**Participants’ Activities Checklists**

Please ensure that you complete the following steps before and after completing your education/community outreach session(s) and your pharmacist training session(s). The documents you require are provided here (see following pages) and on our “team members only” website: <http://www.morethanmeds.com/team-members-only.html>.

**I. Outreach/Education Community Support Sessions Checklist (all project participants)**

|  |  |
| --- | --- |
| ☐ | Received package with 20 printed feedback forms for session attendees from Ted and the More Than Meds team (form available on MTM “team members only” website) |
| ☐ | Provided session attendees with the More Than Meds website.  www.morethanmeds.com |
| ☐ | Counted (or roughly estimated) the number of attendees. |
| ☐ | Distributed the Outreach Public Education/Support Session Feedback forms at the **start** of the session. |
| ☐ | Informed the session attendees that we would appreciate their anonymous feedback (by completing the form handed out or online: at [www.morethanmeds.com](http://www.morethanmeds.com) click on the “RATE OUR EDUCATION SESSION!” button). |
| ☐ | Collected all completed feedback forms and send them to the project team using the provided envelope. |
| ☐ | Within 1 week, completed the OUTREACH Public Education Session Report (available on the MTM “team members only” website) and submitted it by email |

**II. Pharmacists Training Checklist (for 6 original training pairs)**

|  |  |
| --- | --- |
| ☐ | Informed the project coordinator (Ted Naylor) of the planned date of the training session at least 7 days in advance. |
| ☐ | Completed the pre-training session **report** at least 7 days in advance. This form can found on our website and submitted by email. |
| ☐ | Completed the training of 5 or more pharmacists in our region and reminded them to complete the follow-up survey upon being contacted by the More Than Meds team in about 1 month. |
| ☐ | Completed the post-training session **report** within 7 days of completing the training. This form can found on our website and submitted by email. |
| ☐ | Followed up with our trained pharmacists. Reminded them to contact the More Than Meds team regarding their Outreach/Community Education Support Session if need be. |

**Copies of Forms:**

**Outreach Session:**

**Outreach Public Education/Support Session Feedback**

**OUTREACH Public Education Session Report**

**Pharmacist Training Session:**

**Pharmacist’s PRE-training report**

**Pharmacist’s POST-training report**



**Outreach Public Education/Support Session Feedback**

**Thank you for coming to our session**.

Please take a moment to give us your feedback. You do not have to do this but it would help us know if the session was helpful or not. You can use this form or you can complete the feedback online at [www.morethanmeds.com](http://www.morethanmeds.com). Just click on the “Rate our education session!” button on the main page.

|  |  |
| --- | --- |
| **Date:** | **Where was the session?** |

**Please check all that apply:**

|  |  |
| --- | --- |
| 🞏 | with lived experience of mental illness |
| 🞏 | who cares for someone with lived experience of mental illness |
| 🞏 | who is interested in this information |

I am a person

**This session was led by:**

|  |  |
| --- | --- |
| 🞏 | a pharmacist and a person with lived experience of mental illness (or a caregiver) |
| 🞏 | a pharmacist |
| 🞏 | other – please tell us who gave the session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

How did you find out about today’s session?

|  |
| --- |
|  |

What did you **like** about the session?

|  |
| --- |
|  |

How could we **make the session better**?

|  |
| --- |
|  |

What did you get out of today’s session?

|  |
| --- |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Should we offer sessions like this again? | | |  | Would you recommend this session to others? | | |
| 🞏 | Yes |  |  | 🞏 | Yes |  |
| 🞏 | No |  |  | 🞏 | No |  |
| 🞏 | I don’t know |  |  | 🞏 | I don’t know |  |

Other comments:

|  |
| --- |
|  |



**OUTREACH Public Education Session Report**

Provide details about your outreach session, ideally within a week of its completion. Simply type in your responses, expanding the space provided as needed.

|  |  |  |
| --- | --- | --- |
| Date, time, & duration | |  |
| Location | |  |
| Session leaders names | |  |
| Public title of outreach session | |  |
| Stand alone event or part of a series organized by another group. Describe. | |  |
| Focus of session | |  |
| Presentation format & style | |  |
| Handouts used | |  |
| Who attended?  Provide general details of who was in attendance. | Number of attendees (estimate):  People living with mental illness: Y N  Diagnoses of participants (best estimate): psychotic disorder Y N Unsure  mood disorder Y N Unsure  anxiety disorder Y N Unsure  substance use disorder Y N Unsure  other:  Care givers/family/etc: Y N  Other members of the public (describe): | |
| How did you advertise the event? | |  |
| What went well | |  |
| What didn’t go well? What would you do differently next time? | |  |
| What is the most important thing you learned from the experience? | |  |



**Pharmacists Pre-Training Report**

Provide details about your upcoming training event at least 1 week in advance. Space for up to five people have been provided. Submit this report for each training event, even if training fewer than 5.

|  |  |  |  |
| --- | --- | --- | --- |
| Date & time |  | | |
| Location |  | | |
| Trainers’ names |  | | |
| Brief plan (description of training event) |  | | |
| **Trainee #1** |  | **Trainee #4** |  |
| Name |  | Name |  |
| Practice site (specific pharmacy) |  | Practice site (specific pharmacy) |  |
| Work tel. |  | Work tel. |  |
| Email |  | Email |  |
|  |  |  |  |
| **Trainee #2** |  | **Trainee #5** |  |
| Name |  | Name |  |
| Practice site (specific pharmacy) |  | Practice site (specific pharmacy) |  |
| Work tel. |  | Work tel. |  |
| Email |  | Email |  |
|  |  |  |  |
| **Trainee #3** |  |  |  |
| Name |  |  |  |
| Practice site (specific pharmacy) |  |  |  |
| Work tel. |  |  |  |
| Email |  |  |  |
|  |  |  |  |



**Pharmacists POST-Training Report**

Provide details about your training event, ideally within a week of its completion. If you have provided contact information about each pharmacist trained you do not need to repeat it again. However, please verify the name of each person who completed the training. Also provide a description of the training event and your comments on how it went.

|  |  |  |  |
| --- | --- | --- | --- |
| Date, time, & duration |  | | |
| Location |  | | |
| Trainers’ names |  | | |
| Description of training event |  | | |
| Commentary of training event |  | | |
| **Trainee #1** |  | **Trainee #4** |  |
| Name |  | Name |  |
| Practice site (specific pharmacy) | If not previously reported | Practice site (specific pharmacy) | If not previously reported |
| Work tel. | If not previously reported | Work tel. | If not previously reported |
| Email | If not previously reported | Email | If not previously reported |
|  |  |  |  |
| **Trainee #2** |  | **Trainee #5** |  |
| Name |  | Name |  |
| Practice site (specific pharmacy) | If not previously reported | Practice site (specific pharmacy) | If not previously reported |
| Work tel. | If not previously reported | Work tel. | If not previously reported |
| Email | If not previously reported | Email | If not previously reported |
|  |  |  |  |
| **Trainee #3** |  |  |  |
| Name |  |  |  |
| Practice site (specific pharmacy) | If not previously reported |  |  |
| Work tel. | If not previously reported |  |  |
| Email | If not previously reported |  |  |
|  |  |  |  |