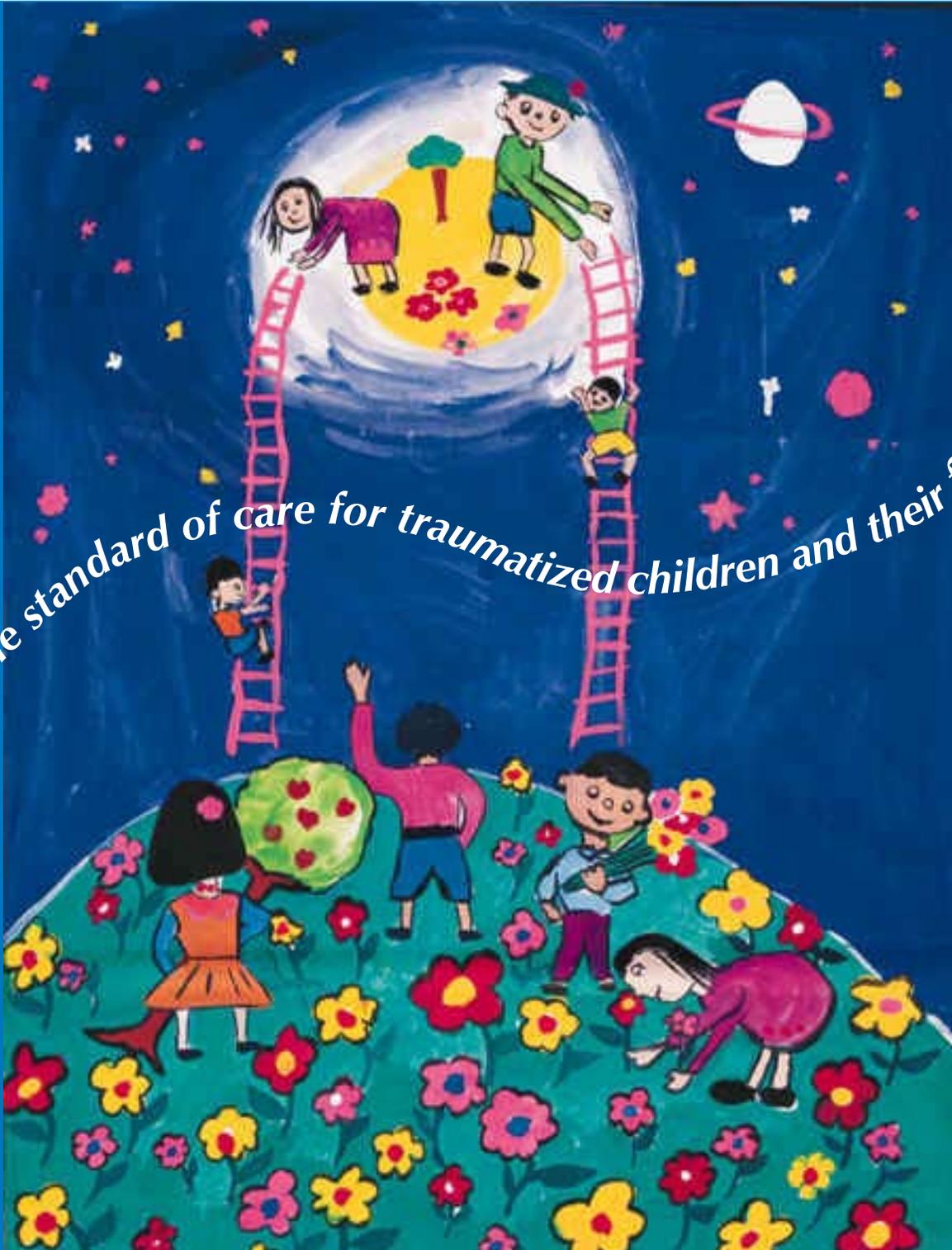


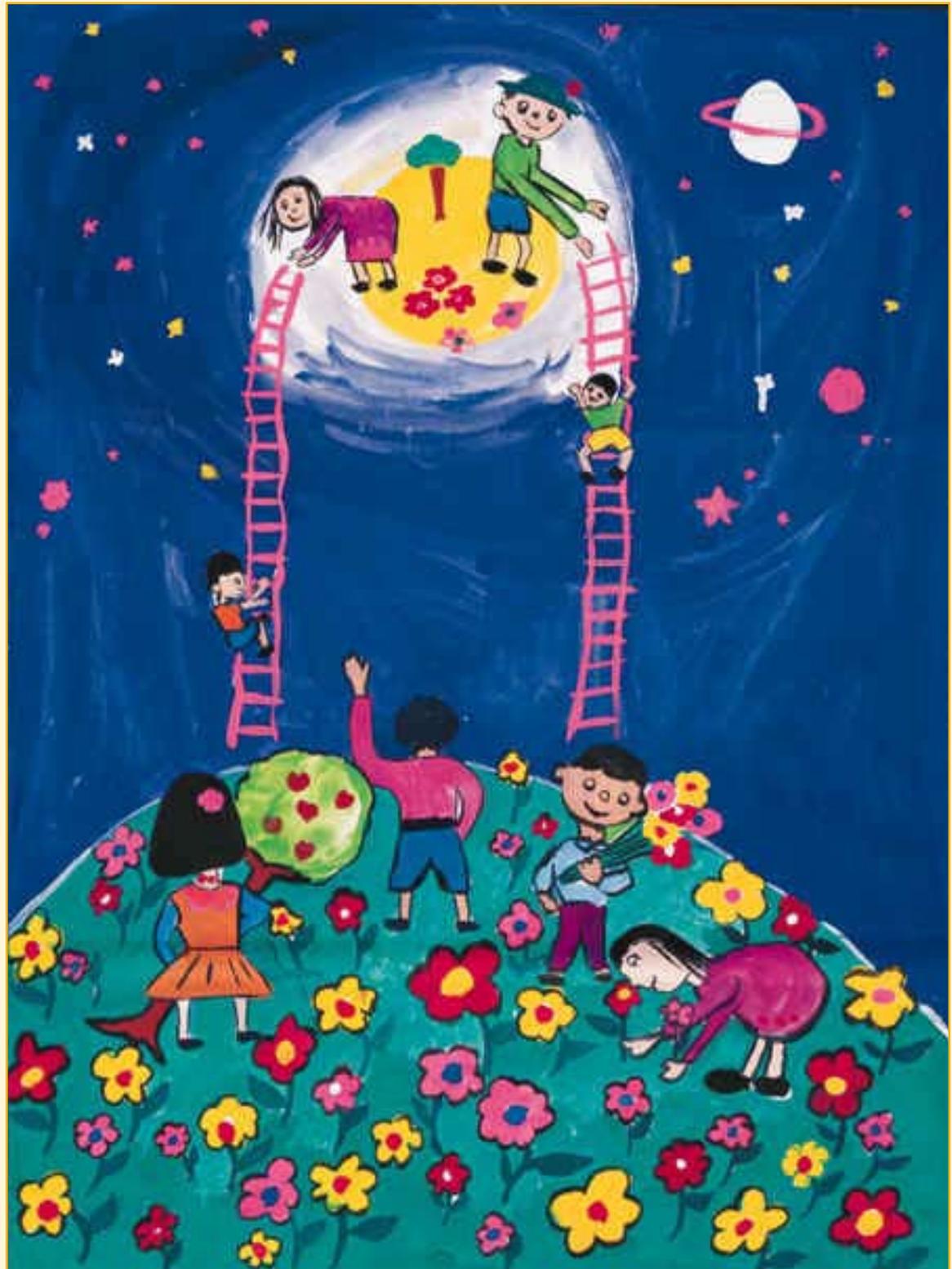
Learning Collaborative Toolkit

Raising the standard of care for traumatized children and their families...



