



North Carolina Health and Wellness Trust Fund

Breathe Easy, Live Well Pilot Project in Mental Health Clubhouses

External Review of 15-week Curriculum

**Prepared for:
North Carolina Health & Wellness Trust Fund**



**Prepared by:
UNC School of Medicine
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Table of Contents

I. Executive Summary.....	5
II. Background	6
III. Methods.....	6
IV. Results.....	6
V. Discussion.....	8
References	9
Appendix 1: Full Reviewer Responses	10
Appendix 2: Review Instrument	20

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I. Executive Summary

Breathe Easy, Live Well is a 26-week curriculum on wellness and smoking cessation for people living with serious mental health conditions developed by the University of Medicine and Dentistry of New Jersey. North Carolina's (NC's) Health and Wellness Trust Fund (HWTF) has supported pilot programs to implement and adapt the Breathe Easy, Live Well curriculum to psychosocial rehabilitation centers (PSRs) across NC. The UNC Tobacco Prevention and Evaluation Program conducted formative curriculum review of a HWTF-supported 15-week modified wellness and cessation Breathe Easy, Live Well curriculum. Four independent professionals and three PSR staff members who used the previous 26-week curriculum anonymously reviewed the modified 15-week curriculum.

Four main themes emerged from the review:

- 1) **Reviewers had positive views of the curriculum and its utility in PSR settings.**
- 2) ***Strengthen curriculum content by integrating wellness throughout the modified curriculum.***
 - a. Provide suggestions of safe and easy stretching to get each meeting started.
 - b. Include activities on barriers to and ways to overcome barriers to physical activity.
- 3) ***Facilitators of the curriculum need specific instructions on conducting groups (e.g., lesson plans and discussion prompts).***
 - a. Provide a sample lesson plan for each week in the facilitator guide. Include sample exercises, sample discussion prompts, and ideas for activities.
 - b. Reduce the complexity of activities. Reviewers noted, for example, that week three's exercise #3 was difficult to answer, week 8 should distinguish between constructs of "doing good" and "keeping healthy," and pharmacotherapy exercises are more complex than necessary.
- 4) ***Group activities and instruction should better promote peer-to-peer interaction.***
 - a. Integrate activities for peer interaction beyond individualized worksheets to improve participant retention and discussion. Peer interaction can occur in case scenarios and success stories about recovering from mental illness. A diversity of activities and strategies will help address reviewers' view of the curriculum as a workbook with quizzes.
 - b. Instruct facilitators to use group activities (e.g., brainstorm ideas on an easel or board instead of individually on paper).

Other suggestions identified by reviewers and the evaluation team that should be addressed but did not emerge as themes:

- c. Include greater diversity of NC's population in the photographic illustrations throughout the modified curriculum.
- d. Remove the phrase "suffering from mental illness." Suffering is subjective; it is more appropriate to use "living with mental illness" or "recovering from mental illness."
- e. Prior to statewide distribution, ensure that the modified curriculum receives professional layout and design.

II. Background

The NC Health and Wellness Trust Fund (HWTF) asked the UNC Tobacco Prevention and Evaluation Program (TPEP) to review a 15-week modified curriculum as part of the independent evaluation of the Breathe Easy, Live Well Pilot Project. The modified curriculum is designed for use in psychosocial rehabilitation centers and is scheduled to be implemented in spring 2011. It is based on a 26-week model curriculum developed by the University of Medicine and Dentistry of New Jersey (UMDNJ) originally titled “Learning About Healthy Living”.¹ The Southern Regional Area Health Education Center (AHEC) implemented the 26-week curriculum with technical assistance from UMDNJ in 2009-2010 in nine clubhouses (voluntary day centers for people with severe and persistent mental illness).

To make the 26-week curriculum more concise and suitable for additional mental health settings, AHEC shortened the curriculum to 15-weeks. To begin formative testing of the modified 15-week curriculum, the evaluation team sent the curriculum out for outside review to professionals and solicited reviews from staff who had used the previous 26-week version.

III. Methods

In collaboration with Southern Regional Area Health Education Center (AHEC), TPEP developed a 13-item survey for independent review of the modified 15-week curriculum (Appendix). The survey included themes of interest to AHEC (e.g., perceived effectiveness of motivating interest in quitting) and themes identified from the Wave I Process Evaluation (available from <http://www.tpep.unc.edu>), which identified some areas for improvement in the curriculum (e.g., clubhouse staff added in additional wellness information and worked to build in discussion exercises).

TPEP identified and recruited unaffiliated professionals with a diversity of academic and professional characteristics. Additionally, evaluation staff recruited clubhouse staff previously using the 26-week “Learning About Healthy Living” curriculum. Staff offered each reviewer a \$25 gift card for completing the review process.

The evaluation team identified themes that emerged from the open response questions. Two TPEP staff independently reviewed responses, coding for themes. Both staff then compared themes, refined them through discussion, and agreed on the evidence for each theme.

IV. Results

Four independent professionals and three clubhouse staff reviewed the curriculum. Educational and work background covered a variety of areas including a registered dietician (RD), master’s-level training in public health nutrition, social work, health behavior, maternal and child health, CHES certification, and Freedom from Smoking instructor certification (Table 1).

Table 1 is presented on the following page.

Table 1: Characteristics of reviewers (n=7)

Clubhouse Staff (x3)
MPH, CHES, Freedom from Smoking Certified
MPH, RD, LDN
MSW, LCSW
MSW, LCSW (Veterans Administration Psychosocial Rehabilitation)

All reviewer comments are included in Appendix 1.

Four thematic suggestions emerged from the qualitative analysis.

1. Reviewers had positive views of the curriculum and its utility.

Reviewers viewed the curriculum as helpful and as an important and useful tool to improve health and promote tobacco cessation in PSRs.

The guidebook makes it very easy to facilitate the program in the clubhouse setting.

I feel the information is great, and I think it will be well accepted in the clubhouse community.

2. Seamless integration of wellness content throughout the curriculum would enhance effectiveness.

Reviewers believed that physical activity and nutrition information should receive better integration with smoking cessation information in the curriculum. The smoking related content appeared considerably stronger than that of overall wellness information.

