



Keeping Current about QOL Assessments for Recovery Planning in Community Mental Health – Practice Leaders

Lesson Plan

Purpose

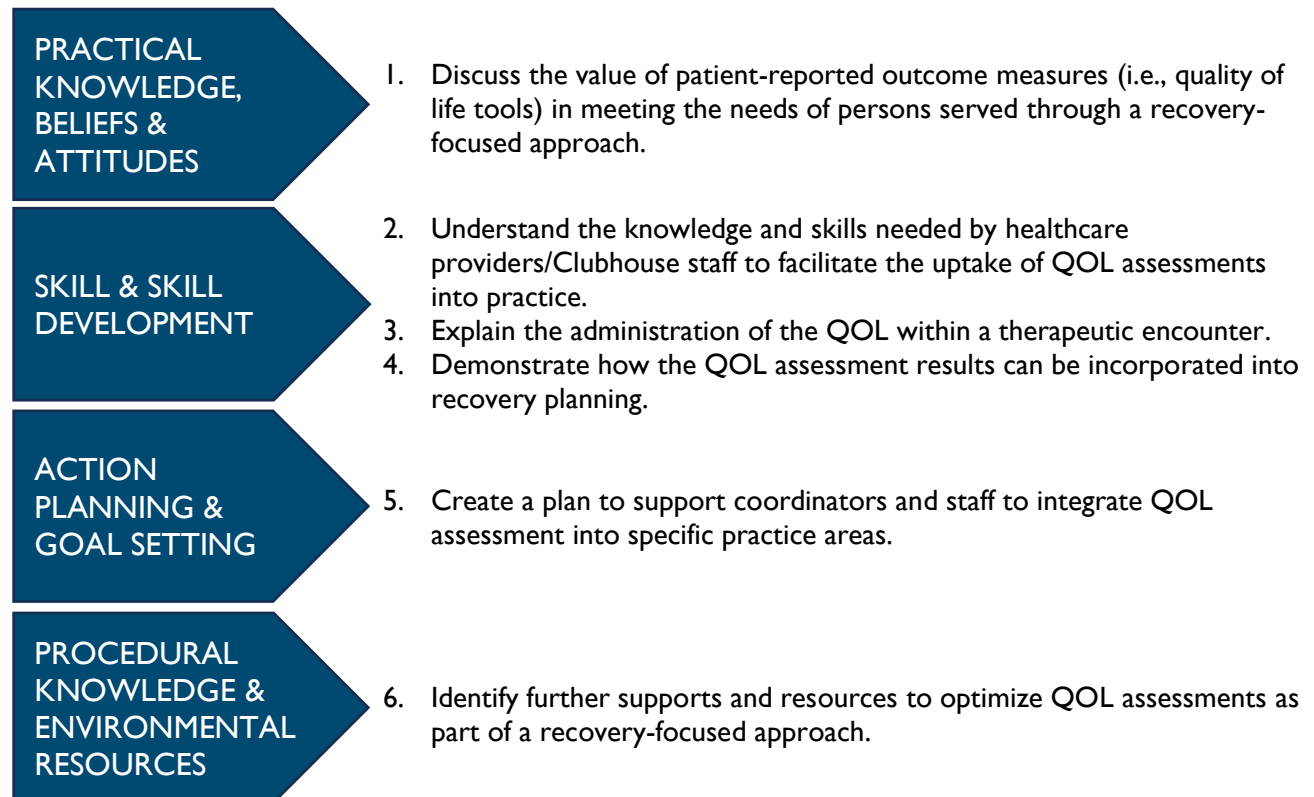
Provide clinical leaders with supportive resources to incorporate patient-reported routine outcome measures (specifically Quality of Life (QOL) assessments) to inform the care and services received by persons living with mental illness or substance use challenges.

Goal

Equip clinical leaders (e.g., practice leads, educators, Clubhouse Coordinators) to work with point-of-care clinical coordinators and staff to ensure the sustained use of patient-reported, routine outcome measures (i.e., WHOQOL-Bref and Annual QOL).

