CCMI
Centre for Collaboration Motivation & Innovation

Self-Management Support Skills Workshop Evaluation Using the Kirkpatrick-Phillips Model

15 Jun 2018

When an organization commits to developing the skills of employees, they do so based on the belief that it will help them meet their business goals. This could be a charitable mission or an improvement in their financial situation. But how do they know that this investment in training has been worth the effort?

Five Levels of Evaluation of Training Programs

Dr. Donald Kirkpatrick developed his evaluation model in 1950s to answer the above question, focusing on an ultimate goal of training leading to better performance at an organizational level (Level 4 in the figure at left). Levels 1-3 represent evaluation of satisfaction (the experience of the training), learning (did the participants gain new skills) and behaviour (do the participants do something different in their daily work). Fifty years later, Dr. Jack Phillips added a fifth level, Return on Investment (ROI) to capture the business imperative. Scholars and consultants have continued to update and refine Kirkpatrick's original model and Phillips' additions.

Figure 1: Kirkpatrick-Phillips Evaluation model. Adapted from Kirkpatrick D and Kirkpatrick J. Evaluating training programs: The four levels. 2006, Berrett-Koehler Publishers and http://www.buscouncil.ca/busgurus/media/pdf/the-kirkpatrick-phillips-evaluation-model-en.pdf.

Measuring the impact of performance is increasingly difficult at increasing levels. Most training programs evaluate Level One, or may measure Level One and Four but have no data about what happened in between. The result of self-management skills training is challenging to measure because these skills take place in human relationships within complex systems. In spite of these challenges, efforts to evaluate at all levels can create will to invest in skills workshops which can change outcomes.

Further detail about the five levels of evaluation are presented in the following table. The rest of this document contains examples and templates for conducting your own evaluation of self-management support skills training.

Kirkpatrick-Phillips Level	Description	Comments	Examples
Level 1: Satisfaction:	The response of participants to the workshop. Includes three aspects: 1. Participant satisfaction 2. Participant engagement in the workshop 3. Participant's plans to apply the skills.	Evaluation is the easiest to obtain and has a low cost. This level of evaluation provides information about whether or not the participant will speak positively or negatively about the workshop to other potential participants. It can be done immediately after a workshop.	• Feedback surveys at end of the workshop. • Comments during a workshop by participants. • Reports from participants to others after a workshop.
Level 2: Learning	The knowledge and skills that were actually acquired during a workshop as well as information about the participant's perceived ability and intention to use the knowledge and skills. There are five aspects of learning: 1. Knowledge 2. Skills 3. Attitude 4. Confidence 5. Intention	Evaluation can be simple or require additional resources and planning. It may include comparison of pre- and post-workshop tests and can begin immediately post-workshop. It is well suited to assessing knowledge and skills. Some aspects of learning, such as shifts in attitude, are more challenging to measure.	• Knowledge tests (may be done pre- and post.) • Self-assessment of skills (may be done pre- and post.) • Skills demonstration • Beliefs about usefulness of the skills • Self-rated confidence in using skills • Commitment to using the skills (intentions)
Level 3: Behaviour	Application of skills in work life. This is influenced by the work environment.	Evaluation is more challenging and time consuming in both data collection and analysis. This level of evaluation provides information about aspects of the workshop that go beyond the participant. In order to understand the influence of the workshop on higher levels of evaluation, system factors are assessed at this level. Application of skills can be greatly influenced by broader system factors.	• Skills demonstration/ observation in the work setting (ongoing is desirable) • Surveys of processes and systems that influence use of skills and knowledge

Kirkpatrick-Phillips Level	Description	Comments	Examples
Level 4: Results	Change in outcomes as a result of the workshop and system supports to apply the skills.	Evaluation can be even more challenging to obtain and the results are more loosely linked to the actual workshop due to the number of factors that influence outcomes. Some outcomes will already be monitored through existing measurement systems, such as disease outcomes. Attention at this level to isolating the effects of the training as well as intangibles or additional effects can be important to demonstrating the ROI at the fifth level.	• Short-term outcomes linked to skills application • Long-term outcomes
Level 5: Return on Investment (ROI)	Compare the amount spent on the workshop with the monetary value of the results as well as consideration of hard-to-measure benefits	Evaluation is the most challenging and according to a recent white paper, less than 50% of all training professionals include any calculation of return on investment, and 27% reported they evaluated ROI to a "small extent." Less than 3% reported consistent use of ROI. (Association for Talent Development and Project Management Institute, 2014.)	• Mathematical formulas • Stories from participants or those who benefit from workshop about the benefits.