One week is not enough emphasis on [physical activity]-maybe could include movement exercises (like p.48) at each meeting would be more helpful. Exercise for stress management was well emphasized but physical activity also helps with motivation and feeling good about your body and yourself.

Go over participants' barriers/challenges preventing them from being active. Then address how to overcome each barrier.

3. The curriculum does not provide adequate guidance, lesson plans, and assistance for group facilitators to easily run each week's meeting.

Reviewers felt a need existed for facilitator guidance, particularly in the form of suggested activities, discussion prompts, materials, and answer keys to questions. Currently, the guide is a combination of a facilitator's guide and a member workbook. The tension between the two is noted by reviewers.

More guidance about the purpose, objectives, expected length of time needed, tips, strategies for dealing with common challenges, it seems expected that the facilitators should review the first few pages of each week's topic, but this is not explicitly stated anywhere. In sections that jump to quizzing consumers, guidelines about how to teach

information prior to asking consumers questions would be useful. It would be great if every single exercise had a guide sheet for the facilitator similar to those in the Bellack-Social skills training for schizophrenia workbook.

Add more detailed instruction for each week's class. For example, any materials they may need or ideas to get participants more engaged.

4. Putting emphasis on group activities and instruction should better promote peer-to-peer interaction than work-sheet style activities.

The extensive use of individual worksheet activities may reduce peer-to-peer interaction and support. Reviewers note a need for greater attention on group dynamics instead of individual work.

I think if more instructions were included – such as talking points or journaling activities or shared activities (those to write on large paper or chalkboard) the facilitator would be able to follow these. As it is currently written it seems more like an individual workbook.

Reduce the amount of exercises that require filling out a worksheet. Create opportunities for members to write on the board. Do lots of group brainstorming, sharing successes. Develop weekly “homework” tasks and have consumers share how they went each week.

Several other suggestions, which did not emerge as themes in qualitative analysis, are also advisable. These include tightening language on the burden of mental illness, ensuring that the illustrations represent the diversity of the state, and sending the curriculum for professional layout/design. A more professional look could improve adoption of the curriculum by PSRs.

V. Discussion

The modified 15-week Breathe Easy, Live Well curriculum was appreciated and received relatively positive reviews. A number of changes to better integrate wellness, provide guidance to group leaders, and promote peer-to-peer interaction would substantially strengthen the curriculum. The evaluation team's recommendations address those suggestions and could facilitate adoption in a state-wide rollout of the curriculum.

Reviewers noted the importance of providing the components of lesson plans so that group leaders could easily pick up the curriculum and implement it with less staff time devoted to lesson planning. Other strategies to ensure ease of use by staff in PSRs should be considered. These might include sample activities, sample discussion prompts, and keys to questions in addition to talking points related to the day's objectives. Helping PSR staff understand the goal of each week with clearly outlined objectives may facilitate fidelity to the curriculum.

Reviewers also noted the importance of promoting peer-to-peer interaction. This is a fundamentally important part of how the curriculum promotes healthy changes in lives: with support and help from other PSR clients. Efforts to tie the curriculum directly to programmatic objectives of promoting peer-to-peer support and policies promoting healthier PSR environments could strengthen the curriculum.

These findings illustrate the importance of early formative evaluation and pilot testing in public health programs. The Breathe Easy, Live Well Pilot Project has likely been strengthened by independent process evaluation and independent review of the revised curriculum. Rollout of the modified curriculum to PSRs should receive comprehensive evaluation on process and outcomes.

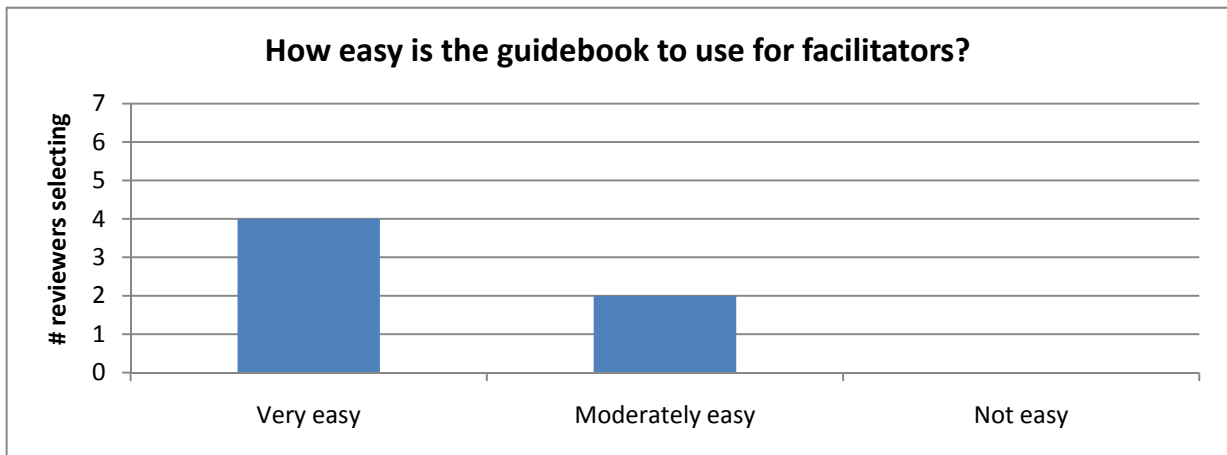
References

1. Williams JM, Cain BW, Fredericks T, O'Shaughnessy M. A tobacco treatment model for persons with serious mental illness. *Psychiatric services (Washington, DC)* 2006;57:1210.