Learning Objectives

At the end of the session, participants will be able to:



Together, let's focus on what matters most to persons with lived experience

Learn more at: healthyqol.com

and find additional resources and supporting evidence.

Lesson Plan



Date: March 3, 2023

Time: 0830-1430 hours (½ to full day -- release people early, start and end time)

Length: 6 hours minus break time (on own for lunch)

Location: In-person

Number of participants: approximately 15 FHA people with NAME (see meeting invite) + research team members (NAMES)

NAME assigned by default to the content below, unless specified as another person.

Time	Lrng Obj /Concept / Competency	Slide #s	Content	Activity & Resource
Pre-start	Arrival		Sign in Name tag Complete WHOQOL for themselves (and Annual QOL if time)	Handout: Attitudes form to complete (pre/post)
0830 20 min	Welcome, background & Introductions	1-6	<p>NAME Introduce the session as part of current research project, research team acknowledgments. Identify that it is based on a previous 2-year project to create a resource guide to support healthcare providers to integrate PROM (such as QOL) into practice. Note: Decide if to show 2 slides of the guide at the end rather than up front for extraneous information.</p> <p>Consent that this is a part of a research project and what they are agreeing to – notes taken.</p> <p>Pre-req: online course</p> <ul style="list-style-type: none"> • Intention is to build on the existing resources put into place by FHA (NAME) and to keep current about how the QOL tool can be used for recovery-based care, that is, how to bring clients into their own recovery. • Assumption → completed the FHA online course and/or may have used WHOQOL; at minimum novice familiarity 	<p>Shared drive on where to find all the handouts and other documents</p> <p>Website Healthy QOL https://www.healthyqol.com/resource-guide.html</p>

Time	Lrng Obj /Concept / Competency	Slide #s	Content	Activity & Resource
			Introduction of participants (n=15) Have each person introduce themselves as time allows.	
0850 (20 min)	Language and situating to local context PRACTICAL KNOWLEDGE	7-9	General <ul style="list-style-type: none"> • What is PROMs (and distinguished from ROM)? • What do PROMs assess/measure? • Why are PROMs needed? • What are the benefits of using PROMs for patients? 	Draw on information from FHA online course Video: What are PROMs https://www.youtube.com/playlist?list=PLKCOAAKeflJ8N8MN02zAZTm2fiFG4uNGO Stop at 1:15 [. . . are PROMs effective] of 1:31 minute
		10-11	WHQOL - What is QOL? An “individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns” <ul style="list-style-type: none"> • physical health (Domain 1) • psychological state (Domain 2) • level of independence in and salient features of the environment (Domain 3) • social relationships (Domain 4) **Debrief on completing WHOQOL	Video: What is QOL? https://www.healthyqol.com/older-adults (Video: “A Better Life: Quality of Life Assessments”) OR new one.... Fostering Mental Well-Being: Practical Strategies for Using WHOQOL-Brief in Clinical Practice (2026, 8 min) https://www.youtube.com/watch?v=9pGVEJk43vc&list=PLs4lFtMFKjDv_X9-hxCpNyV952pZScLNm Handout: WHOQOL-Bref Scale Handout: WHOQOL-Bref Brief User Guide Handout: Annual QOL

Time	Lrng Obj /Concept / Competency	Slide #s	Content	Activity & Resource
				Activity: Participants complete the WHOQOL for themselves (and Annual QOL if time) based on respective settings
		12-15	Specific <ul style="list-style-type: none"> • What does the data and/or score mean? • How are the results integrated into existing information/assessment findings about patients to inform their care? • How do providers explain to patients the collection of PROMs and explain the results? 	Handout: User Guide for WHOQOL <ul style="list-style-type: none"> • Review what domains mean • Review how to score • Review what score means
0910 (15 min)	#1 Discuss value of patient-reported outcome measures BELIEFS & ATTITUDES	16-17	Different information is needed by different stakeholders (e.g., clinicians versus manager) <i>What's in it for me. . . how beneficial</i> General <ul style="list-style-type: none"> - How do providers think about using PROMs in practice? Beliefs about value of using them? - clinically relevant and valuable to support clinical decisions for care planning/treatment - Accurate and actionable - Easy to access - Beneficial to patients - Structure to communication to facilitate dialogue - What are clinicians' attitudes about incorporating PROM (easy/difficult) - Burden - Accurate reflection patients' situation (valid & reliable) Specific <ul style="list-style-type: none"> - Should PROMs be used for all patients? Some patients? Why? (knowledge) - How important is it to capture PROMs routinely? 	Activity: Myths versus Truths Handout: <i>Healthcare providers</i> 1. QOL Truths and 2. Conversations <i>Managers</i> 1. Conversation and 2. QOL (healthyQOL website) Handout: <i>Managers, Conversations & QOL</i> (healthyQOL website)

