		Are a model of healthy behaviors for participants
		Master Trainers Qualifications
		Read and write the language in which they will be doing training at a 10 th grade school level
		Fluently speak the language in which they will be training
		Can be interviewed by phone or in person before the Master Training so they are clear on expectations and commitments
		Are willing and available to attend a 4.5 day Master Training
		Have either led two workshops as a Leader either before coming to Master Training or are willing and available to lead two workshops within one year after Master Training

	Are willing and available to facilitate one 4-day Leader training within a year of completing Master Training
	Returned their Master Training certification form to Stanford and have received notice of Certification form Stanford
	Lead a full four-day Leader Training at least once a year to remain certified.
	Are able to leave their jobs for 4 days to conduct a Leader Training
	Are willing to teach course during “off hours—Saturday, evenings” (if appropriate)
	Have joined the Stanford training list serve for regular updates
	T-Trainers Qualifications
	Are able to conduct Leader and Master Trainings without reading <u>every</u> word in the manual
	Are able to conduct Leader and Master trainings using paraphrasing and personal stories
	Prospective T-Trainers have conducted at least three Leader Trainings in past two years
	Have approval from the organization for which they work to offer training outside of their area for at least one week a year.
	Must offer a Master Training within six months of receiving their T-Training Certification
	Have apprenticed successfully for a full 4.5 day Master Training under the supervision of a Certifying T-trainer
	Are committed to offer a Master Training per year to remain certified as T-Trainer
	Have joined the T-Trainer list serve for updates
FIDELITY BEFORE TRAINING	
	Fidelity Before Leader Training
	Have a Fidelity plan in place
	Apply for, renew, or confirm receipt of your organizations program license
	If operating under another organization’s license, verify with the holder of the license that you may proceed with the training
	If there is no other active Leader in your area you must send 2 or 3 individuals to training
	Read the Program Implementation Manual http://patienteducation.stanford.edu/licensing/Implementation_Manual2008.pdf
	Read the Program Fidelity Manual
	Read the Introduction to Stanford Leader Trainings
	Adhere to recommended schedule for Leader trainings (Total of 4 days: Most recommended 2 days per week for 2 weeks)
	Choose times, dates, and location of training
	Secure 2 Certified Master Trainers who are committed to conduct entire training sessions
	If you are hiring Master Trainers or T-Trainers to conduct your Leader training, visit the Stanford Patient Education Research Center’s website to determine that the Master Trainers or T-Trainers are currently “active” Trainers
	Ask the Trainer when they last conducted a Master training. If more than a year, you should look elsewhere
	Recruit and Interview potential Leader trainees
	Do not start a Leader Training with less than 12 potential Leaders
	Ask prospective trainees to review the Stanford website for program overview: (http://patienteducation.stanford.edu/programs/cdsmp.html) or send them a copy

	Ask prospective trainees to read the document Introduction to Stanford Leader Trainings
	Inform participants that their full attendance and participation is required on all training
	Maintain close and timely communication with all those involved in the coordination of the Leader Training
	If training is to be held anywhere except at your site, follow registration protocols and complete travel logistics (including payment of any applicable fees) in a timely manner
	Ensure that by the time your staff and volunteers complete training you will have series of workshops scheduled filled with participants so each of them can facilitate within 6 months of completion of training
	Ask trainee(s) to commit leading a scheduled Stanford program workshop within 6 months of training start date
	Order Workshop books and if you wish, CD's for each participant
	Prepare a complete Leader's Manual for each participant
	Include a copy of the agency license from Stanford in each manual
	Prepare a complete set of flip charts. (PowerPoint or overheads may NOT be used)
	Determine the most recent training materials are being used for training (most current version are 3rd edition, <i>Living a Healthier Life with Chronic Conditions</i> book and CDMP manual (2006).
	Fidelity Before Master Trainings
	Allow three to six months to plan
	Apply for, renew, or confirm receipt of your organizations program license.
	Review the Stanford website (http://patienteducation.stanford.edu/programs/cdsmp.html) for program overview if you have not done it before and the Training FAQ's in the Tool Kit
	Read the Program Implementation Manual http://patienteducation.stanford.edu/licensing/Implementation_Manual2008.pdf
	Read the Program Fidelity Manual http://patienteducation.stanford.edu
	Complete a Stanford Master Training Request Form (available from the Stanford website)
	Follow the Stanford Patient Education Research Center's Checklist for Master Trainings (obtained upon confirmation of training request)
	Inform participants their full attendance and participation is required on all training days
	Ask trainee to commit leading a scheduled Stanford program workshop within 6 months of their training start date
	Ask prospective trainees to review the Stanford website for program overview (http://patienteducation.stanford.edu/programs/cdsmp.html)
	Read the Introduction to Stanford Trainings. See Tool Kit and the Stanford website (hyperlink)
	Ask prospective trainees to read the document Introduction to Stanford Trainings
	Make sure all trainees are associated with licensed organizations
	Follow registration protocols and complete travel logistics (including payment of any applicable fees) in a timely manner
	Ensure that by the time your staff and volunteers complete training you will have series of classes scheduled and participants recruited so that each of the new Master Trainers can facilitate two workshops within six months of completion of Master training
	Confirm that trainee will be able to co-facilitate workshop with another active leader or

	Master trainer in the area.
	If there is no other active Leader or Master Trainer in your area you must send 2 individuals to training.
	Have definite plans to hold a Leader Training within one year of the completion of the Master Training. If training multiple Master Trainers, each must facilitate a Leader Training within one year
	Ask trainee(s) to commit leading a scheduled Stanford program workshop within 6 months of training start date
	Prepare Master Trainer Manuals and Leader Manuals for each participant
	Order books and relaxation CDs for each trainee
	Prepare a complete set of charts as per instructions in the Leader manual. PowerPoint presentations or overheads should NOT be used
	Determine the most recent training materials are being used for training (most current version are 3rd edition, <i>Living a Healthier Life with Chronic Conditions</i> book and CDMP manual (2006)
	FIDELITY DURING TRAINING
	Fidelity During Leader Trainings
	Have a fidelity plan in place
	Training is at least 4 six-hour days given over no more than 2 weeks
	There are no less than 12 nor more than 18 trainees in the group
	Trainees participate in two practice teaching activities during training
	Trainees complete the second practice teaching session and demonstrate a minimum set of core competency as observed by the Master trainer or T-trainer
	Fidelity in Judging Trainee Competence
	<i>Adheres to the curriculum (also includes appropriate presentation of charts)</i>
	Facilitates group contributions particularly in the following types of activities
	Brainstorming
	Action Planing
	Action Plan Feedback
	Problem Solving
	Handles difficult group dynamics and problem participants effectively
	Speaks comfortably in front of a group
	Speaks effectively (firm but non-authoritative tone, moderate volume, accents are fine as long as pronunciation and enunciation is clear to most)
	Does not judge people or the choices people make in their lives
	Models activities appropriately
	Sticks to time / agendas
	Listens and incorporates feedback given by Master Trainers
	Works cooperatively with co-leader
	Is consistently respectful to other group members
	Commits to continuing to be healthy
	Fidelity when Counseling Leaders / Master Trainers Out
	Have a fidelity plan in place
	Observe and document problem behaviors. The first practice teaching is a good opportunity. However, you can pick up problems at any time. Just be sure that you have specific details. You will need these as you do your counseling
	Counseling is always done in private