Appendix 1: Full Reviewer Responses

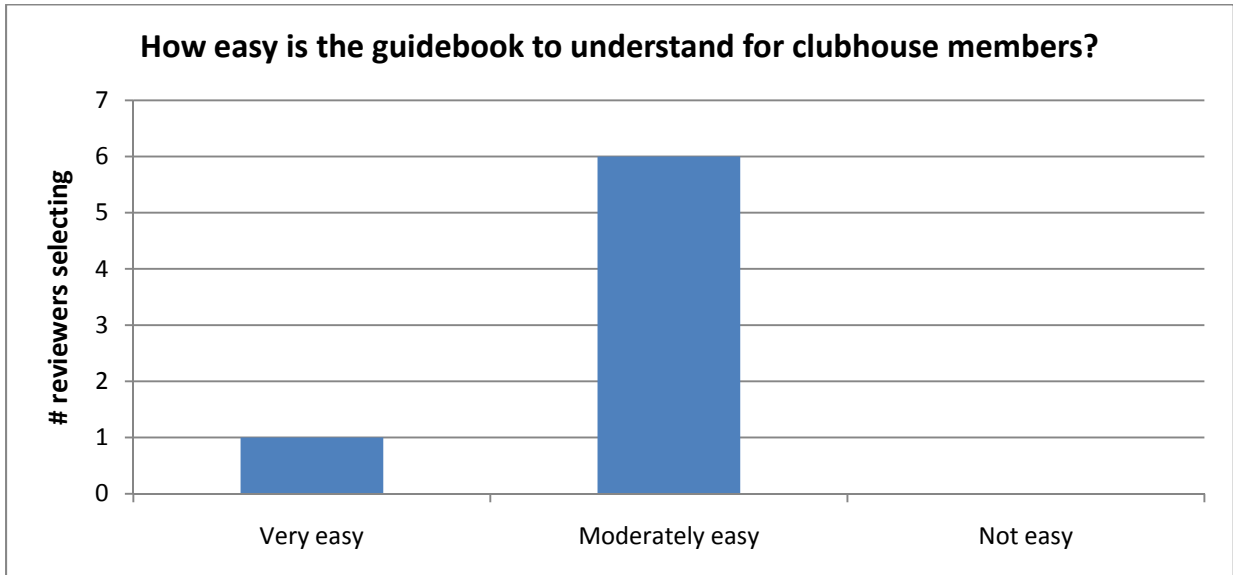
Note: The evaluation team collected Likert-scale quantitative data. The generally positive scoring conflicts with written comments that offer substantial suggestions for improvements. The evaluation team believes this discordance is due to the social desirability of not giving low scores. Simply trying to address wellness in mental health settings may engender higher scores as respondents believe such work is needed and helpful. Thus, the evaluation team suggests interpreting this data with more weight on written comments than on Likert-scale scores.

1. How easy is the guidebook to use for facilitators?



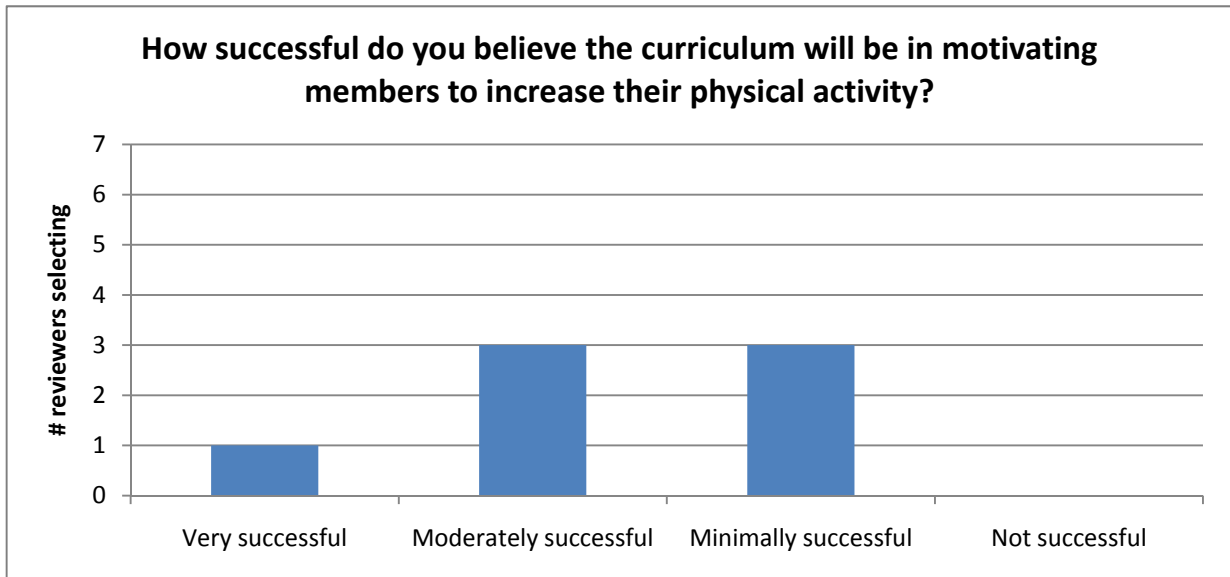
- Survey 1 - *"Guidebook makes it very easy to facilitate the program in the clubhouse setting"*
- Survey 2 - *"List talking points or questions to ask audience. Include an answer key for exercises (p. 23, 40, 43, etc.) based on facts. Maybe include more instructions--guidebook seems more like a "workbook" for consumer use rather than facilitator use."*
- Survey 4 - *"Add more detailed instruction for each week's class. For example, any materials they may need or ideas to get participants more engaged."*
- Survey 5 - *"More guidance about the purpose, objectives, expected length of time needed, tips, strategies for dealing w/common challenges, it seems expected that the facilitators should review the first few pages of each week's topic, but this is not explicitly stated anywhere. In sections that jump to quizzing consumers, guidelines about how to teach information prior to asking consumer's questions would be useful. It would be great if every single exercise had a guide sheet for the facilitator similar to those in the Bellack-Social skills training for schizophrenia workbook."*
- Survey 6 - *"Each week has specific topic to focus on and there are statistics on the toolkits that shows validity of the study. Colorful pictures were used to point out important facts. The new Tool Kit put a balance on smoking and over all wellness."*

2. How easy is the guidebook to understand for clubhouse members (i.e., clients with severe and persistent mental illness participating in voluntary day psychosocial rehabilitation centers)?