Painting by Sherry Ataf Georgy, age 12, from Egypt. www.icef.org

Learning Collaborative Toolkit



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Raising the standard of care for traumatized children and their families...

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Learning Collaborative Toolkit



About the Toolkit

The NCTSN Learning Collaborative Toolkit presents the process for successfully developing and leading Learning Collaboratives. The recommendations and resources have been drawn from multiple Learning Collaborative demonstration projects conducted by the National Center for Child Traumatic Stress for the National Child Traumatic Stress Network (NCTSN).

The NCCTS and the NCTSN continue to evaluate the Learning Collaborative methodology—they seek to better understand the most effective ways of promoting the implementation, adoption, and spread of evidenced-based practices for the benefit of traumatized children and their families.

About the Network

The NCTSN is a ground-breaking effort that blends the best practices of the academic clinical research community with the wisdom of front-line community service providers. The work of NCTSN members ranges across settings, disciplines, age groups, and trauma types, developing and delivering high-quality services to large numbers of children and their families. The NCTSN's mission is to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States.

How to Use This Toolkit

The toolkit is divided into 11 Modules

The Toolkit outlines sequentially the process for successfully developing and leading a Learning Collaborative. The recommendations and resources have been created as a result of multiple Learning Collaborative demonstration projects conducted by the National Network for Child Traumatic Stress (NCCTS). The NCCTS and the Network continue to evaluate the Learning Collaborative methodology in order to better understand the most effective means to promote successful implementation, adoption and spread of evidenced-based practices to benefit traumatized children and their families.

Icons are used to pinpoint particular resources

The icons below are used throughout the manual to denote various kinds of information and to facilitate locating this information more quickly.



Checklist



Tips



Frequently Asked Questions



Templates/Samples



Activity or Presentation Ideas



Supplemental Material on CD

Color Coding Explanation

Color is used to denote the audience to whom various information is aimed. Find your color and look for it throughout the manual for quick reference.



Participant Information



Supervisor Information



Various Sidebar Information



Senior Leaders/Administrators

Use of CD

The accompanying CD contains the Support Materials described in the Learning Collaborative Toolkit. The purpose of this CD is to provide templates, handouts, and checklists that can be adjusted to support the reader facilitating a Learning Collaborative. Running this CD requires Microsoft Office; all of the documents are in Microsoft Word, Excel, or PowerPoint. Notice that most of the documents on the Support Materials CD have a header that displays the NCTSN Logo and a footer that cites the Learning Collaborative Toolkit. If material from the CD is printed or copied, please retain the header and footer in order to credit the Network and the Learning Collaborative Toolkit.

List of Additional Resources

At the end of the manual there is a list of resources which can be referred to for further information on various topics.

The Learning Collaborative Approach

The Learning Collaborative (LC) approach focuses on spreading, adopting, and adapting best practices across multiple settings and creating changes in organizations that promote the delivery of effective interventions and services.

This approach is being adapted from the Breakthrough Series Collaborative (BSC) model, developed by the Institute for Healthcare Improvement (IHI) and identified within the Kauffman Report as a recommended method for dissemination of best practices. The IHI helps organizations around the world transform “what if” thinking into the reality of better health care for clients and patients everywhere, with a constant focus on innovation, collaboration, and results. For more information about IHI, visit its web site at www.ihl.org.

The BSC approach has been implemented with several national initiatives, largely within healthcare, pediatrics, and foster care. The NCTSN has implemented one large-scale BSC æ the National Breakthrough Series on Trauma-Focused CBT æ as well as several smaller-scale, regional collaboratives, utilizing an adapted version of the LC model.

We have learned a great deal through this pilot testing process. While we closely adhere to some elements of the Breakthrough Series model, we have also made adaptations specific both to mental health and child trauma and to the needs of our Network. This toolkit provides information on and guidance for adapting the BSC approach to include training on specific trauma-focused practices as an important component of disseminating and effectively implementing the model.

The ultimate goal of this approach for our Network is to promote the dissemination and adoption of trauma-focused treatments and practices in diverse settings, including Network sites and their local communities.