	Always be respectful and considerate.
	Give the trainee specific reasons and examples of why you are concerned
	Focus on performance, behavior and use of the manual.
	Tell the trainee what she/he did well, but also tell her/him clearly how they are expected to improve
	Tell the trainee what will happen if they do not improve by Practice Teaching # 2 so there will be no surprises
	Do not get caught in emotional battles or excuses. Use a broken record approach for example: “I am sorry but you did not follow the manual in either of your practice teaches” If you hear an emotional response then you say “I am sorry but you did not follow the manual in either of your practice teaches”
	If in doubt about a trainee, then DO NOT let them continue. It is not kind to the future participants, the trainee or his/her supervisor to “pass” a marginal person
	If ever you are in doubt, DO NOT ALLOW THE TRAINEE TO LEAD WORKSHOPS !
	Fidelity During Master Training
	Have a fidelity plan in place
	Training must be at least 27 hours usually offered over 4.5 days.
	Training must be offered by two Certified T-Trainers
	Trainees can successfully give feedback during practice teaching.
	Trainees can embrace the underlying philosophy of the program (Self-Management, Self-Determination, Self-Efficacy, Community-Based Health Education)
	Trainees can identify strengths, weaknesses and areas of improvement for each trainee and themselves
	Trainees can facilitate constructive discussion / feedback with peers.
	Trainees can think quickly on feet. That is, they are quick to respond to situations that arise and respond in an appropriate manner according to stated guidelines
	Trainees have sound judgment. When faced with a new situation they act in a manner that maintains program fidelity, the confidence of the group and the integrity and safety of the participants
	Trainees demonstrate a clear command of material
	Trainees act as a hyper-model. Almost over model everything so that you see it coming back in practice teachings
	Trainees adhere to training process (minimum and maximum of attendees, follows activities in the manual)
	Trainees understands and agrees with the importance of Program Fidelity
FIDELITY AFTER TRAINING	
	Fidelity After Leaders Training
	All new Leaders facilitate within six months
	If all leaders do not facilitate within six months, there is a short update before they facilitate.
	All Leaders facilitate at least once a year.
	After 1 year of not facilitating leader is retrained
	Leaders about whom you have concerns do not facilitate workshops

	Fidelity After Master Training
	Master Trainers conduct one leader training a year
	Observe each new master trainer at least once (this can be done by the program coordinator, a T-trainer or an experienced Master Trainer)
FIDELITY DURING WORKSHOPS	
	Fidelity During Workshops - Physical environment and Material resources
	Have the necessary number and quality of educational materials and supplies
	The location of training is appropriate for your population
	Ensure the room/facility is appropriate for training and your population
	Group size is 10-16 participants (for most urban and populated areas)
	Offered 2.5 hours a week over six weeks
	There were at least 10 on the first day of the workshop (if less, the class is postponed and people are asked to come to next scheduled workshop)
	Venue is safe, handicap accessible, and available by public transportation
	Fidelity During Workshops - Leader Performance
	Two Leaders teach the workshops (a substitute may be used if necessary)
	Leader (s) are present at all sessions, arrive on time and do not leave early
	Leaders use facilitation techniques appropriately and effectively
	Weekly attendance records are kept
	Names addresses and emails of participants are kept
	Program coordinator talks with every leader between the first and third session of every workshop
	When problems arise, leaders are observed
	Protocol in place for documenting performance problems
FIDELITY FOR LEADER AND MASTER TRAINER RETENTION	
	Leader and Master Trainer Retention
	Have a mentoring plan
	If the coordinator of the program is not a certified Master Trainer, a Master Trainer or T-Trainer in your area has been identified and formally given the role of “consultant” or “mentor” for your program Leaders as needed.
	In a systematic way Leaders are asked what kind of support they need
	Conduct exit interviews with all Leaders who leave your program or who have not taught for 1 year or more.
	A defined protocols for resolution of potential personality conflicts, communication problems, improper behavior with participants and co-leaders or co-trainers is in place
FIDELITY AFTER WORKSHOPS	
	Fidelity After Workshops
	Track leader activity--how many programs they teach, retention.

Potential Leader or Master Trainer Interview Questions

Please note that these are example questions that you can use for a phone or face to interview with potential applicants.

1. Why do you want to volunteer to be trained as a peer leader?
2. Our peer leaders in general either have chronic conditions or have been a caregiver for someone with chronic conditions. Does this apply to you?
3. Our leaders are positive role models for the workshop participants. Please describe some of the ways you practice positive self-care for yourself and /or in managing your condition.
4. Do you have experience leading groups? Please describe:
5. Do you have any previous volunteer experience and if so what?
6. Have you worked with a variety of people i.e. different educational levels, cultures, and physical or mental challenges?
7. This program is heavily scripted. It is critical for legal and liability reasons that leaders not share personal advice. Being a leader is not an opportunity to share what has worked for you personally. Are you comfortable moving forward knowing that if you ever offer personal advice, you cannot continue to be a peer leader in this program? (*Yes / No*)
8. Do you see any barriers or challenges in being a leader (i.e. energy, time, transportation, availability, chronic condition limitations)? (Note briefly)
9. Confirm commitment to attending full training session. If you are selected we would require you to attend a 4 day training course for Peer Leaders. Can you attend? (*Yes/No*). And also to co-lead 1 or 2 sessions within a 12 month time frame (pending your health) (*Yes/No*). Do you see any barriers to this? (State there is agreement form to sign)
10. Have you taken the regular 6-week CDSMP workshop? (*Yes / No*)

If No, you are required to complete a pre-training reading assignment. It is Chapters 1-15 of the “Living a Healthy Life ...” book (3rd Ed.). Will you? (*Yes / No*). . Please note that it is highly recommended for learning purposes that you take a participant workshop. If this is requested of you by the trainers or the program staff, are you willing to do this after the leader training? (*Yes / No*)

11. Any questions for us today about the program and/or being a Peer Leader?
(Note briefly)

Conclude Interview: “Thank you for the Interview. (If they are a successful candidate – state “A Registration package will be mailed to you, or you may come in to the office to pick it up (arrange with program clerk). See you at the Training!”)

