Lessons Learned Tool

If you did not complete the visual planning tool as you worked through the online training and the workbook, please complete it now. Go to page 14 for a blank visual planning tool. We encourage you to take time to develop your *Visual Planning* Tool. Creating a visual planning tool is a dynamic process and you will need to return to it frequently to review and update it.

Quick Guide to the Visual Planning Tool

1. **Resources** are what we invest in the diabetes program. What you need to run a diabetes program.

- How much time is needed?
- How many staff? Who are they? Do you have enough? Do you need to hire new staff or re-train existing staff?
- How much money will be needed? Are there resources available to you that are free?
- Do you have materials available to you? Do you have to develop? Adapt? Adopt? Buy?
- Can you provide the services? What? Who? When? How? Where?

You will need to keep track of and document resources, including:

- time
- staff
- money
- materials
- actions
- services

Document all resources that are available before and during your activities

2. **Activities** are events or actions or services that your program does or provides – for example, the actual things you do or provide. Remember to use the findings from the **assessment** to help you decide what activities to provide. Write a **goal** and **SMART objectives** to help you clarify your diabetes program and have specific tasks to accomplish in a given **time**.

Here are examples of things to keep track of:

- Training, in-services, workshops and diabetes programs conducted.
- Curriculums used, adapted, adopted.
- Special events held – walks, health fairs.
- Services education and home visits provided.

Document all activities that are available before and during your activities.,
3. **Products** are direct yields of your diabetes program's efforts and are things that can be counted. Products can usually be counted or measured. Examples include number of:

- DDTP/NDEP Diabetes Fact Sheets given out
- Blood sugar testing meters given at home visits
- People reached, recruited and retained

- Clinical exams, workshops, presentations, classes held

Document all products that are available before (to provide as a baseline) and during your activities.

4. **Results** include data or information that is collected in a systematic way. Results are definable and measurable changes that occur as a result of your diabetes program activities such as knowledge, attitudes and skills learned. Documentation, monitoring, and measurement of the results are essential.

For example, you must record changes (before and after) in the following:

- Learning, such as awareness and knowledge.
- Behaviors, such as skills, practices, decisions.
- Policies.

Document knowledge, skills, behaviors and policies before and during your activities.

5. **Impacts** or the long-term results are definable and measurable changes that have occurred in the population. These results may take years and may not be easily observed by the diabetes.

For example, you may be able to record changes in the following:

- reduction in number of deaths due to diabetes
- reduction in the number of complications of diabetes
- improved quality of life.
- social change.
- economic change.
- environmental changes.

6. **"Read" your plan.** Your completed road map should allow you to say, "If we have these **resources**, then we will be able to implement these **activities**, with goal and objectives, and if we do these activities then we should have these **products**, and if we have these products then we should have these **results** and if we have these results then we should have this **impact**.