Evaluation Levels and the Causal Pathway to ROI

The evaluation levels are perceived as linkages in a causal pathway from the workshop to the return on investment. Evaluating at all levels increases the confidence that the workshop had the desired effect. During Level Three evaluation, factors beyond the immediate workshop begin to be included. These system factors can have a large impact on the ultimate outcomes and business investment in training. This also emphasizes the need for workshops to be coupled with system design efforts. For example, if a participant learns new communication skills that require a different kind of work flow, the skills will not be applied or retained if the work flow is not changed. Or if the new skills are not valued or encouraged by the work environment, they will not be fully leveraged. The role of the leaders in skill application is greater than that of the trainer or the participants due to these system factors. Workshop leaders who hope to have a lasting impact will assess the participants, leaders and system before a workshop and work with them in advance of the workshop to create an environment that is most likely to lead to improved outcomes and for the investment in the workshop to be beneficial.

Pairing the workshop with quality improvement and system design increases the potential for improved outcomes. Organizations familiar with the Model for Improvement (Langley et al., 2009) or other improvement methods will find those approaches helpful to guide implementation of skills.

The evaluation model can be applied to any kind of workshop delivery: in person, virtual, online, or blended. If the same evaluation tools are used, comparisons can be made across delivery methods.

Evaluation Tools

The remainder of this document consists of examples and templates of evaluation tools used for evaluating self-management support skills training.

References and Resources

Association for Talent Development and Project Management Institute. Managing the Learning Landscape, A Joint Whitepaper from Association for Talent Development (ATD, formerly ASTD) and Project Management Institute (PMI), 2014.

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Appendix A
Sample Evaluation Tools
Summary Table
Selected Evaluation Instruments for Kirkpatrick-Phillips Evaluation

Evaluation Instrument	Evaluation Level/s	Who is evaluated?	Method	Source	Page number	Notes
Evaluation Forms	1, 2	Workshop Participants	Paper survey immediately post workshop	CCMI	8	Paper tools at time of event yield better response rate. Intent to use skills and confidence can provide additional information.
Applying what I learned to my work	1	Workshop Participants	Paper worksheet during workshop	CCMI	9	Worksheet is held by participant. Workshop facilitator could provide as duplicate form or monitor during activity to determine uptake.
BAP Workshop Pre-Survey and Post-Survey	2	Workshop Participants	Electronic survey pre- and post-workshop	CCMI	10-16	Adapt to skills workshop and context. Additional surveys available from CCMI for Foundations of Motivational Interviewing, Quality Improvement, and Train-the-Trainer programs.
BAP Skills checklist	2, 3	Workshop Participants	Paper tool	CCMI	17	Also downloadable at https://centrecmi.ca/wp-content/uploads/2017/08/BAP_Skills_Checklist_2016-07-14.pdf
Ask-Tell-Ask Skills checklist	2, 3	Workshop Participants	Paper tool	CCMI	19	Downloadable at https://centrecmi.ca/wp-content/uploads/2018/05/Ask-Tell-Ask_Skills_Checklist_2016-09-13.pdf
Teach-back observation tool	2, 3	Workshop Participants	Paper tool	AHRQ	NA	Downloadable at http://www.teachbacktraining.org/assets/files/PDFS/Teach%20Back%20-%20Observation%20Tool.pdf
Motivational Interviewing Treatment Integrity Instrument	2, 3	Workshop Participants	Paper tool	UNM CASAA	NA	Training required for best use. Tool downloadable at https://casaa.unm.edu/download/MITI4_2.pdf