Additional Questions (only if time or if necessary)

14. What kinds of people do you find it easy or hard to work with?

15. What causes you stress and how do you deal with it?ⁱ

ⁱ Source: Row Your Own Boat Program, Calgary

Role Play Script for Interviewing Potential Leaders and Master Trainers

Please notes: These are examples and you are free to make up your own. If you have good scripts that work will for you, let us know and we will add or change.

Interviewer instructs applicant: We are going to do a short role play today. I will play the role of either a participant in the workshop or your co-leader. I would like you to respond to me as though you were actually leading a workshop session. We will both be playing a role, so please react to the scenario I present to you as if you were one of the workshop leaders.

1. Scenario #1:

Interviewer instructs applicant: Please play the role of a workshop leader and role play the following scenario with me:

Interviewer plays the following role: You are a workshop participant who has just told the group that you are afraid of the future and you start to cry.

Type of responses Interviewer should be looking for from applicant:

- Look for empathy and compassion.
- The leader should not try to jump in and fix the situation but instead give the participant the chance to express his or her emotions.
- Provide comfort and support but still continue with activity

2. Scenario #2

Interviewer instructs applicant: Please play the role of a workshop leader and role play the following scenario with me:

Interviewer plays the following role: You are a workshop participant living with diabetes. At break you tell your workshop leader that you have consistently been experiencing abnormally high blood sugar levels when you wake up in the morning. You ask the leader if you should be giving yourself more insulin or if perhaps she should stop another medication that you feel may be causing this problem.

Type of responses Interviewer should be looking for from applicant:

- Non judgmental
- Explain that leaders can't give out specific medical advice and encourages him or her to call a physician's office to explain the issue to him or her.
- In addition to advice about seeking information from his or her physician, could also direct to the workshop book to read specific information about diabetes.

3. Scenario #3

Interviewer instructs applicant: In the following role play please keep in mind that the workshop you are to be trained on is highly scripted and that each 2 ½ hour session is carefully planned out with the safety of workshop participants in mind. Please play the role of a workshop leader and role play the following scenario with me, I will be your co-leader:

Interviewer plays the following role: You are a co-leader and today you inform the other leader that you will be leading the Healthy eating section today and will replace the section that is written in their manuals with a section from a nutrition course that you are teaching for your hospital. You have brought in your own materials from a nutrition class and plan to share them during today's workshop.

Type of responses Interviewer should be looking for from applicant:

- Non confrontational and with the intent of coming to a resolution to the situation
- Reflect something about the importance of sticking with the script
- Also acceptable would be the idea of asking the program coordinator if outside materials can be brought into the workshop.

4. Scenario #4

Interviewer instructs applicant by describing the following scenario: Joe is a participant in your workshop and always comes to the workshop with his boyfriend Ben. Sometimes during emotional parts of the workshop, Joe reaches over to hold Ben's hand. During a problem solving session Ben says, "My problem is that I am afraid if Joe gets sick I will not be able to visit him in the hospital". I will play the part of Ben, what would you say to me?

Type of responses Interviewer should be looking for from applicant:

- Response should be non judgmental and should not focus on homosexuality
- Response should aimed at solving the problem (not being able to visit) not on the cause of the problem.

Additional Script for Master training applicant

5. Scenario #5

Interviewer instructs applicant by describing the following scenario: After nearly 3 days of observing leader training you have identified someone that can't be a leader. The person is consistently judgmental, talks about his or her disease at great length and has a difficult time following the scripted manual during practice teaching. I will play the part of the participant in your leader training; your role will be to tell me that I can't be a leader.

Type of responses Interviewer should be looking for from applicant:

- Non judgmental but rather based on specific examples and facts
- Be clear—The person cannot be a leader

Peer Leaders Guidelines and Responsibilities

CERTIFICATION, EXPERIENCE AND TRAINING

- ◆ Complete required training and certification process successfully.
- ◆ Complete any other additional training if recommended by the Project staff.
- ◆ Facilitate at least two 6-week classes per year (Peer Leaders with no previous experience teaching the [NAME OF YOUR LOCAL PROGRAM] will not receive a stipend for the first workshop series)

CURRICULUM

- ◆ Follow the curriculum and limit the program content to information and activities as described in the Leaders Manual. Bring your ideas and suggestions up at leader updates or with the program coordinator
- ◆ Introduce yourself as a Peer Leader with the [NAME OF YOUR LOCAL PROGRAM]. Restrain from using any other titles (even if it is true you have them) or affiliations with other agencies.

PRIVACY AND CONFIDENTIALITY

- ◆ Avoid selling or advertising any items in class, promoting religious beliefs or bringing outside speakers or guests to the class. Avoid recruitment of class participants for any type of campaigns.
- ◆ Keep the participants' identity and contact information confidential. Use their telephone numbers only to remind them of the classes or communications related to the class. Follow HIPAA privacy rules.

RESPECT FOR DIVERSITY

- ◆ The [NAME OF YOUR LOCAL PROGRAM] celebrates the diversity of our community. We believe no one should be discriminated or the target of ridicule, disrespect or gossip due to their ethnicity, religion, gender, national origin, age, physical disability, political affiliation, sexual orientation, color, marital status, veteran status or medical condition. Peer Leaders who exhibit discriminatory behavior could lose their affiliation with the Project.

BEFORE EACH WORKSHOP

- ◆ Pick up all materials at least two days before you begin to teach the workshop series. This will give you an opportunity to organize the material and split responsibilities with your fellow peer leader. This will build your confidence and make the class more effective for the participants. Read the material in front of a mirror or family member for practice.