National Child Traumatic Stress Network

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

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What a Learning Collaborative Is and Is Not

The overall goal of a Learning Collaborative is to get results and to close the gap between usual practice and the best care for a specific topic.

A Learning Collaborative Is

A model that:

- Focuses on adopting best practices in diverse service settings.
- Emphasizes adult learning principles, interactive training methods, and skill-focused learning.
- Requires focused work by each team to adapt effective practices to their settings during a 9–12 month learning process.
- Uses methods for accelerating improvement in settings and capitalizes on shared learning and collaboration.

An ongoing process that:

- Brings together teams from NCTSN centers to work on improving a process, practice, or system.
- Enables participants to share and learn from their collective experiences and challenges.
- Ensures organizational give and take about critical issues related to adopting and adapting practices.
- Includes the following components:
 1. Approximately three in-person training sessions within a 9–12 month period.
 2. Follow-up consultation activities (through phone and Internet), feedback loops, and resources to support sustained learning.
 3. Opportunities to practice new skills and share progress through the Collaborative.

A Learning Collaborative Is Not

- A single or one-time training event.
- A research model to develop new clinical knowledge.
- Single-setting, single-site, or individual clinician-focused.
- A model for implementing small changes within existing systems.

Why Is the Network Utilizing This Approach?

There are several important reasons for offering the LC approach at this stage of our Network's development.

1. While many Network members are getting exposure to or receiving training on a range of evidence-based practices for childhood trauma through different venues, several NCTSN centers continue to face challenges in adopting particular treatment practices in their setting.
2. We now recognize that the Network has developed to a point where we need to provide alternative approaches to training and apply proven methodologies for increasing successful implementation and adoption of trauma-focused practices.
3. Many Network centers are struggling with these adoption and adaptation challenges and are trying to overcome these challenges largely on their own, without sufficient resources.
4. If we create a forum for the exchange of experiences and ongoing feedback, the learners will become each other's teachers.
5. We believe that the resulting improvements associated with the LC approach have the potential to propel the whole child trauma field forward.

“Traumatized children deserve the best care possible. The Learning Collaborative Toolkit, with its emphasis on getting effective treatments to take hold where children receive services, is designed to do just that.”

John Fairbank, PhD

Co-Director

National Center for Child Traumatic Stress

How a Learning Collaborative Works

Key Features

- The LC model generally involves regionally based teams from a limited number of Network centers and possibly their local community partners (typically 4 to 6 sites).
- The collaboratives focus on successfully adopting a single practice or intervention, are hosted or facilitated by an NCTSN site, and involve only a few teaching faculty (typically 2 or 3).

An Outline of the LC Approach

1. Select Topic

A topic is selected that represents an area where there is a gap between knowledge and practice

2. Identify Learning Objectives

A group of experts convene (in person or via distance-learning technology) to identify and develop the content and learning objectives for the LC, based on the identified topic.

3. Create Change Package

A Change Package is devised, which describes the values and primary components of best practice in the chosen topic area. The Change Package becomes the overarching framework for the LC, which guides all changes that are tested as part of the process.

4. Choose Teaching Faculty

Teaching faculty members are chosen to design and conduct Learning Sessions and to provide consultation between Learning Sessions.

5. Select Teams

Teams apply to participate in the LC and are selected.

6. Begin Pework Phase

All selected teams participate in a prework phase to prepare for the LC and to ensure sufficient training exposure to the model. Teams complete an organizational readiness assessment, review readings and/or videos, and participate in conference calls.

7. Hold Learning Sessions

Teams either come together for three, two-day Learning Sessions over the course of 9 to 12 months, or have the first Learning Session on-site and meet for the final two sessions with other teams.

8. Implement Action Periods

Periods between Learning Sessions are referred to as Action Periods. With the support of the faculty, teams study, test, and implement the latest knowledge and evidence available as well as various skills and techniques, and then measure the impact of these changes between Learning Sessions.