Evaluation Instrument	Evaluation Level/s	Who is evaluated?	Method	Source	Page number	Notes
Motivational Interviewing Competency Assessment	2, 3	Workshop Participants	Paper tool	MICAcoding.com	NA	Training and licensing recommended for use. See http://micacoding.com/
Patient Centered Care Observation Form	3	Workshop Participants	Paper tool	Maulksch L and UW Dept of Family Medicine	NA	Form: http://courses.washington.edu/pove/files/PCOF_9_27_2013_clinician.pdf Instructions: http://courses.washington.edu/pove/files/PCOF_Explanations_and%20Sample_script_5_2012.pdf
Health Coach Observation Checklist	2,3	Workshop Participants	Paper tool	UCSF	NA	Downloadable at https://cepc.ucsf.edu/sites/cepc.ucsf.edu/files/Health_Coach_Observation_14-0602.pdf
Electronic Health Record	3, 4	Care providers Care Recipients	Electronic database and reporting	various	NA	Specific encounter types indicative of SMS. Action plans documented. Action plan completion/partial completion/did not attempt Clinical process measures Clinical outcome measures
Qualitative reports of use/benefits, interview script	3, 4	Care providers Care recipients	Scripted interview	CCMI	20	Identify key people for interview. These questions are for workshop participants, care recipients and leaders. Perform qualitative analysis of data. Quotes and stories can be very helpful to give your data additional impact.
Supporting Your Health Survey	4	Care recipients	Paper tool	CCMI	21	Included in Appendix
Patient Activation Measure	4	Care recipients	Survey	Insignia Health	NA	Purchase from http://www.insigniahealth.com/products/pam-survey

Evaluation Instrument	Evaluation Level/s	Who is evaluated?	Method	Source	Page number	Notes
What Matters Index	4	Care recipients	Survey	John Wasson, L Soloway, LG Moore, P Labrec, L Ho	NA	Abstract: https://www.ncbi.nlm.nih.gov/pubmed/28401418
Single Item confidence	4	Care recipients	Survey, interview	John Wasson and Eric A. Coleman,		https://www.aafp.org/fpm/2014/0900/p8.html Can be included in an EHR and tracked over time as a vital sign.
DeSilva outcome categories -	4	Varies	Varies	Health Foundation UK		See summary of categories of measurable outcomes for self-management support interventions in appendix.
Joy in Work	4	Care providers (employees)	Variable	Variable	NA	Longevity (proportion of staff with X years of service) or Turnover Reasons for leaving employment Time to fill vacancy Days absent from work Staff experience measures (Gallup, Team Experience Surveys)
CAHPS	4	Care recipients	Survey	AHRQ		CCMI summary of CAHPS measures likely to be impacted by SMS skills training: CU1-8, 16-20; PCMH7-9, 12-13, 17-18; HL 1-13, 17 https://www.ahrq.gov/cahps/consumer-reporting/measures/index.html
ROI calculation	5	System	Formula			$\text{ROI (\%)} = \frac{\text{Total program benefits – total program costs}}{\text{Total Program costs}} \text{ X } 100$

Feedback

(One Day Workshops or Final Day of Multiple Day Workshops)

8 Feb 2015

Name: (optional) Organization (optional) Date:

1. What were the highlights of today's session?

2. Were there any topics discussed today that you have additional questions about or would like to have clarified?

3. Indicate whether the balance between presentations, discussion and activities fit your style of learning.

4. Do you have any advice for the facilitator/s?

5. Other comments or suggestions?

6. How confident are you that you can use the skills from this workshop?

Not at all Confident										Very Confident
0	1	2	3	4	5	6	7	8	9	10

7. How likely are you to recommend this workshop to your colleagues?

Not Likely										Very Likely
0	1	2	3	4	5	6	7	8	9	10

8. How much do you agree or disagree with this statement?
I intend to use the skills I learned in this workshop in my practice.

Strongly Disagree							Strongly Agree
0	1	2	3	4	5	6	7

based on a form developed by the Institute for Healthcare Improvement

Applying What I Learned to my Work

19 August 2016

Many people have used the following steps to change thought into action.
Is there something that you learned that you would like to try in the next week or two?

_____

_____

What, when, where, with whom?_____

_____

How confident are you that you can do it? Please circle a number.

0	1	2	3	4	5	6	7	8	9	10
not at all confident										very confident

If you choose 7 or above, you are likely to do it. **Go for it!**

If you choosåe 6 or lower, how might you change this goal so that your confidence is 7 or higher.

What is your new or revised goal?

_____

_____

My confidence to do this is now 7 8 9 10 (please circle one).

Would it be helpful to check on the progress of your plan?_Yes or No (circle one)

With whom? _____

You might want to create a system now to check on your plan by marking in your schedule or on a calendar.

BAP Workshop Pre-Survey

Purpose

This survey is for people who will be trained in Brief Action Planning (BAP). It will take 1- 5 minutes to complete, depending on if you choose to provide additional information. It will help us adjust the content to your needs. A similar survey will be repeated after the workshop to assess progress. Thank you for your time.

