

Positive Living Fidelity Checklist

September 2009

Please evaluate the Living Well with Chronic Conditions session on the following criteria by marking the appropriate column that best corresponds to your response:

Leader's Name: _____ Date: _____

Workshop Location: _____

Session Observed _____ Observer's Name _____

Checklist					
	Excellent	Good	Fair	Poor	N/A
	Yes		No		N/A
Arrived on-time for set up, start time & prepared to lead session					
Followed the Leaders Manual content and process					
Modeled session activities appropriately					
Worked as a partner with co-leader, kept to timelines					
Used brainstorming techniques correctly (ie. repeated question, used silence, offers own response only at end of brainstorm)					
Encouraged group participation					
Modeled Action Planning appropriately					
Positively reinforced group members					
Handled problem people appropriately					
Room appropriate re: seating, lighting, temperature, ADA , noise and distractions, ability of all participants to see and hear					

Comments

Signature of Observer _____

* Please attach the addendum for the specific session observed.

Session 1 Addendum –Positive Living Fidelity Checklist

Checklist					
	Excellent	Good	Fair	Poor	N/A
	Yes		No		N/A
Related problems identified by the participant to the program topics in the overview					
After 3 “yes, buts” moved on					
Summarized each action plan by using the standard: <div style="margin-left: 40px;"> Something participant wants to do Achievable Action specific Answers questions of what, how much, when, how often, confidence level 7 or above </div>					
For confidence levels less than 7, guided through identification of barriers					
Comments					
Signature of Observer_____					

Session 2 Addendum - Positive Living Fidelity Checklist

Checklist					
	Excellent	Good	Fair	Poor	N/A
	Yes		No		N/A
Complimented appropriate action plan adjustment/modification					
If action plan not achieved, asked if help wanted from the group Modeled problem solving steps					
Handled overview of ARV medications efficiently and was able to deal with questions that came up during presentation.					

Comments

Signature of Observer_____

Session 3 Addendum - Positive Living Fidelity Checklist

Checklist					
	Excellent	Good	Fair	Poor	N/A
	Yes		No		N/A
Led effective section on informing the HealthCare Team					
Introduces concept of Acute versus Chronic symptoms					
Correctly demonstrated use of the 'Evaluating Common Symptoms' chart utilizing the book					
Is able to give resources for HIV medication problem solving exercise					

Comments

Signature of Observer _____

Session 4 Addendum - Positive Living Fidelity Checklist

Checklist					
	Excellent	Good	Fair	Poor	N/A
	Yes		No		N/A
Identifies Depressions role on the symptom cycle. Noted need for professional treatment for severe depression					
Allowed time for participants to suggest changes for negative statements					
Manages issues that may arise when problem solving 'Problems with your Health Care Provider'					
Mentions all italicized info in Evaluating Treatment Chart					
During problem solving activity: Mentioned problems with communication Kept reports concise Statement of problem Asked for up to 3 ideas Stated idea choice Checked with partner for correctness					

Comments

Signature of Observer _____

Session 5 Addendum - Positive Living Fidelity Checklist

Checklist					
	Excellent	Good	Fair	Poor	N/A
	Yes		No		N/A
Presented information on where to locate Advance Directives in the community					
Provided safe atmosphere for participants to participate or not in Progressive Muscle Relaxation					
Presents intimacy and disclosure in a way that demonstrates comfort with the material					
Clearly explained "I" messages					

Comments

Signature of Observer _____

Session 6 Addendum - Positive Living Fidelity Checklist

Checklist					
	Excellent	Good	Fair	Poor	N/A
	Yes		No		N/A
Utilizes Brainstorming fundamentals around Dealing with Fatigue					
Covers healthy eating program – addresses both under weight and over-weight issues as they arise					
Facilitates Guided imagery					

Comments

Signature of Observer _____

Session 7 Addendum - Positive Living Fidelity Checklist

Checklist					
	Excellent	Good	Fair	Poor	N/A
	Yes		No		N/A
Clearly defined types of exercise and Exercise program goals and benefits					
Engages clients in thinking about ways that they can GIVE support outside HIV community					
Clearly modeled 3 to 6 month plan					

Comments

Signature of Observer _____