**Topic Group Conceptual Model Training**

**Name of Person Completing Observation Log:**

**Today’s Date:**

**Training Start Time:**

**Training End Time:**

**Facilitator’s Name:**

**Topic Group:**

**Instructions:** This observation log is intended to be completed by a member of the SEED Administrative Team during the Topic group training on Conceptual Models/Path Diagrams.We are interested in knowing more about how the activity was facilitated and how the Topic group members engaged throughout the activity. All information will be used to evaluate and improve this activity.

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| --- | --- | --- | --- | --- | --- | --- |
| Activities: | **Activity Start Time** | **Activity End Time** | **Total Amount of Time Spent** |  | **Were activity objectives met?** | |
| **Path Diagram Training** | \_\_\_\_ : \_\_\_\_ | \_\_\_\_ : \_\_\_\_ |  |  | **YES** | **NO** |
| Comments: |  |  | | | | |

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|  | | **Stuck with the script closely** | **Used the script a lot but also used their own language** | **Used the script mostly as a guide** | **Didn’t use the script very much** |
| **How closely did the facilitator stick to the activity script?** | | ⧠ | ⧠ | ⧠ | ⧠ |
| 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?**

**Topic Group Facilitated Activity 1:**

**Factor Identification and Conceptual Models**

**Name of Person Completing Observation Log:**

**Today’s Date:**

**Activity Start Time:**

**Activity End Time:**

**Facilitator’s Name:**

**Topic Group:**

**Instructions:** This observation log is intended to be completed by a member of the SEED Administrative Team during the facilitated activity *‘Factor Identification and Conceptual Models’.* We are interested in knowing more about how the activity was facilitated and how the Topic group members engaged throughout the activity. All information will be used to evaluate and improve this activity.

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| Activities: | **Activity Start Time** | **Activity End Time** | **Total Amount of Time Spent** |  | **Were activity objectives met?** | |
| **Part I: Identifying factors affecting the health outcome** | \_\_\_\_ : \_\_\_\_ | \_\_\_\_ : \_\_\_\_ |  |  | **YES** | **NO** |
| Comments: |  |  |  |  | | |
| **Part II: Modeling the health outcome** | \_\_\_\_ : \_\_\_\_ | \_\_\_\_ : \_\_\_\_ |  |  | **YES** | **NO** |
| Comments: |  |  | | | | |

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| **How closely did the facilitator stick to the activity script?** | | ⧠ | ⧠ | ⧠ | ⧠ |
| 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?**

**Topic Group Facilitated Activity 2:**

**Question Development**

**Name of Person Completing Observation Log:**

**Today’s Date:**

**Activity Start Time:**

**Activity End Time:**

**Facilitator’s Name:**

**Topic Group:**

**Instructions:** This observation log is intended to be completed by a member of the SEED Administrative Team during the facilitated activity *‘Question Development’.* We are interested in knowing more about how the activity was facilitated and how the Topic group members engaged throughout the activity. All information will be used to evaluate and improve this activity.

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| Activities: | **Activity Start Time** | **Activity End Time** | **Total Amount of Time Spent** |  | **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: |  |  |  |  | | |

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| **How closely did the facilitator stick to the activity script?** | | ⧠ | ⧠ | ⧠ | ⧠ |
| 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?**

**Topic Group Facilitated Activity 3:**

**Question Prioritization**

**Name of Person Completing Observation Log:**

**Today’s Date:**

**Activity Start Time:**

**Activity End Time:**

**Facilitator’s Name:**

**Topic Group:**

**Instructions:** This observation log is intended to be completed by a member of the SEED Administrative Team during the facilitated activity *‘Question Prioritization’.* We are interested in knowing more about how the activity was facilitated and how the Topic group members engaged throughout the activity. All information will be used to evaluate and improve this activity.

**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.**

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| Activities: | **Activity Start Time** | **Activity End Time** | **Total Amount of Time Spent** |  | **Were activity objectives met?** | |
| **Part I: Prioritization** | \_\_\_\_ : \_\_\_\_ | \_\_\_\_ : \_\_\_\_ |  |  | **YES** | **NO** |
| Comments: |  |  |  |  | | |
| **Part II: Making research questions patient-centered** | \_\_\_\_ : \_\_\_\_ | \_\_\_\_ : \_\_\_\_ |  |  | **YES** | **NO** |
| Comments: |  |  | | | | |

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| --- | --- | --- | --- | --- | --- |
|  | | **Stuck with the script closely** | **Used the script a lot but also used their own language** | **Used the script mostly as a guide** | **Didn’t use the script very much** |
| **How closely did the facilitator stick to the activity script?** | | ⧠ | ⧠ | ⧠ | ⧠ |
| 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?**