Question 1: Prior Experience

Have you ever been trained in Motivational Interviewing, Action Planning or Self-management Support Skills?

- ☐ Yes, please complete question #2 and #3
- ☐ No, please skip to question #4

Question 2: Please click on the circles that best describe the skills covered in any training you have had and your experiences with those skills. The responses range from left to right, starting with not having an opportunity to learn about it, to being confident using a skill you have learned. You may choose one answer per row.

	I don't know much about this	I tried or practiced this during my training	I use this skill in my work	I am confident using this skill routinely in my work
The Spirit of Motivational Interviewing	☐	☐	☐	☐
Teach-Back for health literacy	☐	☐	☐	☐
Using reflections to emphasize hope and encourage change	☐	☐	☐	☐
Helping patients create action plans	☐	☐	☐	☐
Collaborative problem solving	☐	☐	☐	☐
Checking in on action plans	☐	☐	☐	☐
Using a confidence scale or ruler	☐	☐	☐	☐
Helping patients to talk about change	☐	☐	☐	☐

Developing strategies for working with challenging situations and people	☐	☐	☐	☐
Using Ask-Tell-Ask when giving information or advice	☐	☐	☐	☐

Question 3: Practice and feedback experience

Have you ever had an opportunity to receive feedback while practicing your skills to help people make change? Feedback means a peer, course facilitator or trainer listened while you demonstrated the skill and helped you apply it in practice. Please circle the appropriate answer:

- ☐ Yes, during a workshop
- ☐ Yes, after a workshop
- ☐ No

Question 4: Goals in attending this training

Please use the space below to share your goals in attending this workshop (optional)

Question 5: How do you usually interact with patients? Check all that apply.

- ☐ In a clinical setting
- ☐ In their homes
- ☐ Outreach in another setting (hospital, shelter, residential care, etc.)
- ☐ Talk with patients by phone
- ☐ Supervise others who work with patients
- ☐ Other (please describe below)

Question 6: Please describe particular groups of patients or types of challenges you hope to learn more about.
Example: working with parents of children with disabilities or working telephonically with patients with heart failure or engaging homeless populations in their care.

Question 7: Additional Comments
The space below is for any additional comments you have about the upcoming training or this survey.

Question 8: Role

- ☐ Administration
- ☐ Behavioral Health Professional
- ☐ Health Coach
- ☐ Medical Office Assistant
- ☐ Nurse
- ☐ Nurse Practitioner
- ☐ Physician
- ☐ Physician Assistant
- ☐ Receptionist
- ☐ Social worker
- ☐ Other, please describe

Thank you for completing this survey!

If you have any questions about this survey or the upcoming training, please email

BAP Workshop Post-Survey

Question 1: Prior Experience

Before your CCMI training, had you ever been trained in any of the following? Check all that apply:

- ☐ Action Planning
- ☐ Self-Management Support
- ☐ Person and Family Centred Care
- ☐ Motivational Interviewing
- ☐ Health Literacy
- ☐ Brief Interventions
- ☐ Working in Diverse Groups
- ☐ Engaging Individuals in a Collaborative Relationship
- ☐ Shared Decision Making
- ☐ Social Determinants of Health

Question 2: Please click on the circles that best describe the skills that might have been covered in your CCMI workshop. The responses range from left to right.

	This was talked about but not practiced in my workshop	This was practiced in my training	I've tried this skill	I use this skill often
The Spirit of Motivational Interviewing	☐	☐	☐	☐
Teach-back for health literacy	☐	☐	☐	☐
Using reflections to emphasize hope and encourage change	☐	☐	☐	☐
Helping people create action plans	☐	☐	☐	☐
Collaborative problem solving	☐	☐	☐	☐
Checking in on or following up with people	☐	☐	☐	☐
Using a confidence scale or ruler	☐	☐	☐	☐
Helping people to talk about change	☐	☐	☐	☐
Developing strategies for working with challenging situations and people	☐	☐	☐	☐
Using Ask-Tell-Ask when giving information or advice	☐	☐	☐	☐

	This was talked about but not practiced in my workshop	This was practiced in my training	I've tried this skill	I use this skill often
Working with diverse populations (age, gender, sexual orientation, cultural background, and/or other)	☐	☐	☐	☐
Supporting people and/or their families to manage their health or well-being	☐	☐	☐	☐
Assessing and supporting people's health literacy needs	☐	☐	☐	☐
Helping people make informed decisions	☐	☐	☐	☐
Conducting group visits or sessions	☐	☐	☐	☐
Social determinants of health	☐	☐	☐	☐

Question 3: Practice and Feedback Experience
Did you attend practice and feedback as part of your learning?