DURING AND AFTER EACH CLASS / DURANTE Y DESPUES DE CADA CLASE

- ◆ Keep in contact with your program coordinator during the workshops series to report attendance and to discuss and resolve any problems.
- ◆ Return workshop materials and evaluation forms to the office no later than 5 days after completion of the workshop.

SHOW YOUR PROFESSIONALISM BY BEING A TEAM PLAYER

- ◆ Be punctual. Respect other people's time by arriving 15-30 minutes early and organizing yourself. Always start and end the workshop on time. Model the behavior that you want to see in the participants.
- ◆ When preparing your charts be sure and make the writing legible by using big letters. Remember, the participants need to be able to read the charts from a distance.
- ◆ Do not miss any of your workshops. If an emergency arises, call your fellow peer leader and let them know what is going on. Also, you must make arrangements with another leader within 48 hours before the class to replace you in your absence. It is also your responsibility to communicate the situation and the name of your replacement to the program coordinator as soon as possible.
- ◆ We will work as a team respecting one another. Never contradict or interrupt your partner in front of the class. Find time after the class or during the break to indicate mistakes to your partner.
- ◆ Try to resolve differences directly with your peer in private always maintaining a positive and open attitude. Notify the staff only if the differences could not be resolved at that level. The staff will assess the situation and will make a reasonable attempt to solve the problem. Prolonged unresolved problems due to lack of cooperation or adherence to contract rules may result in termination of the contract.
- ◆ Be objective and avoid personalizing issues. When training with friends or family members, treat them as peers like you would anyone else. If your peer is not performing up to standards, help them by offering constructive feedback instead of covering their mistakes.
- ◆ If applicable, assist in the collection of data or information necessary for evaluation or program report purposes.

IF YOU HAVE ANY QUESTIONS

- ◆ If you have any questions call your local program coordinator. They are there to help you. If there is something you are not sure about, or a participant asks you a question you don't know the answer to, call NAME OF COORDINATOR at 000-000-0000 and they will help you get the information to them by the next workshop meeting.

CONTINUE LEARNING!

- ◆ Attend and actively participate in the annual leader updates to share experiences, new ideas, and learn new information about the program.

WELCOME, GOOD LUCK AND THANK YOU!

**YOUR
LOGO
HERE**

**[Name of your Organization]
Leader Contract**

The [Name of your Organization] enters into this agreement on [Date] with [Name of Lay Leader] (hereinafter referred to as “PAID VOLUNTEER”).

Recitals.

1. PAID VOLUNTEER has knowledge and experience as a Leader for the [Name of your Project] self-management classes and is willing to provide workshops to [Name of your Organization]. [Name of your Organization] is willing to engage [Name of Lay Leader] as a Paid Volunteer, and not as an employee, on the terms and conditions set forth herein.

Terms and Conditions. This Agreement shall commence on the date hereof and shall remain in effect for one year until completion of the Work Plan as evidence by final billing of any fees due and payable to PAID VOLUNTEER, or until (whichever date is later), such time as this Agreement is terminated by either party by giving written notice of at least fifteen (15) days in advance. Upon completion, this agreement may and should be renewed. [Name of your Organization] reserves the right to terminate or not to renew this contract if the PAID VOLUNTEER’S performance is determined to be under our performance measures standards.

In the event that this Agreement is terminated, the obligations of [Name of your Organization] and PAID VOLUNTEER under this Agreement shall terminate. In the event of termination PAID VOLUNTEER shall deliver to [Name of your Organization] copies of all reports, documents, and the work performed by PAID VOLUNTEER under this agreement, and upon receipt thereof, [Name of your Organization], shall pay PAID VOLUNTEER for services performed and reimbursable expenses incurred to the date of termination.

Compensation and Employment Status. In consideration of the services to be performed by the PAID VOLUNTEER, [Name of your Organization] agrees to pay PAID VOLUNTEER in the manner and at the rates set forth in Exhibits A and B. Out of pocket expenses incurred by PAID VOLUNTEER that are set forth in Exhibit A shall be reimbursed by [Name of your Organization] to PAID VOLUNTEER.

PAID VOLUNTEER performs services as a Paid Volunteer and not as an employee. Nothing herein shall be construed to provide for an employer-employee relationship between [Name of your Organization] and PAID VOLUNTEER, and [Name of your Organization] will not withhold taxes or make employee tax payments for PAID VOLUNTEER.

Assignment. PAID VOLUNTEER may not assign this agreement without [Name of your Organization] prior written consent. [Name of your Organization] may assign this Agreement in connection with a merger or sale of all or substantially all of its assets, and in other instances with the PAID VOLUNTEER’S consent which consent shall not be unreasonably withheld or delayed.

General. This agreement contains the entire agreement of the parties relating to the subject matter hereof and supercedes or replaces any and all understandings, commitments, or agreements, oral or written. If any part, term or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any laws of a deferral, state, or local government having jurisdiction over this

Agreement, the validity of the remaining portions or provisions shall not be affected thereby. This Agreement may be modified in writing signed by both parties.

Indemnification. PAID VOLUNTEER hereby indemnifies and agrees to defend and hold harmless [Name of your Organization] from and against any and all claims, demands and actions, and any liabilities, damages or expenses resulting there from, including courts costs and reasonable attorney's fees, arising out of or relating to the services performed by PAID VOLUNTEER under this agreement.

Confidential Information. All data, documents, discussions or other information developed or received by or for PAID VOLUNTEER in performance of this agreement are confidential and not to be disclosed to any person except as authorized by [Name of your Organization], or as required by law.

Ownership of Materials. All reports, documents or other materials developed or discovered by PAID VOLUNTEER or any other person engaged directly or indirectly by PAID VOLUNTEER to perform the services required hereunder shall be and remain the property of [Name of your Organization] without restriction or limitation upon their use.

Acknowledgement. [Name of your Organization] and PAID VOLUNTEER represent and warrant their intention to complete this Agreement in its entirety. Both parties have read and understood this agreement and, by signing below have agreed to all of its terms and conditions.

In Witness whereof, the undersigned have executed this agreement as of the dates set forth below.