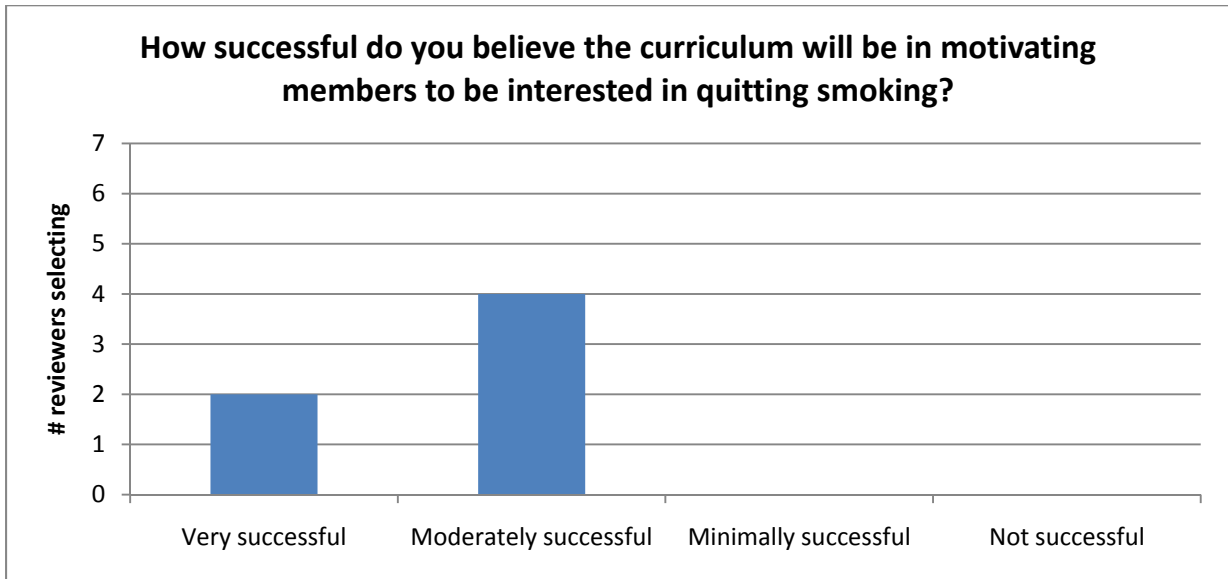
- Survey 2 – “I like that checklists are included to promote thought. Having a good balance of these may be easier for certain people rather than having them formulate their own. Having more examples and case scenarios may help as well--sometimes revisiting past successes (such as p. 15) are helpful in the maintenance/ relapse phase.”
- Survey 3 –“ I think that the psycho-educational pieces are easy to understand, but may feel “work-booky” and like there are “right” and “wrong” answers rather than the start for group discussion.”
- Survey 4 – “Wk 3 exercises #3 may be difficult to answer. Maybe have equation laid out (_min thinking about smoking + _time smoking + ... =_) Wk 8, exercises may need to describe in more detail what is difference between doing a body good and keeping your body healthy.”
- Survey 5 – “Every topic should begin with a basic explanation of the topic for that week. This happens for week 2, but no week 3 which jumps right into the survival pathway and is quite confusing. Also, there are a lot of abstract questions in the exercises requiring consumers to think about complex issues, apply them personally and make interpretations. Some people will struggle with this. There are too many quizzes and questions instead of statements – this leaves the chance that consumers will not record or understand the info and it will not be printed on handouts to take home.”
- Survey 7 – “Information were in layout in Layman’s term which is easy enough for member’s to understand. Pictures were used to emphasize important facts.”

3. How successful do you believe the curriculum will be in motivating members to increase their physical activity?



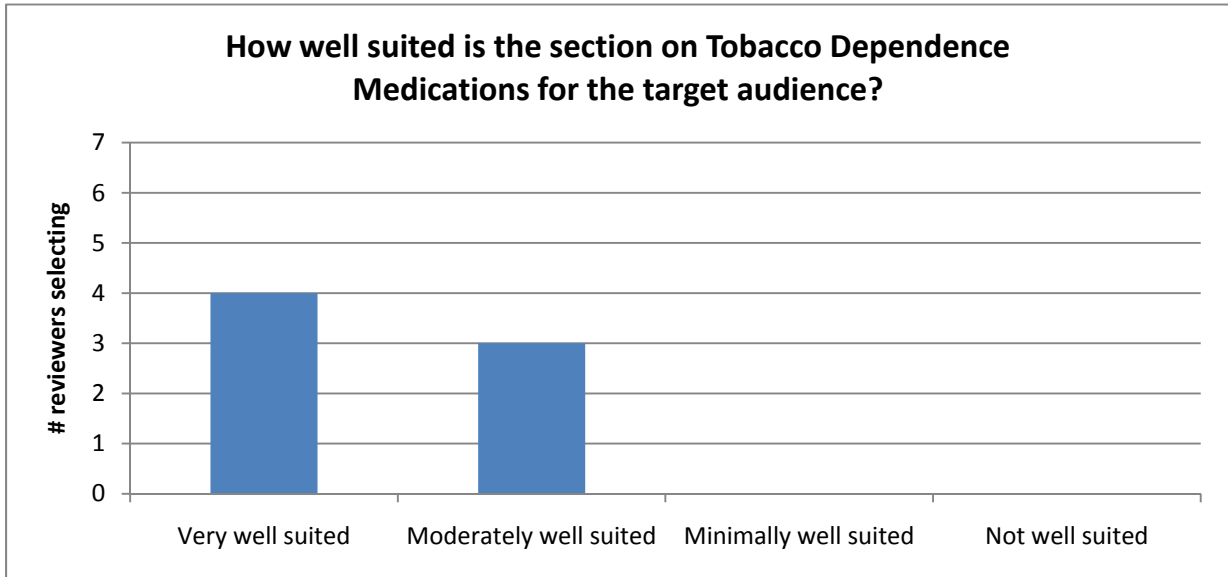
- Survey 1 – *“With motivation from friends and staff at clubhouse it can be very successful. Encouraging members at each meeting also helps encourage members to keep up their regimens to accomplish the goals they set for themselves.”*
- Survey 2 – *“One week is not enough emphasis on this-maybe could include movement exercises (like p. 48) at each meeting would be more helpful. Exercise for stress management was well emphasized-but physical activity also helps with motivation and feeling good about your body and yourself.”*
- Survey 3 – *“I think that it could be accompanied by a list of local resources open to people with SPMI (i.e. YMCA) or involve part of the group as dedicated to p.a. (i.e. last 20 min. dedicated to walking). Also, resources for sneakers and exercise clothes/equipment.”*
- Survey 4 – *“Go over participants’ barriers/challenges preventing them from being active. Then address how to overcome each barrier.”*
- Survey 5 – *“Focus in more depth on specific activities that a consumer might try, potential barriers, strengths he/she can use locations, transportation, etc. It is the details that often get in the way so working out these logistics w/support can be helpful. Consumers should leave that class with at least one very specific activity (no matter how small) with which they are very likely to be successful. Then, talk about how it went the next week. Perhaps encourage students to be active together.”*
- Survey 7 – *“Based on statistics SPMI population are also on United Income; their financial difficulty is a big challenge in improving their eating habits.”*