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			<ul style="list-style-type: none"> - How important is PROM data for clinical decision-making? As compared to other sources of data? - Do providers believe this PROM has a strong evidence base? Why or why not? <p>Overall Goal / Intent in FHA. . .</p> <ul style="list-style-type: none"> - Aligns with recovery-focused approach (RECOVERY CENTRED CLINICAL SYSTEM (RCSS)) and trauma-informed care - Used on a routine basis to illustrate the trajectory of a person's recovery [partners in care] 	
0925 (10 min)	Recovery Planning	19-22	<p>Olga/Scott</p> <p>Use the recovery plan as an example of practice in which WHOQOL could be used. Brief overview of RCCS to illustrate how QOL assessment results can be used for recovery planning.</p> <p>Recovery plan for Community mental health includes:</p> <ul style="list-style-type: none"> • My Hopes and Dreams (How I hope my life will be in 5-10 years) • The Way Things Are Now (The situation I want to get better) • Things Would Get Better if I Could START... (Things that can move me closer to my hopes and dreams) • Things Would Get Better if I Could STOP... (Harm I cause that keeps me away from my hopes and dreams) • A Step CLOSER Would be if... (Describe what the step will look like when it has been achieved so everyone will recognise it) • I Will (List steps you are willing to take and things you are willing to actively do to move toward your hopes and dreams) • Others Will (List things others can do to help you move toward your hopes and dreams. Identify who “the others” are) [Note: can be used by staff to identify their recovery plan strategies] 	<p>Note: handout of the recovery plan will be given with the Helena case study</p> <p>Handout: CMH FHA My Recovery Plan (baseline understanding of CMH staff) & Clubhouse FHA Recovery Plan form</p>

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			Note: Child and Youth (CY) leaders may not have a recovery plan, so probably refer to the treatment plan or some other type of recovery focus.	
0935 (10 min)	#5 Action Plan What does your staff need from you? ACTION PLANNING & GOAL SETTING	23	Now – what? Debrief about any insights gained in filling out the WHOQOL for themselves. “wow and wonder” Question: <ul style="list-style-type: none"> Based on what you heard, what assistance do your clinical coordinators and staff need to ensure the QOL assessments are part of their routine? (prompt: noticed other beliefs/attitudes that need to be addressed) How might you shift the conversation about PROMs? Motivate staff? Create a plan of how you will work with staff in your local setting to apply this information – to address beliefs and attitudes (motivate staff)	PTT: FHA site stats (without site name) on who is completing the WHOQOL Activity: Flipchart their ideas (or could use Menti) NAME to take detailed notes
0945 (15 min)	BREAK	24		
1000 (5 min)	#2 Understand knowledge and skills to facilitate the uptake of QOL assessments	25-26	Refer to bar graph from Deliberative Dialogue on the ranking of what is important to provide big picture overview of information in resource guide about the main areas that clinicians need ongoing guidance and support. Illustrate what we already discussed and then focus more on the (practical & procedural) knowledge and skills needed of healthcare providers to facilitate the uptake of QOL assessments.	
1005 (15-20 min)		27	Brenda: Highlight the patient perspective about overall impressions of the WHOQOL and how it relates to the recovery plan ** time also for Q & A	Patient partner
1030 (60 min)	#3 Explain administratio	28	Two areas that clinicians require greatest support are:	Handout: User Guide WHOQOL (has script)

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	<p>n of QOL within a therapeutic encounter</p> <p>SKILL AND SKILL DEV'T</p>		<ol style="list-style-type: none"> 1. Administration 2. Clinical decision making and reasoning (what do the results mean and how can they be used to inform care using shared-decision making) <p>Self-efficacy/capability: Clinician's ability to integrate the PCM into practice? How was confidence gained?</p> <p>Note: hands on portion is done so leaders experience what their staff might be experiencing and also develop pathways to remember using cognitive rehearsal.</p> <p>Administration of PROMs is one of the areas clinicians struggle with most regarding how to integrate them into their regular routine and workflow. Given it is new, it takes some time to practice how to “start a conversation” when asking the client/member to complete the tool</p> <p>How to talk to clients/members (persons living with mental illness) about what the WHOQOL is and what it will be used for in such a way that it does not impact how they might be completing the scale (e.g., provide the answers they think the clinician wants, worry about funding, etc)</p> <p>Review select content from the 3 handouts, one for HCP and the other two about the types of information that clients want to hear about [blurb on how they were created]</p>	<p>Handout: <i>Healthcare providers, Conversations</i> (healthyQOL website) <i>Persons, 1. Best life & 2. FAQ</i></p> <p>Online course: had a short section on how to start the conversation</p>
20 min		29	<p>Step 1: Read the Helena case study</p> <p>Step 2: Based on the case study, participants create a script for initial administration of QOL to Helena. Jot down some notes on what you would say.</p> <p>Step 3: In pairs (make sure CY people are together and NAME are together), one person administers the WHOQOL to the other person (CLIENT)</p>	<p>Activity: Role play (initial administration)</p> <p>Handout: Case study, Helena & WHOQOL initial</p>

Time	Lrng Obj /Concept / Competency	Slide #s	Content	Activity & Resource
			Step 4: Debrief as a pair (if short on time, skip this)	
15 min	Cont'd	Cont'd	<p>Step 5: Debrief as a large group (Lynn)</p> <p>Emphasize that there is no right or wrong way to script/admin the tool; experience varies based on what is being asked.</p> <p><i>What was it like for you as the clinician?</i> <i>What was it like for you as the client?</i> <i>For the patients, what was helpful regarding what the clinician said?</i> <i>What would you prefer the clinician to say to you?</i></p>	Training tool for clinicians for patient-centred communication called PROmunication (Skovlund et al., 2020)
20 min	Cont'd	30-32	<p>Step 1: Read the case study</p> <p>Step 2: Based on the case study, participants create a script for a 6-month follow-up QOL administration to Helena. Jot down some notes on what you would say.</p> <p>Step 3: In pairs (make sure CY people are together, and NAME are together), one person (the person who was the client last time) administers the WHOQOL to the other person.</p> <p>Step 4: Collectively debrief (Lynn)</p> <p><i>What was it like for you as the clinician?</i> <i>What was it like for you as the client?</i> <i>For the patients, what was helpful regarding what the clinician said?</i> <i>What would you prefer the clinician to say to you?</i></p> <p>Conclusion As a large group, summarize the elements of scripts that are effective for clinicians to administer the WHOQOL initially and for follow-up.</p> <p>End with the video</p>	<p>Activity: Role play (6 month follow-up of administration)</p> <p>Handout: Case study, Helena & WHOQOL 6-month follow-up</p> <p>NAME to take detailed notes of all large group discussions</p> <p>Video: QOL [A Better life Video] Time: 1:28-3:47 (if time to 5:54) URL: https://www.youtube.com/watch?v=TDL5C9SEBvo&t=5s</p> <p>OR Fostering Mental Well-Being: Practical Strategies for Using</p>

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				WHOQOL-Brief in Clinical Practice (2026, 8 min) https://www.youtube.com/watch?v=9pGVEJk43vc&list=PLs4IFtMFKjDv_X9-hxCpNyV952pZScLNm
1130 (45 min)	LUNCH			
1215 (10 min)	#4 Demonstration How the QOL assessment results incorporated into recovery plan SKILL AND SKILL DEV'T	33	<p>Clinical reasoning and decision-making Elaborate further about healthcare providers' skill development needs for clinical reasoning for recovery planning / use the results to inform care planning (clinical reasoning and shared decision making)</p> <p>** draw in knowledge about recovery plan, and base it on all the assessment data you have about the client, including the WHOQOL. Emphasize the various sources of data used by clinicians to create tx or recovery plan.</p> <ul style="list-style-type: none"> • How to share the results with patients • Making decisions (shared) regarding recovery planning based on a person-centred care approach • PROM results understood with other clinician-based outcomes and assessments • Cognitive reasoning process = clinical reasoning, clinical judgement and decision-making <p>Create slide notes based on the 3 resources listed.</p>	<p>Handout: WHOQOL User Guide</p> <p>Resources:</p> <ul style="list-style-type: none"> • PCM Resource Guide • How to share PROM result with patients, see ISOQOL User's Guide (2015; 2018) • Shared decision-making involves choice talk, option talk, and decision talk (Elwyn et al 2012)
1230 (20 min)		33	<p>Step 1: Based on the "initial" Helena case study and initial WHOQOL, score the tool</p> <p>Step 2: In groups of 3-4 participants create an INITIAL recovery plan.</p> <p>Step 3: Collectively debrief (Scott, with assistance from Lynn and Olga as needed)</p>	<p>Activity: Role play (initial recovery plan)</p> <p>Handout: Case study, Helena & WHOQOL initial (no score)</p>

Time	Lrng Obj /Concept / Competency	Slide #s	Content	Activity & Resource
			<p><i>What information from the WHOQOL was meaningful/useful to inform the recovery plan?</i></p> <p><i>What other assessment data would be important to include for the recovery plan?</i></p> <p><i>What are the “wow’s and wonder’s”?</i></p>	<p>WHOQOL 6 month follow-up (no score)</p> <p>CMH FHA My Recovery Plan (blank) & Clubhouse FHA Recovery Plan form (blank)</p> <p>NAME to take detailed notes</p>
1250 (15 min)		34-35	<p>Follow-up</p> <p>Step 4: Review as a group. (Scott)</p> <p>WHOQOL (need to score it); create FOLLOW-UP progress notes for the recovery plan.</p> <p>Scott to convey the expectations for FHA regarding the integration of WHOQOL and, with the group, provide examples of what this could look like.</p>	<p>Activity: Role play (follow-up on recovery plan)</p> <p>Handouts: (from last activity)</p> <p>NAME to take detailed notes</p>
1305 (20 min)	<p>#2 Understand the knowledge and skills to facilitate the uptake of QOL ass’t into practice</p> <p>PROCEDURAL KNOWLEDGE</p>	36	<p>Procedural knowledge (fit into the day-to-day routine) (Angela & Scott)</p> <ul style="list-style-type: none"> • “Know-how” knowledge to be able to incorporate PROMs into the current routines • Procedures (how) and processes (what) • How will PROMs be administered to collect data in the current workflow? • When will the PROMs measures be administered? • What needs to be considered when accessing and viewing results? <ul style="list-style-type: none"> ○ Who? When? How? 	<p>Handout: FHA Workflow (see updated version in WHOQOL Quick User Guide)</p>
1325 (20 min)	#5 Create plan to support	38	Now – what?	

Time	Lrng Obj /Concept / Competency	Slide #s	Content	Activity & Resource
	coordinators and staff to integrate QOL tools into specific practice areas		<p>Within your own roles (JD) and sphere of influence. . . For items highlighted that are outside of their sphere of influence, add to a parking lot (flip chart).</p> <p>Relate this to QOL, but more broadly, as it applies to all PROMs.</p> <p>As leaders, your role is to promote/encourage/support the use of PROMs in the specific areas you supervise – frame it so it's accessible to staff – translate it into use.</p> <p>Aside: KT Champion = individuals who dedicate themselves to supporting, promoting, and driving through an implementation, overcoming indifference or resistance that the intervention (QOL ass't and other PROMs) may provoke in an organization.</p> <p>Different knowledge users require different information (one size does not fit all)</p> <p>Create a plan of how you will work with staff in your local setting to apply this information – to address beliefs and attitudes (motivate staff) as well as build knowledge and skill to integrate into practice</p> <ul style="list-style-type: none"> - <i>What are the most common reasons your staff may / may not be using QOL tools in recovery planning (or other tx plans)?</i> - <i>Given what you know now, how will you address these reasons?</i> <p><i>Prompt: what is the most important need for them regarding knowledge and attitudes toward QOL assessment tools?</i></p> <p>Response:</p> <ul style="list-style-type: none"> • Validate experience of your staff • Determine actions forward for the local setting / context specific) • Ensure ending with practical actions 	<p>If time, could role play about how to talk to clinical coordinators & staff about using the tool?</p> <p>Handout: <i>Managers, Conversations & QOL (healthyQOL website)</i></p> <p>PPT: Site stats on who is completing the WHOQOL</p> <p>Activity: 1 – 2 – 4 – all</p> <p>Flip chart: Common reasons Parking Lot (create this ahead of time)</p> <p>Handout: <i>Managers, Conversations (healthyQOL website) Government and Decision0makers, 1. Best life & 2. FAQ</i></p>

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1400 (15 min)	#6 Identify further supports and resources to optimize QOL assessments into RCCS PROCEDURAL KNOWLEDGE ENVIRONMENTAL RESOURCES	41-43	<p>Outside of sphere of influence (Angela & Scott)</p> <ul style="list-style-type: none"> - Validate and acknowledge - Identify future follow-up and who it will go to <p>To further identify supports and resources to optimize QOL assessments into RCCS</p> <p>NAME to take detailed notes Note: in this section, listen for ideas for other KT projects</p> <p>Acknowledge/examine the current [organizational] procedures and [workflow] processes for optimal uptake of QOL assessments into practice [PROCEDURAL KNOWLEDGE & SKILL DEV'T] and/or impede adoption of QOL assessments [ENVIRONMENTAL SUPPORTS]</p>	<p>Angela to listen for the Environmental factors commonly encountered as identified in PCM Resource Guide</p> <p>Handout: Checklist of environmental supports (if time to create)</p>
1415 (10-15 min)	Questions & Evaluation	44 (none) 45-47	<p>Back to the PCT Resource Guide to indicate that this project has implemented the document developed over 3 years, based on research evidence and stakeholder engagement, on how best to support clinicians in using PROMs.</p> <p>Evaluation of the session as well as their attitudes and knowledge. PPT: slide indicating all requirements met (5-10 min)</p> <ul style="list-style-type: none"> • Feedback will be used in writing the report for the research project. • All data is aggregated, with no individual identifiers. This is what is shared with NAMES. • Will not affect your employment, and the holder of the data is myself. 	<p>Handout: Attitudes form to complete (pre/post)</p> <p>Evaluation Link: https://www.surveymonkey.ca/r/CLkeepCurrent</p>
1430 (15 min)	Closing		<p>Additional Resources & acknowledgment</p> <p>Informal feedback and thank-you</p>	Sweet summary

Supplies

Flip chart

Markers

WHOQOL copies (color)

Annual QOL copies (B & W)

Recovery Plan (blank) copies

Handout: WHOQOL Shortened Appendix

Case study – Helena along with QOL assessments and recovery plan examples

Microphone

Laptop

ERIC strategies for Champions (most to least effective)

33%, Recruit, designate and train for leadership

29%, Assess for readiness and identify barriers and facilitators

26% Conduct local consensus discussions

Other resources

Canadian Community Mental Health Association (Vancouver-Fraser Branch)

<https://vancouver-fraser.cmha.bc.ca/commitment-to-excellence/>

Healthy QOL website: www.healthyqol.com



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Wolff, A.C. & Research Team (2026). *Quality of life assessment toolkit. Learning Exchange: Keeping Current about QOL Assessments for Recovery Planning in Community Mental Health* [Lesson Plan]. Trinity Western University, British Columbia, Canada. <https://www.healthyqol.com>