- ☐ Yes (please complete question #3a)
- ☐ No - Practice and feedback was not offered as part of my training (please skip to question #4)
- ☐ No - Practice and feedback was offered, but I did not attend (please complete question #3b)

Question 3a: Please indicate what was useful about the practice and feedback sessions and/or how they could be improved

Question 3b: Please indicate what factors influenced you in not attending practice and feedback sessions
For example: none of the time offered suited my schedule, I felt I had a strong enough grasp of the skills without the practice sessions, I didn't understand what they were for

Question 4: Goals in attending this training
Please share your initial learning goals.

Were those goals met?

- ☐ Yes
- ☐ Partially
- ☐ No

Question 5: How do you usually interact with the people that you serve?
Check all that apply

- ☐ In a clinical setting
- ☐ In their homes
- ☐ Outreach in another setting (hospital, shelter, residential care, etc.)
- ☐ By phone
- ☐ Supervising people in a helping role
- ☐ Educating people in a helping role
- ☐ Other (please describe)

Question 6: Please provide any comments on your experience in using the skills you learned
ie. was it useful? Did you make adaptations? Were the people that you serve receptive?

Additional Comments
The space below is for any additional comments you have about your experience in learning or applying new skills.

Please indicate your role

- ☐ Administration
- ☐ Behavioural Health Professional
- ☐ Health Coach
- ☐ Medical Office Assistant
- ☐ Nurse
- ☐ Nurse Practitioner
- ☐ Physician
- ☐ Physician Assistant
- ☐ Receptionist
- ☐ Social Worker
- ☐ Peer Support Person
- ☐ Other (please describe)

Brief Action Planning Skills Checklist

14 July 2016

Name: _____ Date: _____

Assume rapport was established before the interaction started. **A** = Achieved; **D** = Developing; **NA** = Not Applicable

Item	Description	A	D	NA
Question 1	"Is there anything you would like to do . . . in the next week or two?" is asked clearly and respects the person.			
Skill 1: Behavioral Menu	Behavioral menu is used when the person doesn't have any ideas, doesn't know where to start, or requests ideas.			
	1. The helper asked permission to offer a Behavioral menu.			
	2. The helper offers two or three brief, but not too specific ideas together in a list without pauses. The list has variety (i.e., not all are scheduled programs, only diet if it is a weight loss concern, or only abstinence related, etc.)			
	3. The helper asked the person if they had any ideas of their own as the last item on the list.			
Skill 2: SMART plan	The helper completed SMART planning (What, When, Where, How often, How much, How long, Start date) IF the person was willing.			
Skill 3: Commitment Statement	The helper asked the client to say back their plan.			
Question 2	The helper asked confidence (how sure) level clearly with a description of what confidence and the numbers mean or provided a culturally appropriate alternative.			
	The helper responded positively to the person's confidence level and if the confidence level was below 7, explained the reason for a confidence level of 7 or above.			
Skill 4: Problem solving for low confidence	The helper assisted using problem solving if confidence was less than 7.			
	The helper asked for the person's own ideas first.			
	If the person didn't have their own ideas, a three-part behavioral menu (see above) was offered.			
	The helper asked for the commitment statement and confidence level again after the plan if the plan was altered. (the commitment statement is not required, but recommended)			
Question 3	A check on the progress or accountability plan was made.			
	The plan was clear, specific and determined by the person. (with whom, how, when)			

Checking on the Plan:

Item	Description	A	D	NA
Skill 5: Check on progress	The check on the progress of the plan began with an open-ended question.			
	The helper responded positively, no matter what the results were.			
	The helper asks an open-ended question to determine what the client wants to do next, and their preference is honored.			

Overall Items:

Item	Description	A	D
Warmth and Tone[1]	The tone is warm and encouraging, and the person does most of the talking. There may be statements of encouragement such as "that sounds like a plan that will work for you," and the helper does not use language or statements that reinforce an 'expert' role.		
Structure	The items occurred in the order that they appear on the checklist.		

[1] The Spirit of MI (compassion, acceptance, partnership, and evocation) is built into the BAP skills. But words are not enough. The tone of the interaction indicates how well the support person demonstrates caring and genuine interest.