4. How successful do you believe the curriculum to be in motivating members to be interested in quitting smoking?



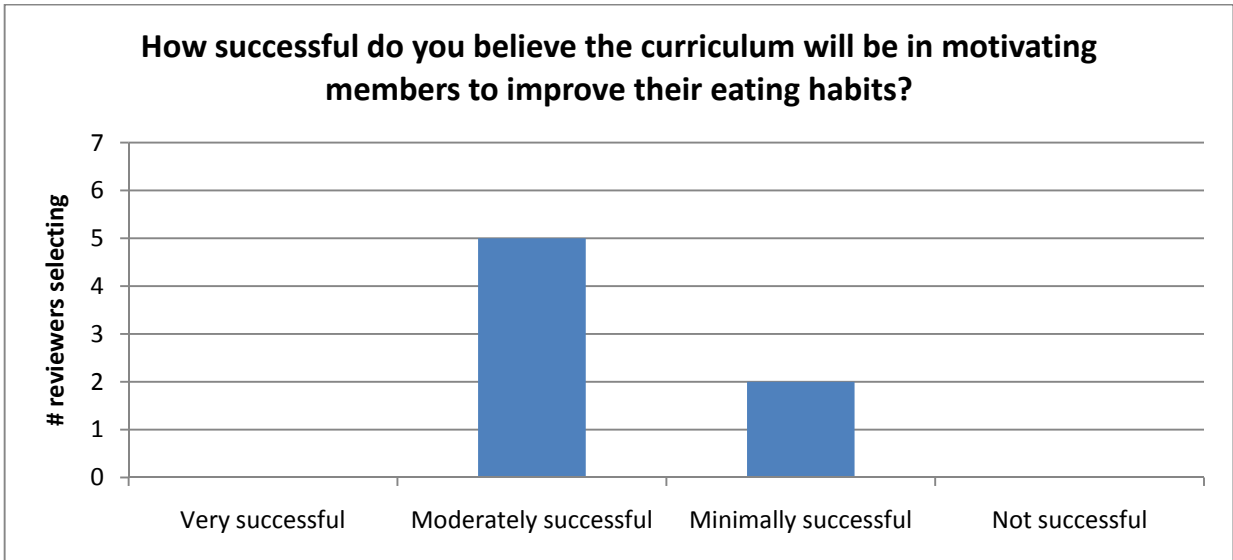
- Survey 1 – “Very, even if they are not ready to quit most will be willing to educate themselves and then are more open.”
- Survey 2 – “I think it was very well written for members interested in quitting smoking. Lots of good resources were mentioned.”
- Survey 3 – “I like the part of nicotine replacement treatments and the cost of tobacco. But I think like any addiction, people are very attached to smoking. Discuss this relationship and explore any real replacements. Also, do clubhouse policies involve a smoke-free environment?”
- Survey 4 – “Address pros of smoking and what they can do to replace the positive feeling or association they get from smoking”
- Survey 5 – “Include peer guest speakers or encourage peer facilitator to share his/her successes if relevant. Spend more time on each consumer identifying reasons for smoking and making sure those reasons are dealt with – referrals made, psychiatrists contacted – provide assistance after group as needed to address those reasons.”

5. How well suited is the section on Tobacco Dependence Medications for the target audience (clubhouse members with severe and persistent mental illness?)



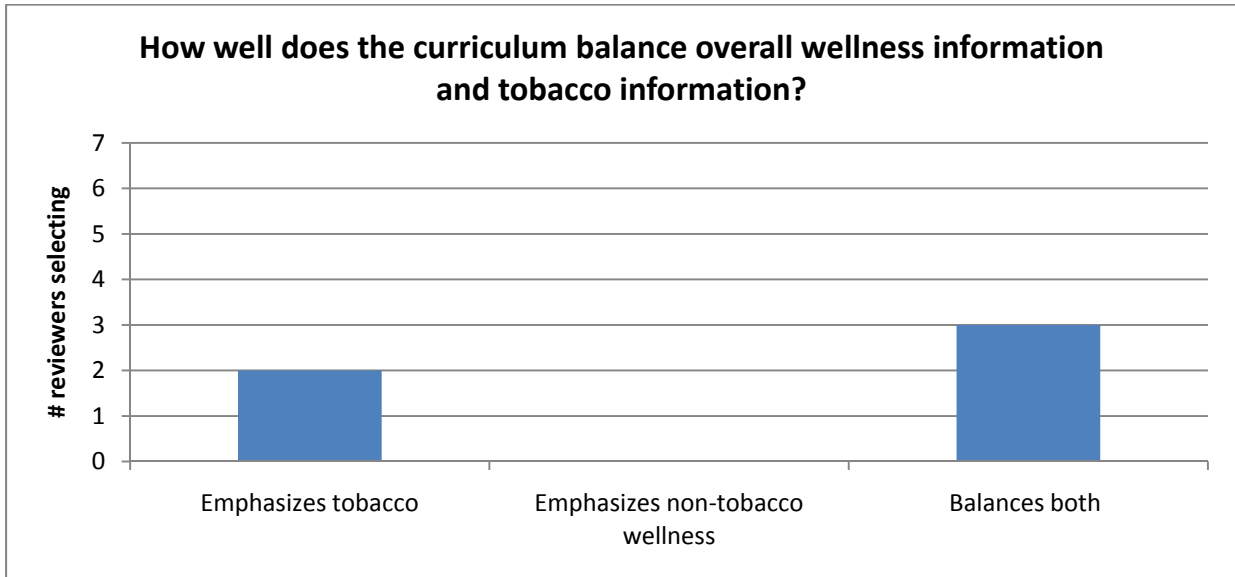
- Survey 1 – *“It is written in terms than are easily understood and when used in the BELW group where questions and answers are discussed it is a great tool with important information”*
- Survey 2 – *“It may help to list some of the precautions in this section (such as those on p. 150) and stress consequences of each if people continue to smoke. I don't think this was emphasized enough.”*
- Survey 5 - *“There is no basic info about a combo therapy but exercises ask questions about it. Questions about what prescriptions a doctor could or might prescribe seem inappropriate. In general there are a lot of questions and quizzes in this tool kit. Groups must provide as many opportunities as possible for consumers for “getting it wrong” or failure of some kind. Also, may consumers require personal assistance in order to complete writing in handouts and that is not always feasible depending on time number of consumers.”*

