

## *A note about Fidelity from ETR (Spring, 2021)*

ETR recognizes the unique implementation needs, challenges and opportunities faced by youth serving organizations who deliver evidence-based programming who have had to rapidly pivot to virtual implementation due to the COVID-19 pandemic over the past year. Although most of our evidenced-based sexual health education programs are designed for in-person education or using a blended learning format, we believe the group-based activities and learning strategies can be implemented in a virtual environment with appropriate adaptations and using sound online learning strategies.<sup>i</sup>

We acknowledge that moving from in person instruction to virtual implementation (live or self-paced) is a major adaptation and encourage it where feasible, recognizing this may raise questions about fidelity. Below are key points to guide your adaptations and frame fidelity with virtual implementation.

- **Plan & Document:** Use your Fidelity Log & Implementation Plan. Proactively map out how you will adapt your in-person program to be implemented in an online setting. This will allow you to track what content students received and how it was delivered, as well as reflect on what worked and what you might refine in a future virtual implementation.
- **Core Components:** Focus on program core components. Shifting from in-person to virtual is a major logistics adaptation. However, focusing on core content and the core intent of the pedagogy can help preserve fidelity. This can be done by using the functionality options provided by the online learning platform to translate in-person teaching strategies to a virtual space. For examples, see our Virtual Vitality Tip Sheet, "[Adapting Teaching Strategies for a Virtual Environment](#)".
- **Activity Objectives:** Remain grounded in your session objectives and let yourself think "outside the box." Some activities will be easier than others to move from in-person to online. Throughout the adaptation and planning process, focus on the key knowledge, skills and/or attitudes that the original activity is designed to impact.

If you are in a position that you have to make significant adaptations, like removing lessons to accommodate reductions in instructional time, document what lessons were dropped and recognize you are no longer implementing the evidence-based program (EBP) as it was designed. You can, however, draw from it to prioritize content to meet the needs of the youth/community you serve, but this shorter program is not the same as the original EBP. You can call it the name of your PREP program, for example: XYZ Sexual Health Program and cite the sources of where you drew your content from and remember to document how and what you adjusted.

For ongoing tools and tips to guide adaptations, visit our current available resources:

- [Support resources for teaching sex education virtually:](#)
- [Design for Learning](#) webpage.

The best way to stay connected and be aware of when new resources are coming out is to sign up for our [ETR Newsletter](#). Additionally, we want to hear about your experiences -- reach out to us at [D4L@etr.org](mailto:D4L@etr.org). We will continue to listen to the field and provide support!

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<sup>i</sup> Widman, L., Nesi, J., Kamke, K., Choukas-Bradley, S., & Stewart, J. L. (2018). Technology-Based Interventions to Reduce Sexually Transmitted Infections and Unintended Pregnancy Among Youth. *The Journal of Adolescent Health* : official publication of the Society for Adolescent Medicine, 62(6), 651–660. <https://doi.org/10.1016/j.jadohealth.2018.02.007>