[Name of your Organization]

[Paid Volunteer]

Name and Title

Name and Title

Address

Address

City, State, Zip

City, Sate, Zip

Telephone

Telephone

Tax Identification (Social Security Number)

Signature

Signature

Date

Date

Exhibit A

Work Plan: This Work Plan is an addendum to and governed by the Paid Volunteer Agreement dated between [Name of your Organization] and [Name of Lay Leader]

Start Date:

Completion Date:

Position Description: [Name of your Project] Lay Leader

Basic Function: Under supervision of [Name of Coordinator], the Lay Leader will provide [Chronic Disease / Diabetes, etc] self-management instruction according to the [Name of Stanford's Program] Leaders' Manual.

Reporting Relationships: The Lay Leader reports directly to [Name of Coordinator] on all class instruction related duties and activities.

Responsibilities: Specifically, the Lay Leader will be responsible for:

- Co-teaching at least [two] class series (six 2.5-hour classes) during the contract period of one year.
- Following all rules and regulations as set forth during his/her training.
- Following all rules and regulations as set forth in the Lay Leader's Contract and Leader Development Guidelines

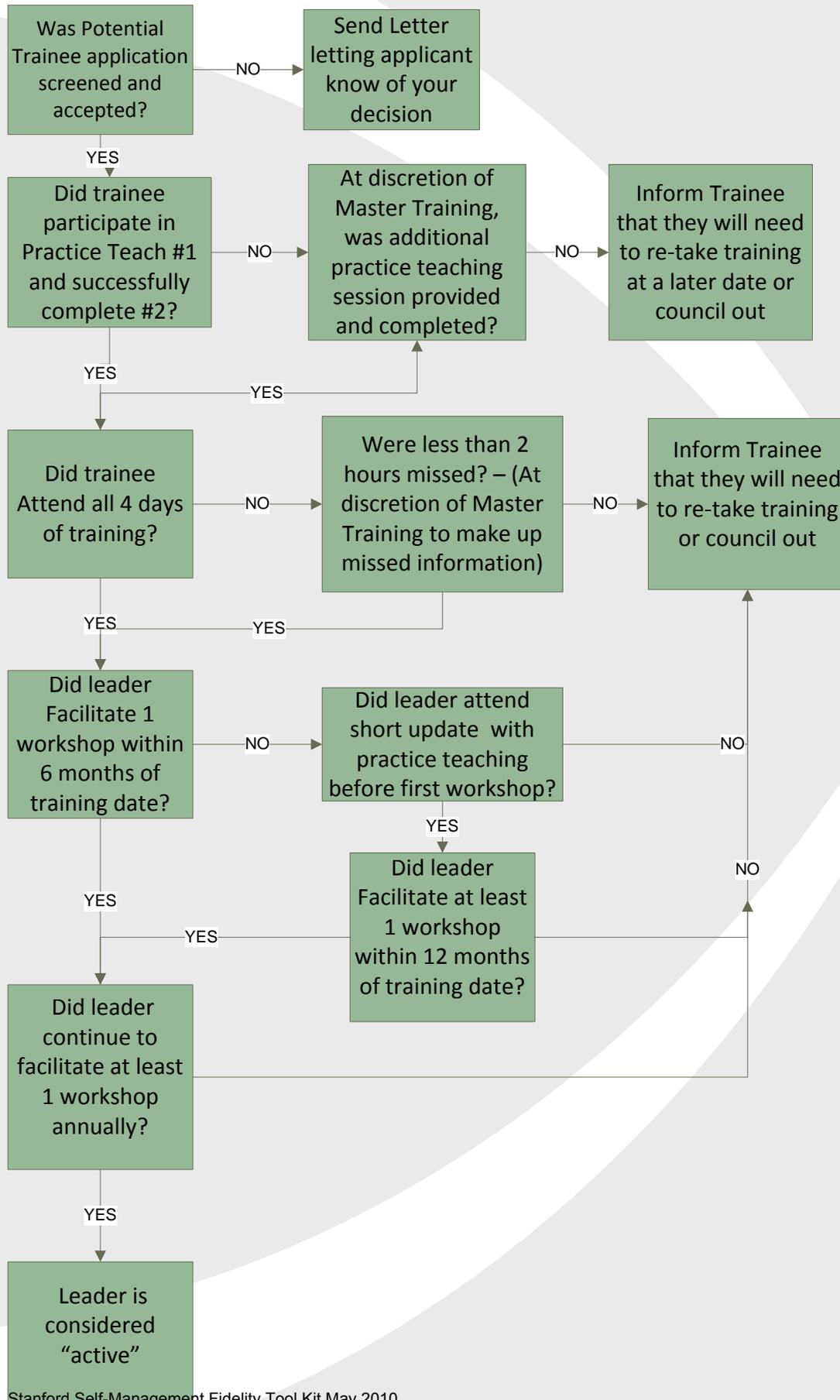
Exhibit B

Compensation Schedule

- [Name of your Organization] agrees to compensate PAID VOLUNTEER on an hourly basis for services performed in accordance with the terms and conditions of this agreement.
- PAID VOLUNTEER can bill [Name of your Organization] at any time after completion of a class series or in the event of interruption of services, subsequent to the last class or portion of class completed for time spent in providing services associated with fulfilling the above contract.
- PAID VOLUNTEER should submit an invoice with billable hours referenced. Invoices must be approved and signed by []
- Invoices will be paid within [00 days] of submission if all class forms, reports and training materials have been returned to [Name of your Organization].

Compensation schedule:

Example of Leader Certification Process Based on “Must Do” Fidelity Checks



Dear Prospective Trainee:

XYZ Agency would like to thank you for your interest in becoming a leader for the Chronic Disease Self-Management Workshop (CDSMP). The training program to become a peer leader will take place on four days over two weeks. It is necessary for trainees to attend all four days of the training. The schedule is as follows:

Friday, August 5	9:00 am to 4:30 pm
Saturday, August 6	9:00 am to 4:30 pm
Friday, August 12	9:00 am to 4:30 pm
Saturday, August 13	9:00 am to 4:30 pm

About the Workshop:

The Self-Management workshop meets for two and one-half hours, once a week for 6 weeks. The workshop will be offered at community sites (community centers, senior centers, churches, etc.) in San Francisco, San Mateo, Santa Clara and southern Alameda Counties quarterly (beginning in January, April, July and October). Each class will be taught by two trained lay leaders (that's **you!**)

Registration procedure:

Please fill out the enclosed application and send it back to us by June 1st. After you fill out the application we will call you for a phone interview. We will then mail you complete information about the training, including a map and directions, about a week before the training. There is no fee for attending the training. As a trainee, you will be required to make a commitment to lead two Self-Management workshops for XYZ Agency over the next two years. A schedule of spring courses for you to choose from can be found below. In most cases we will match you with one of our experienced community leaders for your first workshop.