6. How successful do you believe the curriculum will be in motivating members to improve their eating habits?

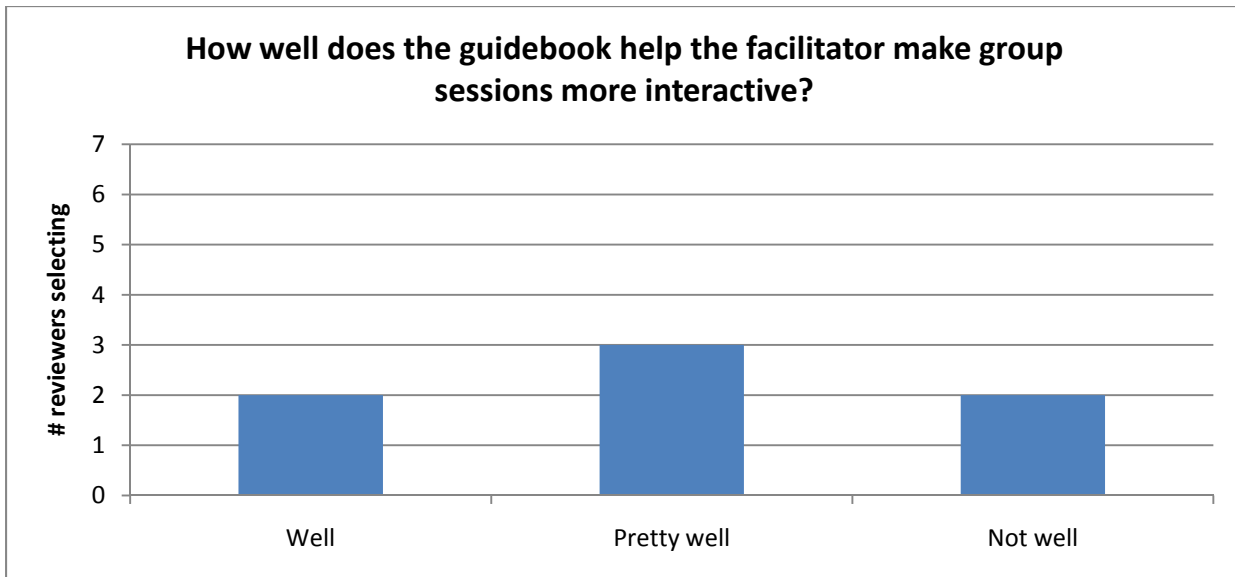


- Survey 1 – “The information provided is good and with encouragement and follow-up it can be successful.”
- Survey 2 – “I think having more examples throughout would be helpful. Perhaps a cost comparison of fast food vs. home meals. Or cost savings for drinking water instead of soda (like p. 57).”
- Survey 3 – “Explore budgets and local access to healthy food. Look at what people spend on food and alternatives that are affordable, available and healthy. Also, do the group members have access to kitchens/know how to cook?”
- Survey 4 – “Wk 2 exercise #2 asks why they eat unhealthy food but not how to overcome those reasons. Should give example reasons and ways to overcome them (i.e. healthy foods too expensive – cheap ways to add fruits and veggies.)”
- Survey 5 – “Provide information about low cost healthy foods. Teach consumers in class how to prepare a healthy simple meal – hands on. Teach consumers how to read and follow a recipe. Provide guidelines about how to shop at grocery store. Teach how to read a food label.”

7. How well does the curriculum balance overall wellness information and tobacco information?



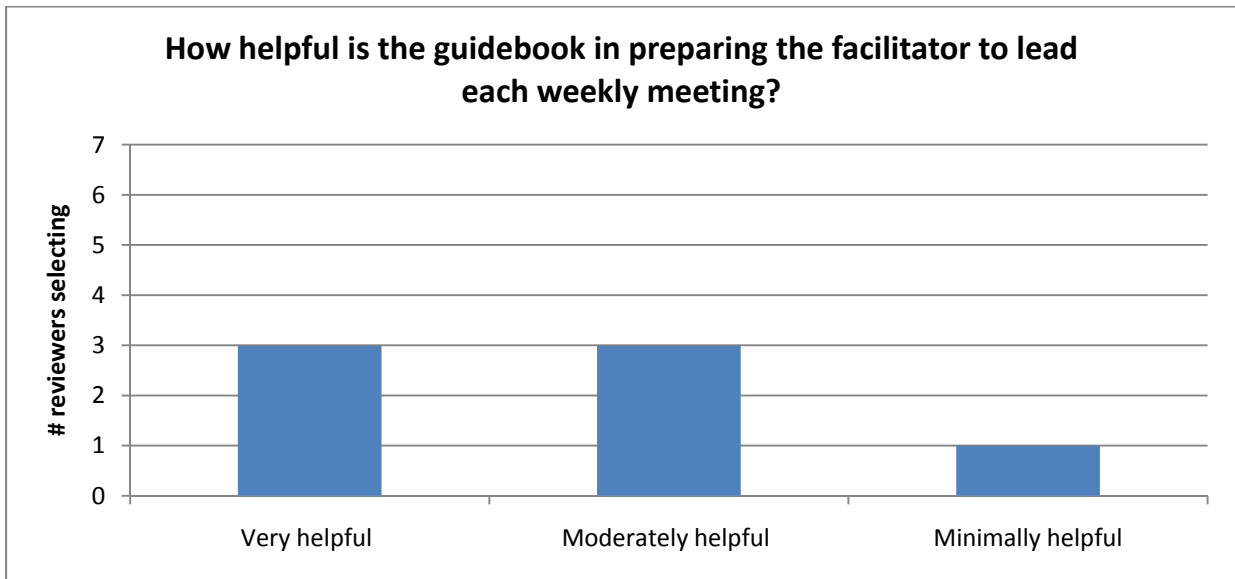
8. How well does the guidebook help the facilitator make group sessions more interactive?