9. Plan, Do, Study, Act

Teams implement PDSA Cycles, which are integral to the Model for Improvement that is a core aspect of the LC. A PDSA Cycle consists of four steps: Plan, Do, Study, and Act. During these cycles, ideas and techniques are tested quickly. Teams then identify the successes and challenges they experienced while implementing their practice model, and share them with the collaborative to enhance learning for the entire group.

10. Work in Teams

Action Periods also involve interaction with other LC participants via teleconferences, video conferences, e-mail listservs, web-based intranets, and ongoing group consultation with expert faculty.

Teams meet for approximately 9 to 12 months, including three Learning Sessions and Action Periods.

11. Prepare Final Report

A final report is prepared by the LC organizers, outlining the work of the collaborative and capturing significant learning for a broader community within the Network and beyond.

12. Measure Changes

The overall goal is to make changes that will lead to improvement in care for traumatized youth and their families, measured by clear indicators of improvement over the specified timeframe.

Module 1:

The Faculty Role in the Learning Collaborative



Painting by Michalina Celejewska, age 10, from Poland www.icafe.org

Learning Outcomes for Faculty

This module focuses on the diverse roles and responsibilities of faculty members during the Learning Collaborative (LC) experience. The LC methodology encourages the faculty to expand its role beyond the traditional role of “expert.” Learning objectives for faculty in this module are:

- ▶ Faculty will be able to identify key aspects of their role related to organizing the collaborative structure.
- ▶ Faculty will be able to utilize different techniques in the design of Learning Sessions that effectively engage adult learners.
- ▶ Faculty will be able to describe the activities that promote cross-site sharing between participating teams.

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“Seeing therapists, supervisors, administrators, family members, and other stakeholders so dedicated to implementing the TF-CBT model through the Breakthrough Series Collaborative has been a unique experience for me. Serving as a faculty member for this collaborative allowed me to better understand the BSC methodology but more importantly, to see the depth of commitment that so many NCTSN members have to using this new methodology to implement our treatment model. The time, effort and creativity invested by network members, their partners and especially the participating family members, has inspired me.”

Judith A. Cohen

Center for Traumatic Stress in Children and Adolescents

Faculty, Breakthrough Series and Eastern TF-CBT Learning Collaborative

Priority Tasks for Faculty

- 1. Organize the logistics related to the collaborative experience.** Faculty members and their staff will need to establish a timeline for all activities far in advance of the start of the collaborative. Active collaborative participation and availability often hinges on the effective communication of key dates/times/locations to participant members.
- 2. Promote the key elements of the Learning Collaborative model.** Although learning the competencies related to the intervention are imperative to successful adoption, it is ONE element of Learning Collaborative methodology and the Change Package. The faculty is instrumental in expanding the understanding for participants that in order to change practice there must be a change in systems also.
- 3. Utilize innovative teaching methods in Learning Sessions and Action Periods.** Faculty will be guided by adult learning principles in the design of both the Learning Sessions and the activities during the Action Period. Interactive, experiential Learning Sessions immediately begin to promote the concept of shared learning and the dynamic use of the concepts being presented in the session.



4. Share expertise regarding the intervention and its implementation. The faculty serves as consultant and coach to teams as they implement the newly learned intervention within their community. The knowledge and experience of faculty in implementing or supervising implementation of the intervention in different settings is valued by teams as they are challenged in their implementation process throughout the collaborative experience.

5. Foster and cultivate the transition of participant-learners to participant-experts in implementing improvements related to the adoption of the intervention. A gradual transition occurs within the collaborative experience as early adopters share their expertise and facilitate the learning of other teams in the process of adoption. Faculty will provide the environment and strategic opportunities for innovators to highlight their skills and share their experiences with the collaborative membership.

6. Facilitate cross-site sharing of innovations and improvements. The Action Period activities can become important vehicles for collaborative sharing among teams. Using the Intranet and discussion boards, posting small tests of change, and highlighting improvements through measurement are all ways to promote the collaborative relationship among teams.