Ask-Tell-Ask Skills Checklist

13 Sep 2016

Name: _____ Date: _____

Assume rapport was established before the interaction started. **A** = Achieved; **D** = Developing; **NA** = Not Applicable

Item	Description	A	D	NA
ASK #1 for 1) permission *OR* 2) what they know or want to know	1) Permission: Permission was clearly requested. *OR*			
	2) What they know or want to know: A respectful request was made to ask what the person already knows or wants to know about the current situation.			
TELL	The message was **relevant** and about the **present** situation.			
	The information was provided in a **neutral** way. The purpose was to inform, not persuade.			
	The message was **focused**.			
	The language used had **short sentences** and **familiar words.**			
	An **appropriate amount** of information was provided and it was **arranged logically**.			
	Pictures or **figures** were used when it was helpful.			
	Choice and **options** were emphasized by avoiding words like "can't," "should," "must," or "have to."			
ASK #2 1) what they thought *OR* 2) use teach-back to check understanding	1) What they thought: The person was clearly asked what ideas or thoughts they had about the information that was provided. *OR*			
	2) Use teach-back It was clear that the teach-back question is a check is on the guide's ability to provide clear information. The helper said something like "so I know I was clear." Another option is that the helper asked what information the person will tell others about the interaction. If the helper was teaching a skill, it was a request to "show me so I know I demonstrated it well."			
Continued Use of Ask-Tell-Ask	Ask-Tell-Ask was repeated as needed during the interaction, such as "chunking and checking" different pieces of information or asking permission for new or additional topics.			
Warmth, Tone and Respect[2]	The tone is warm, encouraging and expresses respect of the person. There may be statements of strength such as "you have a lot of knowledge in this area" or statements that respect autonomy such as "it's up to you," or "it's your choice," or statements that express collaboration such as "we can work together on this."			

[2] The Spirit of MI (compassion, acceptance, partnership, and evocation) is important during Ask-Tell-Ask. The tone of the interaction indicates how well the clinician demonstrates caring and genuine interest.

Qualitative Survey Questions to Consider

Immediately Post-workshop of Participants

- What surprised you most today?
- What is the biggest "ask" of you as a health care professional in this workshop and how does the material presented help you meet it? (may need to prompt to get beyond time as a barrier)
- Which of the skills offered today was the least familiar to you? Or Which of the skills today felt the farthest away from normal practice?
- What do you think the biggest impact would be on patients/clients if all providers worked in this way/used these skills?
- What would be the biggest impact on (your team, you as a health care professional if you worked in this way? (may need to prompt to get beyond time as a barrier)
- What was most useful thing?
- Which skill from today are you least likely to use? Which one was least useful?
- How do you define self-management support?

Care recipients

- In what ways have care team members talked to you about making healthy lifestyle changes or changes to improve your well-being?
- What are useful things that care team members can do to support you in these changes?
- What ways of providing information and advice work best for you?

System leaders

- How did the workshop change practice in your setting?
- What benefits were seen beyond skill acquisition?
- What challenges have care team members had in putting skills to use?
- How have you, as a leader, been able to support application to practice?
- What would help you better support the care team members?

Supporting Your Health Survey

Would you please take a few moments to help us improve?
Thank you for your time.

Put a ✓ in the boxes that best describe what you think about how health care team members are supporting you to take care of chronic (ongoing) health conditions.

1. How would you rate the information your health care team gave you about:

	Excel-lent	Very Good	Good	Poor	None received
a. Your chronic health conditions and how to care for them?					
b. Services available in your community to help you with your chronic health conditions?					
c. Options for getting physical activity in your community?					
d. Options for healthy eating in your community?					

	A lot	Some	A little	Not Much	Not at all
2. How much has any information you received about your chronic health conditions or community resources helped you?					
3. How much have you been encouraged to be involved in your care?					
4. How much have you been encouraged to involve your family or supportive friends in your care?					
5. In general, how much has the health care team helped you live with your chronic health care conditions?					

6. Please mark how strongly you agree with the following statements about your care:

	I strongly agree	I agree	I do not agree	I'm not sure
a. My health care team explained things to me in a way that was easy to understand.				
b. My health care team asked about my ideas and what I wanted when we planned my care.				
c. My health care team took my values, beliefs and traditions into account when we planned my care.				
d. Different members of my health care team give me the same information about my health conditions and my care.				
e. I have someone I can call on to help if I am sick and need to stay in bed for a day or two.				
f. When working with my health care team, I am clearer as to how I might be able to change.				
g. Someone on my healthcare team understands my emotions, feelings and concerns.				