- Survey 1 – “It is better than the original toolkit. The exercises are very useful with the group but most are geared toward the individuals. A few group exercises might be good as well.”
- Survey 2 – “I think if more instructions were included--such as talking points or journaling activities or shared activities (those to write on large paper or chalkboard) the facilitator would be able to follow these. As it is currently written it seems more like an individual workbook.”
- Survey 3 – “Open discussions of barriers, particularly as they relate to local community/resources.”

- Survey 4 – “Add more ideas such as using an easel to write participants’ responses on.”
- Survey 5 – “Reduce the amount of exercises that require filling out a worksheet. Create opportunities for nets to write on the board. Do lots of group brainstorming, sharing successes. Develop weekly “homework” tasks and have consumers share how they went each week.”
- Survey 7 – “Add more group activities”

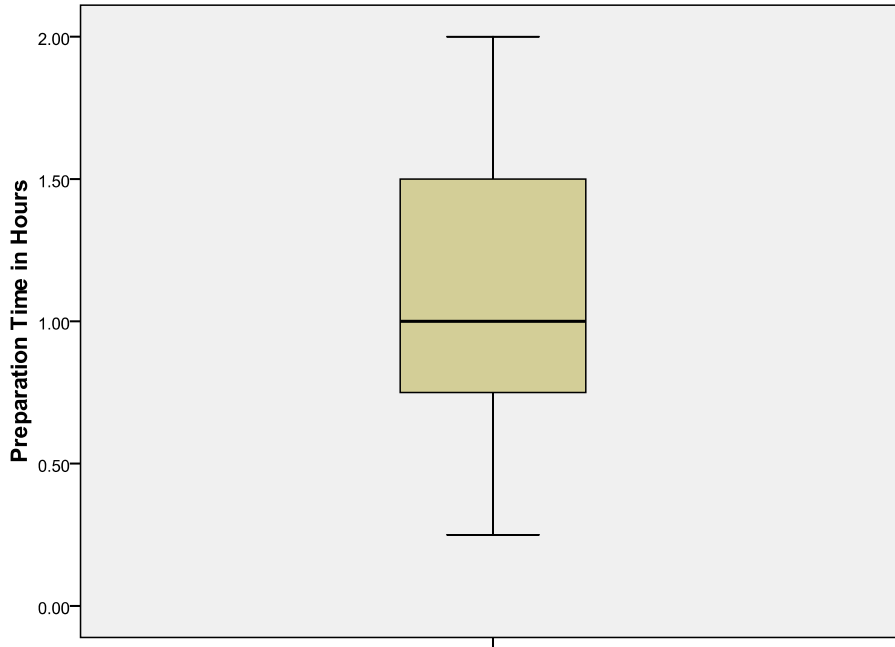
9. How helpful is the guidebook in preparing the facilitator to lead each weekly meeting?



- Survey 1 – “The original kit was more facilitator friendly; it had sections for each chapter with Objectives, what individuals will be able to do, and suggested Approaches. I always previewed the section before leading a group session”
- Survey 2 – “Including ideas for activities to make the sessions more interactive. Having handouts they could print out for participants”
- Survey 4 – “Listed ideas on Question 1”
- Survey 5 – “See question 1”

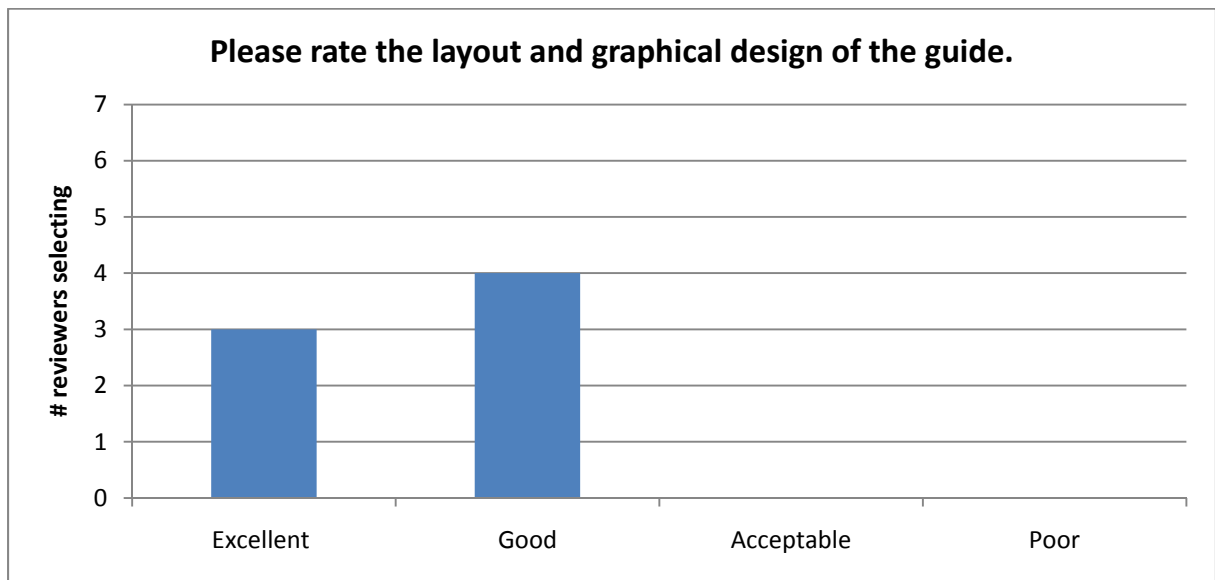
10. How much preparation time is needed to prepare for a group meeting, using this facilitator guide?

