## Fidelity Checklists used in the Process evaluation

**Fidelity Checklist for the Falls Leads Training**

Assessment of fidelity for the GtACH training in the Falls in Care Homes trial

**Aim:**

To ensure that the training completed by the Falls Leads is consistent with the Train the Trainer session and across the trial sites.

**Method:**

The qualitative researchers (and sometimes the PPI) will observe training sessions, across each of the six process evaluation homes. The qualitative researchers will observe the first training session completed in each home, enabling advice to be provided and acted upon. The PPI may then observe some of the subsequent training sessions.

Participant ID: Date:

Care Home ID:

Time training commenced: Time training completed:

 Circle appropriate response below

Did any staff arrive late for the session? Yes: No:

Comments:

Did all staff stay for the entire session? Yes: No:

If no, record reasons for staff leaving e.g. telephone call/asked to assist resident:

Were there any interruptions to the session? Yes: No:

If yes, record reasons for interruptions: residents entering the room/fire alarm/queries from other staff:

Tick each of the listed activities observed during the session, and add a brief description if necessary

|  |  |  |
| --- | --- | --- |
| **Activity** | **Obs √** | **Comments** |
| Falls Lead outlined purpose of the study |  |  |
| Falls Lead outlined purpose of the training |  |  |
| Falls lead outlined prevalence of falls in care homes |  |  |
| Falls lead explained GtACH history |  |  |
| Falls Lead explained how to complete GtACH forms(including the need to outline/highlight risk factors/tick corresponding risk factor boxes/read suggested actions/document actions/sign and date the form) |  |  |
| Falls Lead outlined who should complete the GtACH forms and team approach  |  |  |
| Falls Lead outlined where to file completed GtACH forms |  |  |
| Falls Lead outlined what to do if resident falls |  |  |
| Falls lead outlined when GtACH should be repeated and reviewed |  |  |
| Attendees given time to complete case study and GtACH individually |  |  |
| Attendees given time to ask questions and share outcomes |  |  |
| Falls Lead showed and discussed GtACH manual |  |  |
| Falls Lead provided their contact details |  |  |
| Falls Lead provided name and explained the role of the Falls Champion in the home  |  |  |

Any distinct observations in the training session observed?

Details:

|  |
| --- |
| **Fidelity of Treatment observed visit summary** |
|  |
| **Meets fidelity requirements** | **YES?** **[ ]**  | **NO? [ ]**  |
| **Signed :****Assessor (Print Name): Date:**  |
| **If there are any suggested actions, please complete below:** |
| **Actions by Assessor** | **Actions by Falls Lead** | **Resolved** |
|  |  |  |
| **Actions resolved?** | **YES? [ ]**  | **NO? [ ]**  |
| **Signed :****Reviewer (Print Name): Date:**  |



**Fidelity Checklist for Care Home staff implementing GtACH**

**Aim:**

To ensure that the GtACH is implemented consistent with the training delivered and across the trial sites

**Method:**

The qualitative researchers will observe care home staff implementing the GtACH, across each of the six process evaluation homes. The qualitative researchers will spend a day in each home and observe several care home staff completing the GtACH checklist, incorporating both assessment and actions taken.

Care Home Staff Participant ID:

Care Home ID: Date:

 Circle appropriate response below

Was this the first GtACH assessment for the staff member:Yes: No:

Was this the first GtACH assessment for the resident: Yes: No:

If no, was this a routine review or post fall assessment?

Time observation started: Time observation completed:

Where was GtACH completed? (e.g. office/lounge/resident room):

Was GtACH completed away from others: Yes: No:

Comments:

Was GtACH completed using a variety of sources? (e.g. with resident/use of care home notes/MARS sheet/incident forms). Please state:

Tick each of the listed activities observed during the session, and add a brief description if necessary

|  |  |  |
| --- | --- | --- |
| **Activity** | **Obs √** | **Comments** |
| Did staff member outline or highlight risk factors |  |  |
| Did staff member tick corresponding risk factor boxes |  |  |
| Did staff member read the suggested action column |  |  |
| Did staff member document actions to be taken |  |  |
| Did staff member take any actions? If not, why not? |  |  |
| If actions taken was this dated and signed |  |  |
| Did staff member sign and date when assessment completed at the bottom of the form |  |  |
| Did staff member refer to the manual |  |  |
| Where did staff member file the GtACH |  |  |

Any distinct observations from the GtACH assessment observed?

Details:

|  |
| --- |
| **Fidelity of GtACH implementation observation summary** |
|  |
| **Meets fidelity requirements** | **YES? [ ]**  | **NO? [ ]**  |
| **Signed :****Assessor (Print Name): Date:**  |
| **If there are any suggested actions, please complete below:** |
| **Actions by Assessor** | **Actions by staff member** | **Resolved** |
|  |  |  |
| **Actions resolved?** | **YES? [ ]**  | **NO? [ ]**  |
| **Signed :****Reviewer (Print Name): Date:**   |