



# Quality & Technical Assistance Center

Supporting Evidence-Based Health Programs

NYS Evidence-Based Health Programs  
Quality & Technical Assistance Center  
Stanford Self-Management Programs (S-S-SMP)

## Leader Screening Protocol

The following document outlines the protocol used to screen and register potential leaders prior to their participation in Stanford *Self-Management Programs* leader trainings. The protocol outlined in this document extends to all organizations and agencies delivering programs under the QTAC license and/or considered a QTAC Partner (having signed a *QTAC Partnership MOU*) and is part of the overall quality assurance and improvement strategies required of QTAC Partners.

Leaders are the key to good programming. They are responsible for delivery of the S-S-SMPs consistent with the intent of the developers (fidelity) and are the front line of program quality as they work directly with your target populations. Recruiting and training the right people to lead workshops represents your first opportunity to both assure program quality and make good use of resources committed to this effort.

It is the Partner's responsibility to screen and register each potential leader prior to his/her participation in the leader training. The screening process is as follows:

- 1) Provide a *Peer Leader Job Description*
  - i) When potential trainees contact your site to register for a leader training:
    - A) Provide them with the *Peer Leader Job Description*
    - B) Provide them with a copy of the *Peer Leader Application*
    - C) Ask them to review the documents before a scheduled follow-up call
  
- 2) Administer Screening Questions (in-person or by phone)
  - i) After potential trainees have reviewed the *Peer Leader Job Description & Peer Leader Application*:
    - A) Ask if they have any questions regarding the documents
    - B) Run through all screening questions you choose to include in your screening process (See Leader Screening Questions below)
    - C) Review and discuss the expectations in the *Peer Leader Application*

### 3) Verify Valid Stanford License

- i) If a potential trainee is not co-leading workshops for your organization, you must verify that the trainee will be working under an organization that has a valid license with Stanford to deliver the program.
  - A) Ask potential trainee to identify which organization s/he will be working under.
  - B) Contact identified organization holding Stanford license and have them provide you with a copy of their Stanford license. You must verify license before you finalize registration process. You will need a copy of the valid license to place in the leader's manual prior to training.

### 4) Register Applicant/Collect Contact Information

- i) If potential trainee has sufficiently answered screening questions and there are no questions regarding licensing status – collect contact information and signed *Peer Leader application* to finalize the registration process.
- ii) If you are providing food during the training, ask if they have any dietary restrictions.
- iii) You may email or send them a training packet (i.e., acceptance letter to the training, address, directions, training agenda, dress code, meal information, and contact information).
- iv) Closer to the date of the training, a reminder email and/or phone call is recommended.

### 5) Contact NYS Evidence-Based Health Programs Quality & Technical Assistance Center (QTAC)

- i) If you have any questions regarding licensing or whether or not a potential trainee would be a strong candidate as a S-S-SMP Leader; contact the QTAC.
- ii) If you are delivering this training under the QTAC license, please notify the QTAC before the training.

[QTAC@albany.edu](mailto:QTAC@albany.edu) ★ 518.442.5530 ★ 877-496-2780

## Screening Questions

*Screener dialogue: Thank you for your interest in the S-SMPs. Did you read the “job description” for Peer Leaders?*

(No) Take their contact information and send them a copy of the “Peer Leader Job Description” document (attaching it in an email is the quickest). Instruct individual to re-contact you once they have reviewed the document.

(YES) *Do you have any questions for me about the roles and responsibilities of Peer Leaders of the S-SMPs? (Proceed to answer their questions as much as possible.) I’m going to ask you a few questions to be sure that you fully understand the roles and responsibilities of a S-SMP Peer Leader. This should take about 5 minutes.*

Proceed with screening questions as follows:

1. *It is critical to the quality of the program that all persons trained to be Peer Leaders of the S-SMPs are present for the entire training. The training is 4 full 8 hour days. Are you able to attend all training days: insert training dates/times?*
  - a. Yes – move to question 2
  - b. No- note exceptions and move to question 2
  
2. *Attending the training does not guarantee that you will be able to lead workshops. Your trainers will support your learning by evaluating your ability to master the material and facilitate the activities according to quality standards. Only successful candidates will be authorized to lead workshops. Do you understand that simply attending all training days does not guarantee that you will be authorized to lead workshops?*
  - a. Yes – move to question 3
  - b. No – discuss and note questions and concerns.
  
3. *We are also looking for people who have certain qualities and are willing to make certain commitments as noted in the “job description” – can you tell me:*
  - a. *The workshops require you to speak in front of groups and write on a white board. Are you comfortable performing these activities?*
  - b. *Are you willing to follow a scripted manual to guide your delivery of the S-SMP?*
  - c. *Are you willing to commit to leading 2 or more workshops per year?*
  - d. *Are you aware that you will always have a co-leader and that you must always lead workshops in pairs?*
  - e. *The S-SMP is a peer led model – we like a large majority of our leaders to be persons living with a chronic health condition or caring for someone who does. Do you fall into either of these categories?*

4. If you have individuals attending your training that are NOT going to be working under or in connection with your organization and therefore, will NOT be working under your organization's license, you will need to ask about licensing.
  - a. Ask individual: *For which organization will you be providing the S-SMP workshops?* Then you must contact that organization and ask them to mail/fax a copy of their S-SMP license to you, *prior* to the training. Once you have verified that the trainee will be working under a valid license, re-contact the trainee and finalize their registration.
  
5. **Optional questions** you may want to include in your screening process:
  - a. *Are you a health care professional? If yes, please describe.*
  - b. *Do you have any occupational, volunteer, or life experiences that would make you a good candidate for this training?*

Thank the person for their interest.

**\*\*If the answer is "NO" to any question between 1 and 3 – please provide additional information where needed, note your comments and collect contact information. Inform individual that their responses will be reviewed and the Program Coordinator will contact them in the next few days to discuss their training options.**

The interview process can be completed by the program coordinator or another trained staff or volunteer.

Thank you for your continued commitment to quality program delivery.