**Topic Group Conceptual Model Training**

**Date:**

**Training Start Time:**

**Training End Time:**

**Facilitator’s Name:**

**Topic Group:**

**Instructions:** This activity log is intended to be completed after the Topic group training on Conceptual Models/Path Diagrams by the training facilitator. We are interested in knowing more about your experience leading this training, as well as how Topic group members engaged throughout the activity. There are no right or wrong answers. All information will be used to evaluate and improve this activity.

**Please rate how engaged the Topic group members were with each part of this facilitated activity. *Engagement describes a person’s willingness and ability to fully participate in an activity.* Please add any additional information in the ‘Comments’ section that more fully explains your response.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activities:** | **Not at all engaged** | **Partially engaged** | **Fully engaged** |  | **Were activity objectives met?** |
| **Path Diagram Training** | ⧠ | ⧠ | ⧠ |  | **YES** | **NO** |
| **Comments:** |  |  |  |  |  |  |

**Please answer the following questions about facilitating this activity. Please add any additional information in the ‘Comments’ section that more fully explains your response.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **I stuck with the script closely** | **I used the script a lot but also used my own language** | **I used the script mostly as a guide** | **I didn’t use the script very much** |
| **How closely did you stick to the activity script?** | ⧠ | ⧠ | ⧠ | ⧠ |

**In your opinion, how successful were you at:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Not at all successful** | **Somewhat successful** | **Very successful** |
| **Staying on schedule with activities.** | ⧠ | ⧠ | ⧠ |
| **Comments:** |  |  |  |
| **Responding to questions from Topic group members.** | ⧠ | ⧠ | ⧠ |
| **Comments:** |  |  |  |

**What activities do you think worked well, and which did not?**

**Was there anything that helped or hindered today’s activity? (Examples include: Classroom comfort, tardiness of group members, noise level, etc.)**

**Do you have any suggestions for how this set of activities could be improved in the future?**

**Please describe the participants’ behavior and participation during the session:**

**Topic Group Facilitated Activity 1:**

**Factor Identification and Conceptual Models**

**Date:**

**Activity Start Time:**

**Activity End Time:**

**Facilitator’s Name:**

**Topic Group:**

**Instructions:** This activity log is intended to be completed after the Topic group facilitated activity ‘*Factor Identification and Conceptual Models’* by the activity facilitator. We are interested in knowing more about your experience leading this exercise, as well as how Topic group members engaged throughout the activity. There are no right or wrong answers. All information will be used to evaluate and improve this activity.

**Please rate how engaged the Topic group members were with each part of this facilitated activity. *Engagement describes a person’s willingness and ability to fully participate in an activity.* Please add any additional information in the ‘Comments’ section that more fully explains your response.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activities:** | **Not at all engaged** | **Partially engaged** | **Fully engaged** |  | **Were activity objectives met?** |
| **Part I: Identifying factors affecting the health outcome** | ⧠ | ⧠ | ⧠ |  | **YES** | **NO** |
| **Comments:** |  |  |  |  |  |  |
| **Part II: Modeling the health outcome** | ⧠ | ⧠ | ⧠ |  | **YES** | **NO** |
| **Comments:** |  |  |  |  |  |  |

**Please answer the following questions about facilitating this activity. Please add any additional information in the ‘Comments’ section that more fully explains your response.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **I stuck with the script closely** | **I used the script a lot but also used my own language** | **I used the script mostly as a guide** | **I didn’t use the script very much** |
| **How closely did you stick to the activity script?** | ⧠ | ⧠ | ⧠ | ⧠ |

**In your opinion, how successful were you at:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Not at all successful** | **Somewhat successful** | **Very successful** |
| **Staying on schedule with activities.** | ⧠ | ⧠ | ⧠ |
| **Comments:** |  |  |  |
| **Responding to questions from Topic group members.** | ⧠ | ⧠ | ⧠ |
| **Comments:** |  |  |  |

**What activities do you think worked well, and which did not?**

**Was there anything that helped or hindered today’s activity? (Examples include: Classroom comfort, tardiness of group members, noise level, etc.)**

**Do you have any suggestions for how this set of activities could be improved in the future?**

**Please describe the participants’ behavior and participation during the session:**

**Topic Group Facilitated Activity 2:**

**Question Development**

**Date:**

**Activity Start Time:**

**Activity End Time:**

**Facilitator’s Name:**

**Topic Group:**

**Instructions:** This activity log is intended to be completed after the Topic group facilitated activity *‘Question Development’* by the activity facilitator. We are interested in knowing more about your experience leading this exercise, as well as how Topic group members engaged throughout the activity. There are no right or wrong answers. All information will be used to evaluate and improve this activity.