When you sign the application to attend this training program you agree to teach the required two courses. In addition, before teaching, the course you must sign another agreement to strictly observe the guidelines, rules and procedures established for the Self-Management Workshop. If you have any questions, please call us at (650) 723-7935 or 1-800-366-2624.

Many thanks!

Self-Management Workshop Leader Training Application

Personal Information:

Name: _____
Address: _____ City: _____
Zip: _____ Home phone: _____
Work phone: _____ Date of birth: _____

1. Do you have a chronic health condition? Yes No

If yes, please describe _____

2. Have you ever taken the Chronic Disease Self-Management Workshop?

_____ Yes _____ No

If yes, give date and location:

Leader agreement: You cannot teach the course until you have attended all four days of the training. Trainee leaders are required to make a commitment to teach two workshops for XYZ Agency. The first time you teach is considered part of your training, so you will not be compensated. After the first series you will receive a \$150 honorarium for each workshop taught. Workshop leaders are not employees of XYZ Agency, however, but volunteers. The honorarium is not a salary, and is intended to reimburse leaders for expenses of commuting and other incidentals incurred while teaching the course.

Leaders must teach the workshop **only** as outlined in the course manual.

I agree to teach one entire Self-Management Workshop within 12 months. **I will teach in strict accordance with the course as written in the Leaders Manual, and as taught at leaders training.** I will attend all four days of the leaders training.

Signature

Date

RETURN APPLICATION FORM BY THURSDAY, JUNE 1ST

**CDSMP Self-Management Workshops
Spring 2010**

Mark your first (1), second (2) and third (3) choices.

- | | |
|--|---|
| 1. ____ St. Mary's Medical Center
450 Stanyan St., San Francisco | Saturdays, 10:00am – 12:00pm
October 1 – November 5 |
| 2. ____ Doelger Senior Center
Lake Merced Blvd., Daly City | Saturdays, 10:00am – 12:00pm
October 8 – November 12 |
| 3. ____ St. James Senior Center
Chestnut St., San Carlos | Tuesdays, 1:30pm – 3:30pm
September 27 – November 1 |
| 4. ____ St. Max Catholic Church
Hope St., Mountain View | Saturdays, 10:00am – 12:00pm
October 1 – November 5 |
| 5. ____ Sunny Lutheran Home
Cupertino Rd., Cupertino | Thursdays, 2:00pm – 4:00pm
September 29 – November 3 |
| 6. ____ Camps Community Center
West Campbell Ave., Campbell | Mondays, 1:00pm – 3:00pm
September 19 – October 24 |
| 7. ____ Evergreen Community Center
San Felipe Rd., San Jose | Fridays, 1:00pm – 3:00pm
October 7 – November 11 |
| 8. ____ Live Oak Senior Center
111 Church St., Los Gatos | Mondays, 1:00pm – 3:00pm
September 26 – October 31 |
| 9. ____ Dominican Hospital
610 Frederick St. Santa Cruz | Thursdays, 2:00pm – 4:00pm
September 29 – November 3 |
| 10. ____ Mee Memorial Hospital
300 Canal St., King City | Thursdays, 1:00pm – 3:00pm
September 29 – November 3 |
| 11. ____ Salinas Valley Health Care System
450 E. Romie Lane, Salinas | Tuesdays, 1:00pm – 3:00pm
October 4 – November 8 |

Name _____ **Phone:** _____

Please return this form as soon as possible, thanks again for your cooperation

If you have any questions call: **1-800-XXX-XXXX**

CDSMP Sample Leader Update Agenda

****Agenda for those that have not taught a workshop within 6 months of trainings*

12:00 pm	Welcome and Program Updates and Announcements
12:30 pm	Review of Teaching Techniques
1:00 pm	Practice Teaching
2:30 pm	Action Planning/Feedback Review
3:00 pm	BREAK
3:15 pm	“What if” Problem Solving Scenarios
3:45 pm	Confidentiality, HIPAA, and Fidelity (<i>Optional</i>)
4:15 pm	Questions and Answer
4:30 pm	Adjourn

****Agenda for annual update training*

CDSMP Sample Annual Leader Update Agenda August 28th, 2010

12:00 pm	Welcome/Appreciation Lunch!
1:00 pm	Program Updates and Announcements
1:30 pm	Action Planning/Feedback Role Play
2:15 pm	Workshop Challenges and Reflections
3:00 pm	BREAK
3:15 pm	“What if” Problem Solving Scenarios
3:45 pm	Confidentiality, HIPAA, and Fidelity (<i>Optional</i>)
4:15 pm	Questions and Answer
4:30 pm	Adjourn

Activity Set-up and Instructions:

The following are possible activities to use at update training, or an annual refresher. You can pick and choose from the activities below to create your own agenda, or add your own.

Activity Set Up: Program Updates and Announcements

Resources: Local program coordinator to give updates about number of workshops offered in the year, signups for upcoming workshops, and any other misc information and announcements.

Activity Set Up: Review of Training Techniques Highlighting Brainstorming

Materials: White Board

Update Trainer: Use Activity #12 (Day 1, pages 43-44) in the Master Trainer Manual to review this activity

Activity Set Up: Practice Teaching

Materials: Practice Teaching Assignments (for participants), Practice Teaching Feedback Forms (to be used by Trainer Only), Charts 7 and 8

Update Trainer: Use Activity #25 (Day 2, pages 42-44) in the Master Trainer Manual to pass out practice teaching assignments. Use Activity #41 (Day 4, pg 5-8) to facilitate the activity

Activity Set Up: Action Planning/Feedback Review

Materials: white board

Paraphrase the following: We will now be roll playing examples of situations where people are having a difficult time either making their action plan or completing the plan. I will play the role of the participant, and I need some volunteers to play the role of the leaders. We will start with making an action plan, and then later on we will role play feedback.