7. Please check if any of these things have been a part of your care:

	Yes	No	I am not sure	Not applicable
a. Have you been asked to set goals for your health or health conditions?				

b. Has anyone ever helped you make a plan for a healthy change?				
c. When you have trouble managing things on your own, the health care team provides additional assistance.				
d. Have you been asked if you have difficulty making ends meet or whether or not you have enough money to pay for things you need to care for your health?				

8. During your care, how much effort was made:

	Every effort was made	**Some effort was made**	**No effort was made**	**Not applicable**
a. To help you understand health issues?				
b. To listen to the things that matter most to you about your health issues?				
c. To include what matters most to you in choosing what to do next?				

	Very Confident	**Somewhat Confident**	**Not very Confident**	**I do not have any health problems**
9. How confident are you that you can control and manage most of your health problems?				

We want the best partnership possible. Please use the space below to tell us about **anything** we could do to be a better health partner with you.

Questions adapted from How's Your Health (1,5, 7d), the Patient Assessment of Chronic Illness Care (6b. 6c, 7a, 7b), the Jefferson Scale of Patient Perception of Physician Empathy (8g), Working Alliance Inventory (6f), CollaboRate by Elwyn et al (8), Social Support Questionnaire (6e). Healthconfidence.org (9) Copyright held by FNX corporation and Trustees of Dartmouth College. Remainder based on Stepped Care SMS, CCMI.

Measuring Confidence

The periodic measurement of overall self-confidence (also called self-efficacy or general self-efficacy) can be useful because:

1. Higher overall self-efficacy is linked to increased healthy behaviours and improved health outcomes.
2. Self-efficacy can be improved over time, leading to improved health outcomes.
3. How the health care team intervenes with the patient can influence overall self-efficacy.
4. Interventions for patients can be matched to overall self-efficacy level, creating a segmentation strategy. This allows clinical teams to apply the appropriate interventions to subpopulations and efficiently and effectively use their time.

How to Measure

In clinical practice, measurement of self-efficacy, or overall self-confidence can be accomplished by asking the patient a question either verbally or using a questionnaire.

There are two versions of an overall self-confidence question. Teams can test which question works better for their patients. AFTER TESTING, the team should settle on a method to use.

Option 1

In *Outcome Measures for Health Education and Other Health Care Interventions,* Kate Lorig and her colleagues propose using the questions "How confident are you that you can control any symptoms or health problems you have so that they don't interfere with the things you want to do?" The question is rated on a scale of zero to ten, where zero is "not at all confident" and ten is "totally confident (Lorig et al., 1996)

Option 2

Another option, presented by John Wasson and Eric Coleman is to use the question "How confident are you that you can control and manage most of your health problems?" The possible responses that you present them with are: "very confident," "somewhat confident," "not very confident," and "I do not have any health problems." (Wasson and Coleman, 2014). In some settings, a picture example may be required to help explain confidence. An example is Wasson's thermometer (right).You will find printable versions of this resource on HowsYourHealth.org and included in this combined health confidence resource package:
https://howsyourhealth.org/static/HealthConfComboHYH.pdf

Note: The different options can be translated into similar results
0 – 2 = not confident
3 – 7 = somewhat confident
8 - 10 = very confident
(John Wasson, personal communication with Connie Davis, July 2015.)

Interval for Measurement

Some groups measure self-efficacy frequently, others at yearly or periodic intervals.

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de Silva, 2011

In a comprehensive review of self-management and interventions to support it, Dr. Debra de Silva (2011) describes the continuum of strategies so support self-management in relationship to their emphasis on information provision, behaviour change, technical skills and self-efficacy. Some of the strategies require training of health care professionals.

Self-management support programmes can impact several different outcomes. These impacts will vary based on the complexity of the programme, the condition it is addressing, the characteristics of the patients and the fidelity to the original evidence-based strategy. Across the >550 research reports, the following outcomes were measured:

1. Self-efficacy (confidence)
2. Self-care behaviour (self-monitoring, medication adherence, healthy lifestyle choices, attending medical appointments)
3. Quality of Life
4. Clinical outcomes (symptom level, clinical disease control, exacerbation rates)
5. Health service use (visits to health services, emergency department use, admissions, length of stay)

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