**RECR 392 Post-Session Program Evaluation**

**(Modified from RECR 371 Original Version)**

Program Title: “Don’t Stress…Just Breathe” Date: July 12, 2020

Group Members: Facilitator and Client

Number of clients present: One

1a. Was the session implemented as designed? (highlight answer)

Yes (skip to question #2) or No

1b. If no, please describe the changes or modifications made during implementation and reasons for making changes:

|  |  |
| --- | --- |
| Changes or Modifications | Reasons or Rationale |
|  |  |
|   |  |
|  |  |

1c. How effective do you feel these changes or modifications were in comparison to the original plan? (highlight one)

Very effective 1 \_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_5 Very ineffective

1d. Are there any additional changes or modifications in the session design that would further improve the session? Yes / No

If yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Were ***planned resources*** (i.e. materials, supplies, equipment, and facilities) available for this session?

 Yes or No / If no, please explain: I didn’t have equipment for this intervention due to the fact that I was implementing this intervention to my mentor over the phone. The session was done virtually so it was set up as an education group. However, if I were to implement this intervention in person, my mentor and I discussed that I would utilize a whiteboard and pass out a handout to my patients at the start of the intervention.

3. Was the ***amount of time*** allowed for this program sufficient for the client to achieve the expected outcomes?

Yes or No / If no, please explain:

4. Were ***group leaders well prepared*** for implementation of the program?

Yes or No / If no, please explain:

5. What ***unanticipated events or outcomes*** occurred in the program session?

 Due to the fact that this intervention was conducted virtually with my mentor portraying a patient, there were no unanticipated events. However, if I would have implemented this intervention with patients, I believe I would have had more unanticipated events.

* Positive unanticipated events or outcomes: A positive event that might have happened would be group discussion among the patients. This would have allowed the patients to go into greater detail about their personal experiences with stress and how they coped with stress.
* Negative unanticipated events or outcomes: A negative event that might have happened would have been if a patient had difficulty understanding what I was talking about due to a language barrier. My mentor stated that there are patients at the hospital who speak little English. This would have been an unanticipated event that might have occurred if I were to have led the group in person.

6. What went well during the intervention?

- During the intervention, I believe I followed the outline that I had designed. This allowed for the intervention to flow well. However, I also was able to go off of the responses that my patient gave me. This allowed for me to validate what my patient was stating instead of just skipping over important information such as how stress made my patient feel.

7. What can be done to improve it for the future? – break it down simple, small steps

- I can use a whiteboard to allow patients to be interactive in the session by giving them the opportunity to physically write how stress makes them feel on the board. The whiteboard will also be a visual tool that can help the patients who are visual learners be able to comprehend the information.

- I can pass out a handout at the beginning of the intervention. The handout will involve facts about stress by identifying what stress is, how stress effects all of the domains, the health concerns of long-term stress, coping strategies, benefits of engaging in diaphragmatic breathing, and the proper diaphragmatic breathing technique with images. This will help the patients by giving them something they can refer to after the intervention is over.

- I can incorporate a relaxation technique at the end of the facilitation such as guided imagery that can often times be paired with diaphragmatic breathing. This will give the patients the opportunity to practice it in a safe environment.

8. Was the client engaged throughout? If not, what can you do differently next time to promote more engagement?

- Yes, I believe my patient was engaged throughout the intervention as evidence base by answering the questions I asked throughout the duration of the intervention. The patient was able to verbally state times where she was stressed and how it affected her personally.

9. Reflect on your leadership role during the session. As a leader, what did you do well? What can you do to make improvements for the future?

- As a leader, I believe I did well in building rapport with my patient by engaging in meaningful conversation with my patient. She felt comfortable disclosing personal information about pass stressful experiences. I also believe I did well in having plenty of information in regards to stress and the physical effects that it has on the body. In the future, I believe I can improve by slowing down my speech more in order to improve clarity. Lastly, I can improve for next time by incorporating a whiteboard to increase participation and the handout for the patient to refer to.

**Identify at least two specific observations for both formative and summative evaluation:**

Formative Evaluation of session outcomes:

1. During the intervention, I felt as though I was talking really fast. I began to slow my speech when I realized that I was talking fast which helped my patient understand what I was saying.
2. During the start of the intervention, I felt as though I needed to stick to the script that I had memorized. However, I decided to focus on what my patient was saying instead of what I wanted to say next. This helped me by allowing me to listen to my patient more and then give knowledge based on her response.

Summative Evaluation of session outcomes:

1. After the intervention, I believe I could have included the opportunity for more discussion on the benefits of engaging in coping strategies and the use of positive and negative coping strategies. This would have helped the patient recognize their own triggers and red flags to help eliminate the use of negative coping mechanisms and replace them with positive alternatives such as diaphragmatic breathing.
2. After the intervention, I feel as though I could have focused more on open discussion at the conclusion of the intervention. This could have allowed for the patient to decompress and state anything that has prevented them from being able to cope with their stressors as well as how to properly cope with daily stressors. This will also allow me to see if the patient met the desired outcome for the intervention by being able to recall how to cope with daily stressors.

**Evaluation of Outcomes** – From your written program outline, list each of your expected outcomes. Using the methods, you identified in your written program outline, provide a written explanation evaluating the outcomes. Be specific, objective and provide evidence to support your explanation.

1. After the intervention, I expect the patient to walk away with knowledge of how to cope with daily stressors in their lives.
	1. I will be able to evaluate this outcome by asking a question during the debriefing portion of the intervention. This will help me understand if the patient met the desired outcome of developing knowledge about coping with daily stressors.
2. After the intervention, I expect the patient to be able engage in diaphragmatic breathing using the correct technique 75% of the time.
	1. I will be able to evaluate this outcome by observing the patients engaging in the actual implementation of diaphragmatic breathing. By being at the front of the room, I will be able to observe them as they engage in the technique and give them corrections if needed.