Boxplot of reported preparation time.



Note: Center horizontal line represents median response.

11. Please rate the layout and graphical design of the guide.



12. Please provide any additional information that you feel would be helpful to include in the curriculum.

- Survey 1 – *“Although I haven't used the new tool kit yet, I feel the information is great and I think it will be well accepted in the clubhouse community.”*
- Survey 2 – *“Success stories of others who have gone down this path. More examples of other wellness goals/challenges.”*
- Survey 3 – *“I think it is good to include stages of change and motivational interviewing. However, I think that MI is very complicated and requires training. That section is a little jargon-y. Maybe just talk about motivation and how an in to behavior A is the discrepancy between what people say they want and what they actually do.”*
- Survey 4 – *“Maybe change worksheet where they list when they smoke, how they feel, etc. to be smaller so people will actually carry it around with them and fill it out. (small enough to put inside pack of cigs).”*
- Survey 5 – *“It might be useful to review the “healthy lifestyles” module from the illness managements and recovery curriculum. Add info about rates of success in groups of people with SMI who try to quit or implement healthy behaviors. Add info about recovery from mental illness in general and about how physical health fits with this process. Help consumers develop an overall long term view of recovery at the beginning of the group that they can refer back to.”*
- Survey 6 – *“Nutrition facts and info on foods with high cholesterol/sugar that should be avoided, (also foods to avoid that causes high blood pressure).”*

13. Please provide any additional comments or suggestions on how to make the guidebook more successful.

- Survey 1 – *“I encourage all Clubhouses to encourage their membership to participate in the BELW program. I also encouraged members to participate if not to immediately quit tobacco use then at least to become educated about how the effects it has on them.”*
- Survey 2 – *“Love the layout--it is very easy to read (good, large print)”*
- Survey 4 – *“The large majority of pictures are of white individuals. Add more diverse individuals in pictures.”*
- Survey 5 – *“Provide a training about introductory group facilitation skills. MI and group format. Reduce use of jargon in introduction – it assumes a familiarity w/clinical practice. The writing could be significantly improved in the introduction. REMOVE the phrase “suffering from mental illness.” Suffering is subjective. It is more appropriate to use “living with mental illness” or “recovering from mental illness.”*
- Survey 6 – *“Promotional incentives along with the guidebook.”*

Appendix 2: Review Instrument



Help us improve the “Breathe Easy, Live Well” Guidebook

We are asking for your help in reviewing a new-15-week Breathe Easy, Live Well curriculum that Todd has revised based on clubhouse feedback. The UNC Tobacco Prevention and Evaluation Program wants your input to make the curriculum as strong as possible

If you choose to participate, you will receive a \$25 gift card, as well as help improve the Breathe Easy, Live Well curriculum for use in other clubhouses.

Participation is voluntary, and we will not reveal your name or identity. Participation is unrelated to funding decisions by the NC Health & Wellness Trust Fund. Your participation (or non-participation) will not be shared outside of the evaluation team at UNC.

Reading the facilitator curriculum guidebook and completing the survey will take no more than 1 hour.

Please mail this survey back to us in the enclosed envelope.

Title of Study: Breathe Easy, Live Well Curriculum Review

Principal Investigator: Adam O. Goldstein, MD, MPH

UNC-Chapel Hill Department: Family Medicine

Funding Source: NC Health and Wellness Trust Fund Outcomes Evaluation

Study Contact: Joseph Lee

Study Contact telephone number: 919-966-8948

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1. **How easy is the guidebook to use for facilitators?** (Mark one answer:)

- Very easy to use
- Moderately easy to use
- not easy to use

What would make the guidebook easier for facilitators to use?

2. **How easy is the guidebook to understand for clubhouse members (i.e., clients with severe and persistent mental illness participating in voluntary day psychosocial rehabilitation centers)?**

(Mark one answer:)

- Very easy to understand
- Moderately easy to understand
- Not easy to understand

What would make the guidebook easier to understand?

3. **How successful do you believe the curriculum will be in motivating members to increase their physical activity?** (Mark one answer:)

- Very successful
- Moderately successful
- Minimally successful
- Not successful

Briefly, how could it be made more motivating for increasing physical activity?

4. **How successful do you believe the curriculum will be in motivating members to be interested in quitting smoking?** (Mark one answer:)

- Very successful
- Moderately successful
- Minimally successful
- Not successful

Briefly, how could the curriculum be made more motivating for quitting?

5. **How well suited is the section on Tobacco Dependence Medications for the target audience (clubhouse members with severe and persistent mental illness?)** See pages 77-79. (Mark one answer:)

- Very well suited
- Moderately well suited
- Minimally well suited
- Don't know

Please provide any other comments on the Tobacco Dependence Medications section.

6. **How successful do you believe the curriculum will be in motivating members to improve their eating habits?** (Mark one answer:)

- Very successful
- Moderately successful
- Minimally successful
- Not successful

Briefly, how could it be made more motivating for better eating habits?

7. How well does the curriculum balance overall wellness information and tobacco information?

(Mark one answer:)

- Emphasizes tobacco
- Emphasizes non-tobacco wellness
- Balances both

8. How well does the guidebook help the facilitator make group sessions more interactive? (Mark

one answer:)

- Very well
- Pretty well
- Not well

How could the guidebook promote better interaction between members?

9. How helpful is the guidebook in preparing the facilitator to lead each weekly meeting? (Mark

one answer:)

- Very helpful
- Moderately helpful
- Minimally helpful
- Not helpful
- Don't know

How could it be more helpful?

10. How much preparation time is needed to prepare for a group meeting, using this facilitator guide?

Hours

11. Please rate the layout and graphical design of the guide. (Mark one answer:)

- Excellent
- Good
- Acceptable
- Poor

12. Please provide any additional information that you feel would be helpful to include in the curriculum.

13. Please provide any additional comments or suggestions on how to make the guidebook more successful.