Role Play the following Action Planning scenarios:

- 1. Trainer plays the following role:** Participant with low confidence level
***What you are looking for: ask for the barriers, find out if person has any ideas of how to solve the problem, ask permission to get the group's help, group problem solve, restate action plan*
- 2. Trainer plays the following role:** Participant does not want to make a plan
***What you are looking for: not spending too much time, or making the person do a plan*
- 3. Trainer plays the following role:** Participant action plan is not health related
***What you are looking for: not judging the plan and remembering it can be anything they want to do*
- 4. Trainer plays the following role:** Participant making a plan for every day or trying to do several things in one plan.
***What you are looking for: Reminder to participant that we want to be successful and that building some wiggle room into the plan can help with unexpected situations that may come up. However, if the participants really wants to do it every day and confidence is high, then let it be.*

Role plays the following Feedback scenarios:

- 1. Trainer plays the following role:** Participant does not complete his/her action plan

***What you are looking for: ask for the barriers, find out if person has any ideas of how to solve the problem in future, ask permission to get the group's help if appropriate.*
- 2. Trainer plays the following role:** Participant adjusts his/her action plan

***What you are looking for: point at that sometimes action plans need to be adjusted and that is part of good self-management*

Activity Set-Up: Workshop Challenges /Reflections AND What if Problem Solving

Materials: White board and 3x5 Note cards

Update Trainer: Brainstorm the following question with the group. Be sure to have someone write the list up on a white board.

Ask: “What challenges have you experienced while facilitating workshops this year?”

Ask the group to select the top 8-10 challenges and use these as Problem Solving Scenarios. Write each scenario or problem on a piece of paper and then divide the group into working teams to problem solve and report on their solutions.

If there are any remaining problems left on the white board, the trainer leading the activity can answer these in a group problem solve. Be sure to watch your time on this activity. If not many challenges are brought up in the brainstorm, the leader facilitating the activity can add their own or use from the list below.

Examples of “What if” Questions

The following are possible “what if questions that can be used for the update training” It is helpful to develop your own “what if” scenarios based on events that have actually happened in your program

1. What if a staff member at the location you are facilitating a workshop at asks for a copy of the participant roster for her records?
2. What if someone shows up to join the group in session 2?
3. What if when reporting their action plan a participant has a confidence level of 6.

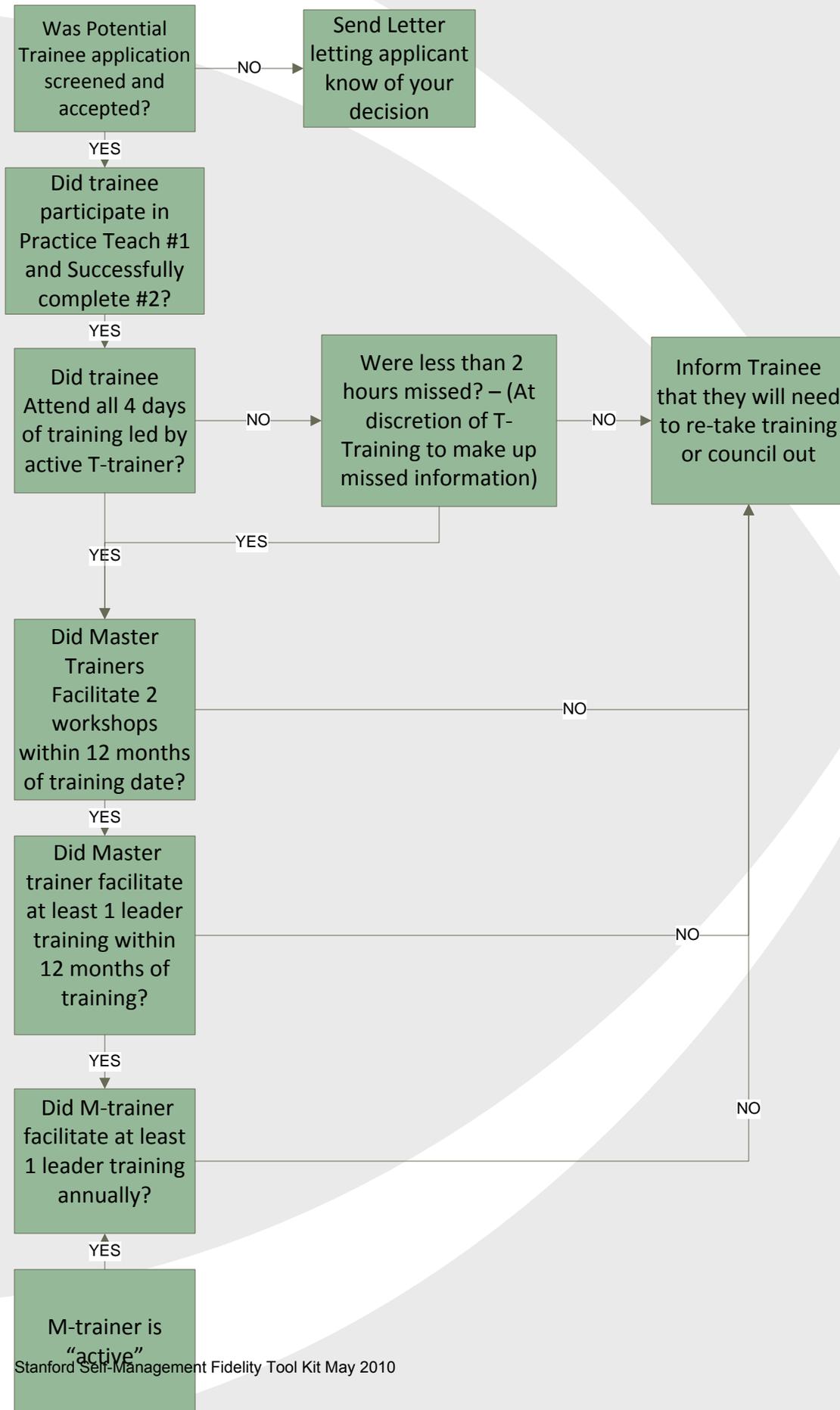
4. What if someone faints or has a medical emergency during the workshop.
5. What if your co-leader is not sticking to the script and is causing the time to go over.
6. What if the room isn't set up when you arrive to teach the workshop?
7. What if you feel ill and can't make it to a workshop session?
8. What if your partner doesn't show up?
9. What if one participant starts to tell another participant "That isn't a very good action plan. You will never improve your health that way"?

