

# QuEDS Facilitated PGS (F-PGS) via Microsoft Teams

## A Facilitator's Guide

### PROCESS

- Consult with Lead Facilitator re: establishment of QuEDS F-PGS group/s
- Decide who will Facilitate and Co-facilitate – refer to Facilitator/Co-Facilitator role below
- Arrange a 90minute monthly time that is convenient for both facilitators
- This guide is based on a minimum 12month duration of F-PGS – 1 x 90min session per month – current groups are ongoing
- Ensure you have video conferencing capabilities eg Microsoft Teams, telehealth etc
- Ensure you have a confidential, quiet space e.g. book room

### GROUP DEVELOPMENT & COMMUNICATION

- Use the generic EOI format to develop an EOI for your target group and investigate how to best contact that group eg via team leaders, AHPOQ, other professional groups, Directors of services etc.
- Choose 10 participants for the group – document on excel spreadsheet, including start date and reminders for 6month and 12month surveys, plus document names waitlisting for future groups
- Create Microsoft Team, email contact groups etc
- Send out agreement forms for signature from both participant and line manager
- Send out information on F-PGS session format etc – see sample email
- Send out appointment for first session – orientation session - where rules/protocols/agendas will be discussed
- Orientation can be done individually or as a group
- Send out calendar invites for the 12 sessions with contact details and emails as desired
- Documentation for each session occurs on the running excel spread sheet + a summary of each session is completed post session by facilitators this usually includes resources utilised (e.g. journal articles, power point presentations etc) – see master sheets for session summaries and excel spreadsheet
- Summaries are completed by Facilitators from in-session documentation and sent out to participants with reminders for the next session
- An additional reminder can be sent out in the week prior to session which may include pre-reading or power points for the upcoming F-PGS session
- Documentation, files, resources, focus topic presentations can be uploaded to the Microsoft Team page

## EVALUATION

- Ensure that link to QuEDS pre-survey is sent out – with reminder of the name for F-PGS group (e.g. F-PGS A)
- A survey must also be completed after 6 and 12 sessions and ongoing on a 12 month basis
- Evaluation of the F-PGS model ensures ongoing utility and fidelity to the model

## SESSION FORMAT

1. **Welcome:** all participants are encouraged to keep cameras on for duration of the session to facilitate group cohesion and engagement.
  - Each participant is welcomed, marked 'present' on the spreadsheet and asked the following:
    - **How they have been going** with clinical cases etc over the past month and
    - To share any '**30sec raves**' (good news stories) or '**30sec rants**' (frustrations) with the group
    - To share any **self-care** activities of note.
    - Whether they have a specific **case/discussion** point they would like to add to the **agenda**
  - When all are welcomed the facilitator (with agreement from the group) will formulate the agenda for the session
2. **Case/situation presentations:**
  - First case is invited to **present succinctly** – a format may be used to streamline the presentation (e.g. SBAR) and presenter is asked to nominate what type of feedback they would like from the group
  - Each participant in the group is asked in turn if they would like **clarification** of any details of the case BEFORE they are invited to provide **comment** in the following round
  - Each participant is invited, in turn, to comment on the case/situation without providing direct advice (unless requested). Comments can include similar experience, what they have tried in the past with positive or negative therapeutic effect, clinical comments or understanding and support of the dietitian's personal experience e.g. "I can imagine that if I was in a similar situation, I would feel very frustrated"
  - The presenter is asked to express how the discussion has affected their thoughts or direction for the case etc.- i.e. learnings.
3. **Focus Topic:**
  - After 1-2 such case discussions, there is a Focus Topic presentation/discussion/activity which has been decided in consultation with the group at the previous meeting or aligns with other groups for that month.
  - Focus topics may be pre-recorded as a Power Point presentation with audio, or recorded in Microsoft Teams in session, and usually run for ~20min to 30min.
  - Time permitting participants are then asked in turn if they would like to comment on the topic.
4. **Ending well:**
  - End of session is time for **informal evaluation/feedback** and discussing future focus topics
  - Facilitator invites any participants who wish to speak/contact them individually to do so.
  - Facilitator to follow up with participants who have FTA without notice or are unable to attend multiple sessions.

