Online Supplementary Appendix
OFES-CI Rater Training materials and Detailed Instructions to Raters

This appendix includes information on the content, components, and rater training materials and outlines the process for completing the fidelity rating sheets at the final learning congress. There are three sections in this Appendix.

Section 1 – Material for initial rater training that took place prior to Learning Congress 2 (LC2)

Section 2 – Material for additional rater training that took place prior to Learning Congress 4 (LC4)

Section 3 – The final LC4 OFES-CI Package for Raters (including instructions for raters and the actual rating form)
Section 1 - Material for initial rater training that took place prior to Learning Congress 2 (LC2)

**LC2 Rater Training Agenda (held via Zoom)**

**ATTENDEES:** All 6 faculty expert raters who will be attending LC2

**Meeting AGENDA:**
1.1. Review of OSCE-style Fidelity rating form
   - *We will review the Rating form, including definitions of fidelity enactment, guidelines to rating and ‘look fors’ and answer any clarification questions*

1.2. What constitutes fidelity enactment and what level of is appropriate for LC2?
   - *We will discuss the range of implementation / enactment we can expect to see at LC2, recall that teams are now three months into SCOPE and do not have huge amounts of time to devote to the project.*

1.3. Review fidelity related concepts of ‘core’ and ‘peripheral’ components and ‘drift’ (in the context of the longstanding fidelity-adaptation debate).
   - *How should we take into account ‘drift’ and modification of ‘core’ vs ‘peripheral’ components of SCOPE as we rate fidelity enactment? E.g., the ability to adapt certain, usually more peripheral, aspects of an intervention like SCOPE is critical for successful implementation as it permits some degree of tailoring to ensure suitability to local context. We seek to assess fidelity to the ‘core components’ of SCOPE; discuss fact that pragmatically this may not always be clear.*

1.4. Calibration debriefing (see meeting preparation instructions)

**PREPARATION for Zoom Training:**

PLEASE READ the following CAREFULLY and allow yourself 45 minutes to prepare for the Call by completing the Quantitative Calibration exercise.

You are all familiar with aims of SCOPE. At LC2 all SCOPE teams will do a presentation of their progress so far. You will be asked to rate these LC2 presentations using a quantitative fidelity enactment rating form. We have prepared a calibration exercise for each of us to complete on our own and then discuss during our rater training meeting next week. The calibration exercise uses a video of students who use the model for improvement to improve operational aspects of a heart failure clinic. Their presentation is similar to the presentation SCOPE teams will do at LC2. To complete the calibration exercise please do the following before next week’s training meeting:

a. Carefully **review** the GUIDELINES for Rating fidelity ENACTMENT in SCOPE and the rating form [available here](#)
b. **Read** the 1-page heart failure case backgrounder that goes with the video [available here](#)
c. **Watch** and **score** the 8-minute HF improvement project video presentation using the rating form (attachment 1). [Videolink disabled for privacy]
Section 2 – Material for additional rater training that took place prior to Learning Congress 4 (LC4)

LC4 Rater Training (held via Zoom)

ATTENDEES: 4/5 faculty expert raters who will be attending LC4

Meeting AGENDA:
1. Brief review of updated Fidelity rating form
   • Recap changes made to the rating form and procedure following LC3 (Q&A added to presentations, addition of adjustment score and 0.5 rating, role of comment box)
2. What level of fidelity enactment is appropriate for LC4?
   • We will discuss the range of implementation / enactment we can expect to see at the end of SCOPE (LC4), one year after project start; time constraints and other priorities continue to challenge for most SCOPE teams but there is a level of fidelity enactment we are still expecting to see
3. Calibration scenario discussion

PREPARATION for Zoom Training:
Please review the rater instructions and other information in the section 3 (below), including the final LC Fidelity Enactment Rating Form prior to the training meeting allow yourself 20-30 minutes to prepare for the Call.
Section 3 – The final OFES-CI Package for Raters (including instructions for raters and the rating form)

The final LC4 OFES-CI Package for Raters

SCOPE Fidelity Enactment Rater Instructions

1. As an expert regarding the core components of SCOPE, you are being asked to complete the attached sheet by providing a rating of SCOPE fidelity enactment for EACH SCOPE TEAM presentation you are assigned to observe at LC4.

2. Each faculty expert will be assigned 3-4 teams and will do the following three things before completing the fidelity rating sheet:
   2.1. review each of your assigned team’s story boards during the morning activity prior to team presentations;
   2.2. listen to each team deliver their SCOPE progress presentation;
   2.3. listen to Q&A following each presentation and ask a question of the team during the Q&A. There are typically few questions posed to teams so it is helpful all around if you ask a question (i.e. it can furnish additional information that can help you come up with fidelity ratings).

What constitutes Fidelity Enactment in SCOPE?

3. Fidelity enactment is defined in the “Guidelines to Rating” and refers to a team’s actual implementation of the following SCOPE activities:
   3.1. Defining project aims (though this should have been clearly done by previous LCs
   3.2. Generating change ideas
   3.3. Using PDSA cycles and Measurement to test changes
   3.4. Modifying unsuccessful changes / spreading successful changes to residents/staff across the unit.
   3.5. SCOPE activities are intended to be carried out by teams led by healthcare aides.
   3.6. To have high fidelity enactment, activities should be implemented as intended by the intervention (e.g without so much drift that activities no longer resemble activities intended by SCOPE).