7. Develop flexibility in response to emerging needs of collaborative teams. Although the LC methodology recommends a certain approach and implementation of the process, faculty members need to be flexible and adaptive based on the unique teams in the collaborative and the challenges and strengths they bring to the experience.



“The faculty was great because they were so supportive, they had great ideas, and they were very approachable. They helped us feel like we really could make a difference with this Learning Collaborative.”

Robyn Igelman

Chadwick Center

Participant, Breakthrough Series and Faculty, Western TF-CBT Learning Collaborative

Priority 1:

Organize the logistics related to the collaborative experience.



Tips:

- ▶ In advance, review the entire timeline for the collaborative and commit to important dates. Clearly establish the roles of each faculty or planning staff for the collaborative experience. (See sample timeline in Support Materials section).
- ▶ Designate one person to coordinate the logistics for the collaborative. Make sure the go-to person is known to all members to ensure a consistent, reliable response to all questions. Confusion may result when too many individuals are responding with slightly different responses.
- ▶ Convene your faculty and planning staff on a regular basis to communicate and review progress regarding the implementation of the Learning Collaborative.
- ▶ Communicate location, date, and time for Learning Sessions and Prewrite/Action Period calls in the application or acceptance packet to provide sufficient advance notice and ensure maximum participation of collaborative members.

Priority 2:

Promote the key elements of Learning Collaborative model.

Tips:

- ▶ All faculty members need to become knowledgeable about the use of the Model for Improvement in order for it to be used effectively within the collaborative. If one faculty is seen as just the intervention or content expert but never references the broader implementation issues or Model for Improvement, the experience can become fragmented and the message inconsistent about the value of the entire Learning Collaborative methodology as an approach to system change.
- ▶ The faculty can benefit by conducting small tests of change concerning areas of improvement within the Learning Collaborative. The more experienced and fluent the faculty become regarding the utility of PDSAs (Plan-Do-Study-Act tools), the easier it is to communicate the benefits of the approach to the collaborative.
- ▶ Keep metrics front and center! Using the information from monthly metrics can inform improvements for teams. It is also a great way to reinforce and celebrate successes among teams in the collaborative. (See Module 4)

Priority 3:

Utilize innovative teaching methods in Learning Sessions and Action Periods.



Tips:

- ▶▶ Traditional teaching models have historically utilized a didactic format and relied on experts to convey information to students. The LC methodology assumes learning will be taking place in many ways throughout the experience, including through the incorporation of techniques that are cognizant of diverse learning styles of adults.
- ▶▶ Assume there is a balance of didactic, interactive small groups, dyads, and collaborative learning activities utilized in the design of the Learning Session. Examples of each type of teaching technique are available in the Support Materials of Module 8.
- ▶▶ There are many resources available to help insert content into different delivery approaches. Experiment with delivery approaches and get feedback from participants regarding their effectiveness. Note the resources mentioned in the Resources Appendix.

Priority 4:

Share expertise regarding the intervention and its implementation.

Tips:

- ▶▶ Faculty members who are perceived as approachable and accessible to participants often foster relationships conducive to learning. Because of the variable design used in LCs, participants will have an opportunity to experience faculty in multiple ways (via phone consultation, discussion boards, face-to-face Learning Sessions, written materials including books, articles, tip sheets, and so forth) and establish relationships that expand the role of faculty.
- ▶▶ Try to limit consultation with individual teams. When faculty members share ideas and thoughts about barriers to implementation, it may have utility for a broader audience within the collaborative. Maximize the faculty time and expertise by working with all the teams together and extending the benefits of this consultation via the joint experience and wisdom of the collaborative.

Priority 5:



Foster and cultivate the transition of participant-learners to participant-experts in implementing improvements related to the adoption of the intervention.