**Please rate how engaged the TOPIC group members were with each part of this facilitated activity. Engagement describes a person’s willingness and ability to fully participate in an activity. Please add any additional information in the ‘Comments’ section that more fully explains your response.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activities:** | **Not at all engaged** | **Partially engaged** | **Fully engaged** |  | **Were activity objectives met?** |
| **Part I: Review models** | ⧠ | ⧠ | ⧠ |  | **YES** | **NO** |
| **Comments:** |  |  |  |  |  |  |
| **Part II: Training on research question development** | ⧠ | ⧠ | ⧠ |  | **YES** | **NO** |
| **Comments:** |  |  |  |  |  |  |
| **Part III: Question development** | ⧠ | ⧠ | ⧠ |  | **YES** | **NO** |
| **Comments:** |  |  |  |  |  |  |
| **Part IV: Listing questions** | ⧠ | ⧠ | ⧠ |  | **YES** | **NO** |
| **Comments:** |  |  |  |  |  |  |

**Please answer the following questions about facilitating this activity. Please add any additional information in the ‘Comments’ section that more fully explains your response.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **I stuck with the script closely** | **I used the script a lot but also used my own language** | **I used the script mostly as a guide** | **I didn’t use the script very much** |
| **How closely did you stick to the activity script?** | ⧠ | ⧠ | ⧠ | ⧠ |

**In your opinion, how successful were you at:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Not at all successful** | **Somewhat successful** | **Very successful** |
| **Staying on schedule with activities.** | ⧠ | ⧠ | ⧠ |
| **Comments:** |  |  |  |
| **Responding to questions from Topic group members.** | ⧠ | ⧠ | ⧠ |
| **Comments:** |  |  |  |

**What activities do you think worked well, and which did not?**

**Was there anything that helped or hindered today’s activity? (Examples include: Classroom comfort, tardiness of group members, noise level, etc.)**

**Do you have any suggestions for how this set of activities could be improved in the future?**

**Please describe the participants’ behavior and participation during the session:**

**Topic Group Facilitated Activity 3:**

**Question Prioritization**

**Instructions:** This activity log is intended to be completed after the Topic group facilitated activity ‘*Question Prioritization’* by the activity facilitator. We are interested in knowing more about your experience leading this exercise, as well as how Topic group members engaged throughout the activity. There are no right or wrong answers. All information will be used to evaluate and improve this activity.

**Facilitator’s Name:**

**Topic Group:**

**Date:**

**Activity Start Time:**

**Activity End Time:**

**Please write down the list of research questions that were selected by the group during multi-voting step (Part I) and any criteria they used to make the selections.**

**Please rate how engaged the Topic group members were with each part of this facilitated activity. Engagement describes a person’s willingness and ability to fully participate in an activity. Please add any additional information in the ‘Comments’ section that more fully explains your response.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activities:** | **Not at all engaged** | **Partially engaged** | **Fully engaged** |  | **Were activity objectives met?** |
| **Part I: Prioritization** | ⧠ | ⧠ | ⧠ |  | **YES** | **NO** |
| **Comments:** |  |  |  |  |  |  |
| **Part II: Making research questions patient-centered** | ⧠ | ⧠ | ⧠ |  | **YES** | **NO** |
| **Comments:** |  |  |  |  |  |  |

**Please answer the following questions about facilitating this activity. Please add any additional information in the ‘Comments’ section that more fully explains your response.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **I stuck with the script closely** | **I used the script a lot but also used my own language** | **I used the script mostly as a guide** | **I didn’t use the script very much** |
| **How closely did you stick to the activity script?** | ⧠ | ⧠ | ⧠ | ⧠ |

**In your opinion, how successful were you at:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Not at all successful** | **Somewhat successful** | **Very successful** |
| **Staying on schedule with activities.** | ⧠ | ⧠ | ⧠ |
| **Comments:** |  |  |  |
| **Responding to questions from Topic group members.** | ⧠ | ⧠ | ⧠ |
| **Comments:** |  |  |  |

**What activities do you think worked well, and which did not?**

**Was there anything that helped or hindered today’s activity? (Examples include: Classroom comfort, tardiness of group members, noise level, etc.)**

**Do you have any suggestions for how this set of activities could be improved in the future?**

**Please describe the participants’ behavior and participation during the session:**