4. At LC4 (the end of the SCOPE intervention) raters should be looking for evidence of all of the activities in 3.1-3.5; the following “look fors” are things you would see for teams you are rating as a 3 or 4 on the rating scale:
   4.1. Team generated change ideas relevant to their project aims
   4.2. Team used systematic approach to measurement appropriate to aims, gathered data and plotted measurements over time
   4.3. Team tested change(s), studies the changes, and adjusts or spreads to other residents/staff on the unit

Calibration

5. Two forms of calibration are important to consider:
   5.1. After you have completed ratings for all of the teams assigned to you, you are encouraged to assess whether you were too lenient or too tough with any of the teams you rated relative to the other teams you rated.
   5.2. When there are multiple raters engaged in the process, calibration helps ensure different raters have a similar perspective on what constitutes low- or high-fidelity enactment. At LC2 disagreements between raters centered around how ‘lenient’ we were in our assessments of team’s measurement and PDSA activities (two raters were slightly hawkish while two were
Similarly, we noted that in LC3 some raters adhered more rigidly to what constitutes measurement and change in IHI’s Model for Improvement.

6. **The following 3 Calibration Scenarios relevant to 5.2 will be discussed during training:**
   6.1. A team makes a change but it is NOT an appropriate change activity (e.g., it does not relate to the Aim statement or to the clinical area they are working on) - this would get an enactment score of? [Answer not provided prior to discussion: likely a 0]
   
   6.2. A team has done a good job with PDSA but the manager did all the measurement work or all of the change and measurement work. [Answer not provided prior to discussion: this enactment score might be “2-Borderline Satisfactory” because the SCOPE activities were not truly team-based or Healthcare aide-led.]
   
   6.3. A team was engaged in first aspects of the PDSA cycle with healthcare aides pretty fluent defining solid aim to reduce pain by 50% with applicable residents and outlining reasonable change ideas. However, graphing of the measurement data on pain care aids collected was left with the facility leader who didn’t deliver, missing this crucial aspect of feedback in the PDSA cycle. They stated their plan to spread to other units but this failed to materialize in a meaningful way – sharing a few stories of how to track pain may have occurred to other units). [Answer not provided prior to discussion: this would get an enactment rating of around 1 “borderline unsatisfactory enactment for LC4”].
   
   6.4. *Raters are reminded to use the comment box on the rating form if you come across a tricky scenario and feel the need to clarify why you provided a certain rating.

7. **Rating Form Completion Reminders**
   
   7.1. While the rating scales range from 0-4, it is acceptable to provide a .5 rating (between 2 categories).
   
   7.2. It is important to rate each team you are assigned. However, if you truly ‘cannot assess’ a team, be sure to provide a rationale in the open-ended comments box on the rating form.
   
   7.3. Use bullets 1-4 above and the ‘look fors’ as a guide to what a team in category 3 or 4 on the rating scale would be doing.
   
   7.4. For each rating, indicate either “I would leave this rating as is”; “I might raise it ½ or 1 category”; “I might lower it ½ or 1 cat” (and you can provide notes in the comment box).
   
   7.5. Use the comments box if you wish to explain any of your ratings.
GUIDELINES for Rating scales to assess FIDELITY ENACTMENT in SCOPE

Learning Congress 4

**Fidelity Enactment** refers to a team’s actual implementation of SCOPE activities* as intended by the intervention (e.g., activities are carried out without so much ‘drift’ that they no longer resemble activities intended by SCOPE).

*SCOPE activities = defining project aims, generating change ideas, using PDSA cycles and Measurement to test changes, spreading successful changes to residents/staff across the unit.

The following is intended to provide observers with (1) broad descriptions of enactment rating area and its boundaries; and (2) “Look fors” that, if present, reflect categories 3&4 on the rating scale.

**GUIDELINE TO FIDELITY ENACTMENT RATING SCALE**

<table>
<thead>
<tr>
<th>NO / VERY LOW ENACTMENT of SCOPE activities appropriate for LC4 / inappropriate activities implement</th>
<th>BORDERLINE UNSATISFACTORY ENACTMENT for this stage of SCOPE (LC4)</th>
<th>BORDERLINE SATISFACTORY ENACTMENT for this stage of SCOPE (LC4)</th>
<th>SATISFACTORY ENACTMENT for this stage of SCOPE (LC4)</th>
<th>VERY HIGH ENACTMENT extensive implementation of SCOPE activities for LC4</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Rating Scale: Team’s level of ENACTMENT of SCOPE Activities

**Fidelity Enactment** refers to a team’s actual implementation of SCOPE activities including defining aims, generating change ideas, using PDSA cycles and Measurement to test changes, and modifying unsuccessful changes/spreading successful changes to residents/staff across the unit. To have high fidelity enactment, activities should be implemented as intended by the intervention (e.g., without so much drift that activities no longer resemble activities intended by SCOPE). SCOPE activities are intended to be carried out by teams led by healthcare aides.

**Some ‘Look fors’ that would reflect categories 3&4 on the rating scale:**

- Team generated change ideas relevant to their project aims
- Team used systematic approach to measurement appropriate to aims, gathered data and plotted measurements over time
- Team tested change(s), studies the changes, and adjusts or spreads to other residents/staff on the unit

-- Complete reverse side of this page for EACH TEAM you are assigned --
LC4 Fidelity Rating Form

- Observer Initials: _____  Date: _____

- “Look fors” are intended to prompt you while you assess a team;
- “Look fors” are NOT an exhaustive list of what you should use in arriving at your rating for each scale.
- “Look fors”, if present, would reflect categories 3&4 on the rating scale.

<table>
<thead>
<tr>
<th>ENACTMENT</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating Scale: Team’s level of ENACTMENT of SCOPE Activities</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>9</td>
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<td>Look fors:</td>
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Please describe any uncertainties regarding your rating of this team: