Template Fidelity Checklist				
Area #1: Pre-call Data Entry				Comments
Entered Patient Information correctly Responsible volunteer "needs to be assigned" Phone number is no spaces and no dashes All fields filled out	Yes	No	N/A	
Entered PRAPARE Screening correctly If no boxes in "unable to get when needed" are checked, selected "None" The "urgent needs" comment box filled	Yes	No	N/A	
Entered PRAPARE Referral correctly Notes filled in	Yes	No	N/A	
Scheduled call in calendar using the correct format and the correct time-frame	Yes	No	N/A	
Contacted Spanish-speaking volunteer for Spanish-speaking patient scheduled for follow-up	Yes	No	N/A	
Marked completed forms as complete	Yes	No	N/A	
Area #2: Following the Call Script				
Volunteer left correct voicemail if patient doesn't pick-up.	Yes	No	NA	
Volunteer confirmed patient name or appropirate proxy before moving forward in the script	Yes	No	NA	
Volunteer asked if now is a good time for a brief call	Yes	No	NA	
Asked about priority of referrals	Yes	No	NA	
Asked patient what they remember from the Lincoln call	Yes	No	NA	
If application-based, asked if CM completed the application for them or if they recieved it in the mail	Yes	No	N/A	
If appointment-based, confirmed that they are avoiding in-person appointments	Yes	No	N/A	
If handout-based, asked if CM discussed a specific resource or if they recieved it in the mail	Yes	No	N/A	
Asked patient whether they connected to resources	Yes	No	N/A	
If patient didn't connect, asked about reasons for not connecting	Yes	No	N/A	
If patient didn't connect, asked about interest in still connecting	Yes	No	N/A	
If patient didn't connect, provides sufficient, correct, and CDC compliant information on CBO to patient	Yes	No	N/A	
If patient is in the process of connecting, asked about ease of use (only)	Yes	No	N/A	
If patient connected to service, asked about ease of use and utility	Yes	No	N/A	
Discussed every referral	Yes	No	N/A	
Smoothly transitioned to COVID19 questions	Yes	No	N/A	
Asked patient about what to do if they showed signs and gave correct answer or additional information	Yes	No	N/A	
Provided summary of call to patient, asked patient to confirm understanding, and next steps	Yes	No	N/A	
Asked permission for 4 week follow up	Yes	No	N/A	
Generally follow correct order of script	Yes	No	N/A	
Area #3: Professionalism				
Used appropriate and sensitive language when communicating with patient	Yes	No	N/A	
Set up a warm and inviting atmosphere for patient to share personal information using tone of voice	Yes	No	N/A	
Employed active listening and avoided interruption	Yes	No	N/A	
Recognized and addressed emotions when appropriate	Yes	No	N/A	
Demonstrated empathy, integrity, honesty and compassion in difficult conversations	Yes	No	N/A	
Practiced open-mindedness and did not make assumptions about the patient's situation	Yes	No	N/A	

Had strong MI spirit/patient-centric attitude, used encouraging "we" language and treated patient, as part of ca	Yes	No	N/A	
Only gave information or advice when the patient wanted it	Yes	No	N/A	
Communicated in a clear and consise manner to patients during a follow-up call	Yes	No	N/A	
Able to respond to real-world changes (ie deviations from follow-up script, unexpected emergency situations)	Yes	No	N/A	
Area #4: Post-call Data Entry				
Documented attempt date correctly	Yes	No	N/A	
Documented call outcome correctly	Yes	No	N/A	
Documented length of call correctly	Yes	No	N/A	
Documented connections to CBO	Yes	No	N/A	
If relevant, documented ease of use and utlity (scale-in questions and free text)	Yes	No	N/A	
If relevant, documented reasons for not connecting to a service.	Yes	No	N/A	
Documented patient agreement for future following	Yes	No	N/A	
Identified and documented flag color correctly	Yes	No	N/A	
Area #5: Escalation				
If orange flag, red flag, or black flag, emailed "case manager" with appropriate template	Yes	No	N/A	
Knows to respond to case manager within 24 hours of receiving a response	Yes	No	N/A	
Understands to send a follow-up email with case manager if no response within 3 days	Yes	No	N/A	
Area #6: Setting up future follow-up				
If initial attempt failed, adjusted calendar entry for next shift	Yes	No	N/A	
Scheduled W4 follow-up call in calendar using the correct format and the correct time-frame	Yes	No	N/A	

Scenario Notes:		
Met roleplay competencies requirement? Y N		
If competencies have not been met		
Date of next roleplay:		