Tips:

- ▶ Faculty can create the forum for participants to share their expertise at both Learning Sessions and during the Action Period. Carve out time at the first Learning Session to highlight the expertise that teams bring (possibly through the use of storyboards or introductory activities) to set the stage for future sharing.
- ▶ Plan in advance to have specific teams share improvements and innovations on calls.
- ▶ Pair teams up to learn from each other if they have similar interests, challenges, and populations.
- ▶ During the second Learning Session, include early adopters as presenters in areas where they have shown improvement or had innovations that other would benefit from being shared with others in more detail. For example, during a second Learning Session one team demonstrated a unique supervision method it had created as an improvement to its traditional supervision methods.
- ▶ Offer team-teaching led by individuals who have shown expertise in specific areas of implementation of the intervention. For example, in one collaborative a faculty member and participant co-led a mock demonstration of a group session. It can be inspiring to others to see the advances that other participants are making and encourage them in their adoption process.



Priority 6:



Develop flexibility in response to emerging needs of collaborative teams.

Tips:

- ▶ Early in the LC's life, create a communication system for participants to give feedback regarding the collaborative experience. For example, an online survey was established so that participants could give immediate feedback regarding collaborative calls during the Action Period.
- ▶ One size does NOT fit all. For example, some collaboratives have benefited from very structured calls during the Action Period and the structure facilitated the learning process. However, one collaborative felt stilted and confined by the structure and it led to many long silences and awkward moments on the conference calls. Being able to adjust to the specific needs of the membership is important and demonstrates active use of the Model for Improvement.
- ▶ Make sure the success of the collaborative is owned mutually by participants and faculty. If something is not working don't try to fix it in isolation of the participants. Engage the supervisor group to help brainstorm ideas or the broader collaborative group to create solutions.





Frequently Asked Questions

Q: How many faculty members should there be in an LC?

A: Typically Learning Collaboratives have had two to three faculty and one administrative person supporting the logistics and coordination.

Q: What kind of expertise and backgrounds should faculty have?

A: The faculty, between them, should have expertise in the clinical intervention, supervision and organizational implementation of the intervention. It is important that faculty can relate and speak to issues regarding implementation as well as clinical competencies. The faculty should all be familiar with the Model for Improvement and at least one person should be able to coach teams in the use of PDSAs as linked to goals.

Q: How do you determine if a team is ready for participation in a collaborative?

A: The application can give faculty valuable information concerning the readiness of the team and the completion of the organizational readiness assessment can further explore the issue of readiness.

Frequently Asked Questions continued...

Q: How much time does it take to lead a collaborative?

A: There are many considerations when estimating the time and resources necessary to coordinate a Learning Collaborative. A rough estimate of the staff time to coordinate a Collaborative of 40 participants is outlined below. This outline presumes that all participating teams are not local and will be required to travel to Learning Sessions.

- An administrative project assistant (approx. average of 5 days per month for 12 months). Tasks include: announcements, coordination of all Collaborative and Faculty calls, preparation of all materials, data entry for metrics, posting materials to the intranet, logistics (hotel, training space, ground transportation, etc), trouble-shooting and on-site staffing at Learning Sessions.
- Coordination of Faculty (approximately 4 days per month for 12 months). Activities: Oversight of Learning Collaborative process (Application process, Prework Phase, Learning Sessions 1, 2, & 3, Action Periods). Facilitates the development of agendas for calls and Learning Sessions.
- Improvement Advisor/Evaluation (approx. average of 3 days per month). Activities include: development of metrics, collecting data and creating reports for metrics, coaching faculty regarding the use of the Model for Improvement, reviewing PDSAs, assisting teams in maximizing the metrics, co-facilitating some conference calls. Conducting the overall evaluation.
- Two Content Faculty (approx. average 2 days per month, more intensive in early phases and levels out over course of collaborative). Activities include: modification of application, review of applicants, modification of Change Package, development of agendas for Learning Sessions, conducting Prework calls, planning and implementation of three Learning Sessions.

Glossary of Terms for Module 1

Early Adopters: The team or individual who brings in new ideas from the outside, tries them and uses experiences with positive results to persuade others in the organization or the collaborative to adopt the successful changes.