Activity Set-Up: Review of Confidentiality, HIPAA, and Fidelity

Materials: At discretion of trainer

Update Trainer: This section is optional but can provide an overview of local program policies around confidentiality, HIPAA, and fidelity.

Example of Master Trainer Certification Process Based on “Must Do” Fidelity Checks



**MEMORANDUM OF UNDERSTANDING (MOU) AND AGREEMENT
BETWEEN [NAME OF ORGANIZATION] AND
PROSPECTIVE MASTER TRAINERS OF THE
*CHRONIC DISEASE SELF-MANAGEMENT PROGRAM***

Date: [fill in]

Stanford Chronic Disease Self-Management Program (hereafter CDSMP)

Background:

The Chronic Disease self-management program was developed and copyrighted by Stanford University's Patient Education Research Center. Each Program consists of a 6-session workshop. Each workshop is 2.5 hours and meets once a week for 6 weeks. Each workshop is facilitated by two trained and certified Leaders. Master Trainers are individuals who are trained and certified by Stanford certified trainers to train new Leaders. Master Trainers may also facilitate workshop. Master Trainers enable organizations to sustain the Program, as they can serve as on-site trainers for the future.

THIS AGREEMENT is entered on _____ (date) by [Organization Name], a non-profit organization[or other description] located at [address]

and _____ (Master Trainer)

residing at/or employed by:

(Master Trainer Address/Employer)

Whereas, [Organization] has been participating with the [Funding Agency if Applicable] to disseminate Stanford's Chronic Self-Management Programs.

Whereas, the recruitment and training of Master Trainers will serve to expand the Program targeting community colleges, public health departments, hospitals, health care systems, senior centers, senior housing complexes, and other aging and healthcare service providers.

Whereas, [Master Trainee Name] desires to attend training and become certified as a CDSMP Master Trainer.

In consideration of the above, the parties agree:

(A) [Organization] will provide the following related to the prospective Master Training:

1. **Training in the Stanford University CDSMP model:** [Organization] will allocate a place in the training which includes: cost of the training registration fee (value of \$1600) to Stanford University pertaining to CDSMP training; cost of direct travel expenses (hotel/air or car fare) and per diem for the agreed upon training dates.
 - (a) The prospective Master Trainer must contact [Organization] as soon as possible in the event they need to cancel their registration so a substitution may occur.

(B) [Organization] will provide the training and following training materials:

1. **Instructor Materials:** Prospective Master Trainers will receive a Leader's manual and a Master Trainer's manual.
2. **Books:** Prospective Master Trainers will receive one copy of "Living a Healthy Life with Chronic Conditions" workbook
3. **CD's:** Prospective Master Trainers will receive one relaxation CD

(C) Responsibilities of the Master Trainer:

1. **Training Time Commitment:**

- (a) A prospective CDSMP Master Trainer must complete CDSMP Master Training (4.5 days).
- (b) All prospective Master Trainers must attend the full training session and participate in practice teaching sessions.

2. **Workshop Time and Documentation Commitment:**

- (a) Following the Master Training, those recommended for Master Trainer certification must facilitate a minimum of two (2) 6-session workshops as a Leader (directly teaching participants) preferably within six months of completing training and no longer than 1 year. It is strongly recommended that you begin the process of scheduling these workshops before training or as soon as possible after completion of training.
- (b) Following the minimum of two (2) 6-session workshops as a Leader, a CDSMP Master Trainer must conduct at least one (1) Leader training(s) per year (with no less than 12 Leader candidates). It is understood that this may include locations beyond current place of employment (if relevant).
- (c) Master Trainers are responsible for submitting a Master Trainer Agreement and Authorization Form (provided at the time of training) to the Stanford Patient Education Research Center in a timely fashion
- (d) Prospective Master Trainer has discussed these obligations with employer (if relevant for paid staff of an organization).

3. **Role Time Commitment:**

- (a) A CDSMP Master Trainer must commit to a minimum of 12 months in this role.

4. **Marketing Commitment:** The Master Trainer will market the CDSMP program to community members, community leaders, and health care providers to enhance participant recruitment.

Permission to Use Chronic Disease Self Management Programs

_____ (Master Trainer) is granted permission to use this Program for educational purposes contingent upon the following guidelines.

- a. Stanford University is the owner and holds the copyright of the product(s) and must be acknowledged in all print and electronic media as the original developer and copyright holder of the product(s).
- b. Master Trainer certifies that s/he signed the Stanford Master Trainer Agreement and Authorization form upon completion of training requirements and acknowledges maintaining certification requirements.
- c. Master Trainer certifies that participant workshops and leader training will only be conducted under an approved license and understands that he/she will be subject to fidelity monitoring by the licensee.

This agreement may be terminated without cause by [Organization] upon a 30-day written notice. If the Master Trainer desires to be released from this agreement before 12 months have elapsed, s/he shall return all materials provided and cease providing the Program.

I have read the above information and I agree to abide by the conditions set forth above concerning the implementation of the CDSMP Program.

Master Trainer Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____

Title: _____

Calling participants that dropped out of a workshop can provide valuable information but require careful planning and skill. It is highly recommended that the person making the calls is from the same cultural or ethnic background and not be the Leader who facilitated the workshop.

Participant Drop-Out Phone Call Script

Greeting: **“Hello, I am calling from XYZ organization and wanted to speak to you about the Healthy Living Workshop series you signed up for. I realize that you did not attend all the sessions, but we like to follow-up with everyone so that we can continually improve how we offer the program. I would like to ask you a couple of questions, and it should not take longer than about 5 minutes. Do you have time to answer my questions?”**

Ask participant the following:

- 1) Ask Participant: **“Was the workshop held at a convenient time and location?” YES / NO**

If No, ask participant: **“Is there a time and location that you would have preferred?”**

- 2) Ask Participant: **Sometime participants don’t come back to workshops because the workshop was not what they expected. Was the workshop what you had thought it would be? YES / NO**

If No, ask participant: **“Can you tell us what you were expecting?”**

- 3) **Did you feel the workshop content and materials related to your personal health condition?**

If No, ask participant: **“Can you tell us what you were expecting?”**

- 4) Ask Participant: **Were you satisfied with the quality of workshop leaders? YES / NO**

If No, ask participant: “Can you tell us specifically what you were not satisfied with?”

- 5) Ask Participant: **“Is there anything else you would like to tell us that could help us improve our program? “**

Thank the participant for answering your questions and let them know that this concludes the interview.