## FACILITATOR & CO-FACILITATOR ROLES

Clinicians taking on the Facilitator role require >5years **clinical experience** within the clinical focus area and ideally attended **clinical supervision training**, +/- peer group supervision training. Essential skills include understanding of the application of **professional boundaries** and **risk management** for the clinical focus area pertaining to the group. In addition, the Facilitator must receive **training in the F-PGS model and ideally have participated in an F-PGS for ~ 6months**.

The Co-Facilitator role was developed to ensure continuity of the F PGS group, plus provide back-up if the Facilitator is unavailable and to share the load.

Division of the role of Facilitator/Co-Facilitator is flexible dependent on their experience and availability. The Co-Facilitator may assist in session with documentation and observe the model to upskill towards a Facilitator role in the future. In situations where both are appropriately experienced the role of Facilitator/Co-Facilitator can be alternated.

The role of Facilitator/Co-facilitator is the coordination/organisation of the QuEDS F-PGS model (in collaboration with the Lead Facilitator) plus **moderation of the F-PGS sessions** to ensure

- Accurate **documentation**
- **Timekeeping** – facilitator to use an upbeat tempo, plus considered containment of length of participants comments etc is required for best use of the time. This may include reminders during the session re: time limits for presentation and comments, or time calls e.g. “remember that everyone’s time is precious and we aim to finish sessions on time – so please be succinct in your comments as we need to commence the Focus Topic at ....”
- **Fidelity** to the QuEDS F-PGS model.

The Facilitator moderates the group process to foster,

- **Safe practice** – clinical, professional boundaries, confidentiality
- **Group cohesion**
- An **atmosphere of support**, acceptance, and collegiate respect where each member feels valued and trusted
- Increased participant **confidence** by reinforcing the value of participants’ contributions especially for less experienced/less confident group members
- Appropriate sharing of experience **avoiding descent into didactic advice provision**
- Opportunities for **enhancing the learning opportunities** that arise in the group process
- **Reflective practice** by the participants within the group process.

A key component of the F-PGS model is avoidance of advice-giving.

This model is based on the belief that provision of didactic advice creates a power differential, thereby, disempowering the receiver. Ideally, participants should be guided, via group wisdom and shared experience, to discovering improved/different ways of delivering clinical dietetic interventions.

Facilitators should reflect on both their ability to contain their desire to advise and containment of advice-giving behaviour within the group.

Facilitators should engage in reflective practice by participating in mentoring (individual or peer group) of the facilitation role e.g. observing/being observed by other facilitators in session, attending peer discussion groups with other facilitators and reflecting on survey and other feedback.

Facilitator and Co-facilitator should encourage, and be available for, contact between sessions for urgent support, or to provide feedback/comment that attendee feels unable to share within the group setting.

Facilitator to encourage completion of evaluation surveys pre-commencement and at 6months, 12months and ongoing.

## LEAD FACILITATOR ROLE AND RESPONSIBILITIES

The Lead Facilitator is responsible for the overall coordination/lead of the F-PGS programme as follows. Please note some tasks may be carried out by Facilitators in consultation with the Lead Facilitator.

- Documentation
  - Master lists of group membership – commencement/withdrawal dates
  - Maintenance of wait list
- EOI dissemination for newly established F-PGS groups and to fill vacancies in existing F-PGS groups
- Orientation of new participants – including documentation of ‘agreement’
- Facilitation package
- Dissemination of surveys pre, 6month and 12month, annual
- Evaluation of the programme
- Provision of survey feedback to Facilitators/Co-Facilitators
- Coordinating the establishment of new F-PGS groups
- Coordination of monthly Focus Topics
- Orientation/training of Facilitators/Co-Facilitators
- Support to Facilitators/Co-facilitators including mentoring etc
- Facilitation of Peer Group Support for Facilitators
- Management of the QuEDS F-PGS Facilitators Microsoft Teams site
- Ensuring fidelity to the F-PGS model