Model for Improvement: An approach to process improvement, developed by Associates in Process Improvement, which helps teams accelerate the adoption of proven and effective changes.

Implementation: Taking a change or practice and making it a permanent

part of the system.

Cycle or PDSA Cycle: PDSAs are used to rapidly execute small tests of change in an effort to break down and “test” the essential components of a complex practice in an effort to adopt this practice in real life settings. The PDSA method provides a structure for planning changes, making changes, studying the impacts of those changes, and then acting again based on what was learned as the changes grow towards full implementation and are spread throughout an entire site.



“As the model developer, the opportunity to engage in creative dialogue with learners who were adapting and applying the TARGET model was invaluable as a source of expert clinical feedback on the model and its application to a wide variety of traumatized youths and families.”

Julian Ford

University of Connecticut

Faculty, Target Learning Collaborative

Support Materials Module 1

List of Support Materials

►► Faculty Checklist

Faculty Checklist Module 1

Timeline for development of Learning Collaborative

- Identify faculty who will be leading the Learning Collaborative. (4-5 months prior to LS1*)
 - Create a flyer to alert sites about the Learning Collaborative, projected timeline and informational calls. Include fact sheet and links to additional information regarding the practice. (3-4 months prior to LS1)
 - Schedule informational calls for prospective participants to respond to questions and outline expectations. The first call is focused at all organizations potentially interested. The second call is focused on those prepared to apply. (3 months prior to LS1)
Date and Time: _____
Date and Time: _____
 - Modify NCCTS Intervention Change Package with consultation from the NCCTS to be used as a guiding framework for the collaborative experience. The NCCTS can provide samples. (3 months prior to LS1)
 - Identify schedule for 3 Learning Sessions over 12-18 months and possible locations. The 2nd session should be 3-4 months after the initial session and the third will be 6-7 months later. (3 months prior to LS1 for inclusion in application)
- Ist Learning Session: _____
 - 2nd Learning Session: _____
 - 3rd Learning Session: _____
 - Identify schedule for prework calls. Typically at least two calls will be held, one focused on organizational readiness and the second focused on preparation for 1st Learning Session. (3 months prior to LS1 for inclusion in application)
 - Create an application process. This process helps faculty understand who will be part of the collaborative and ensures they understand the level of commitment to be involved in collaborative experience. (3 months prior to LS1)
 - Participate in screening of potential applicants and assess level of readiness. May include phone contact with applicants. (2 months prior to LS1)
 - Create an acceptance package including: acceptance letter, materials for orientation to the intervention, organizational readiness assessment and preparation for LS1. Materials can be posted on the intranet site designated for the Learning Collaborative. May include videos, audio presentations, articles, etc. (2 months prior to LS1)
- Materials to utilize in prework: _____

- Identify schedule for consultation calls during action periods. At least one call per month with all participant sites. One call per month is recommended for supervisors also. One call every two months for senior leaders/administrators. (2 months prior for inclusion in acceptance package)

Date and Time: _____

Date and Time: _____

- Create evaluation package, including metrics to be used during the collaborative. (2 months prior)
- Conduct prework calls. (6 weeks prior to LS1)
- Design Learning Session 1 utilizing highly interactive, skill focused activities. (1 month prior to LS1)
- Prepare materials for Learning Session. (2 weeks prior to LS1)
- Arrange for copying of materials for Learning Session. (1 week prior to LS1)
- Conduct LS1.
- Debrief following LS1 and consider evaluation feedback.
- Begin Action Period activities
 - All Collaborative calls
 - Supervisor calls
 - Senior Leader calls
 - Metrics submitted and posted

- Based on input from teams, faculty designs Learning Session 2. (3-4 months after LS1)

- Action Period activities follow LS2**

- All calls from previous Action Period
- Posting of metrics
- Posting of improvements, sharing innovations and adaptations

- Based on input from teams, faculty designs Learning Session 3

- Learning Session 3. (6-7 months after LS2)

- Overall evaluation and final report.

*LS1- Learning Session 1

**LS2- Learning Session 2