MEPI
Medical Education Partnership Initiative

# MEPI Community-Based Education (CBE) Evaluation Workshop

Kampala, Uganda, April 1–3, 2014

## Pre-Workshop Activities

This document provides guidance and tools for completing the following pre-workshop activities:

1. Review the community-based education (CBE) program at your institution using the CBE program review questionnaire, which was adapted from the South African Collaboration for Health Equity through Education and Research (CHEER) peer review process
2. Conduct a preliminary stakeholder mapping exercise
3. Meet with a small group of relevant stakeholders to:[1]
    a. Review, validate, and fill gaps in the CBE program review questionnaire and stakeholder mapping
    b. Agree on "Who is the evaluation of the CBE program for?" and "Why do they want the evaluation?"
    c. Identify where the CBE program currently is in relation to the typical lifecycle of an educational program. Based on where the program is in its lifecycle, make a preliminary decision about what type of evaluation would be most appropriate and feasible to conduct
    d. Identify appropriate members for the institution's evaluation working group
4. Check if learning objectives have been written for your institution's CBE program. If so, please bring those learning objectives with you to the workshop.

Please complete these activities by March 25, 2014, and send the resulting products (e.g., completed CBE program review questionnaire, stakeholder mapping) to the workshop organizers (cdeery@intrahealth.org). In addition, bring all products from these activities with you to the workshop.

We strongly advise you to read the Kalishman article before starting any of the activities.

[1] If you are unable to schedule a stakeholder meeting before the workshop, it is very important that you speak individually or in small groups with as many stakeholders as possible about these topics.

## 1. Review of the CBE Program

The program review will offer an opportunity to step back and reflect upon all that goes into your program. During this activity, you will gain a firmer understanding of the components and characteristics of your CBE program and its parent organization, including how the program operates and who it serves. You will create a fairly comprehensive program description.

The following questions should guide your thinking as you complete the program review:

- Why does this program exist?
- What is the program's mission or vision?
- What are the program's activities?
- Who participates in these activities?
- When does the program take place?
- Where does the program take place?
- What outcomes, learning objectives, or competencies does your program seek to gain through this program?

To complete this activity, please fill in the CBE program review questionnaire, which can be found in appendix I of this document. The questionnaire should be completed primarily by one person, who should speak as needed with others if he/she is unsure of a given answer. The person completing this activity should refer to the results of the interview already conducted by Capacity*Plus* with a focal point in your institution, in particular the section on understanding the current CBE program. You should find a transcript of that interview attached to the email in which this guide was found. Depending on the level of your familiarity with the CBE program at your institution, this activity can take between two hours and two days.

## 2. Preliminary Stakeholder Mapping

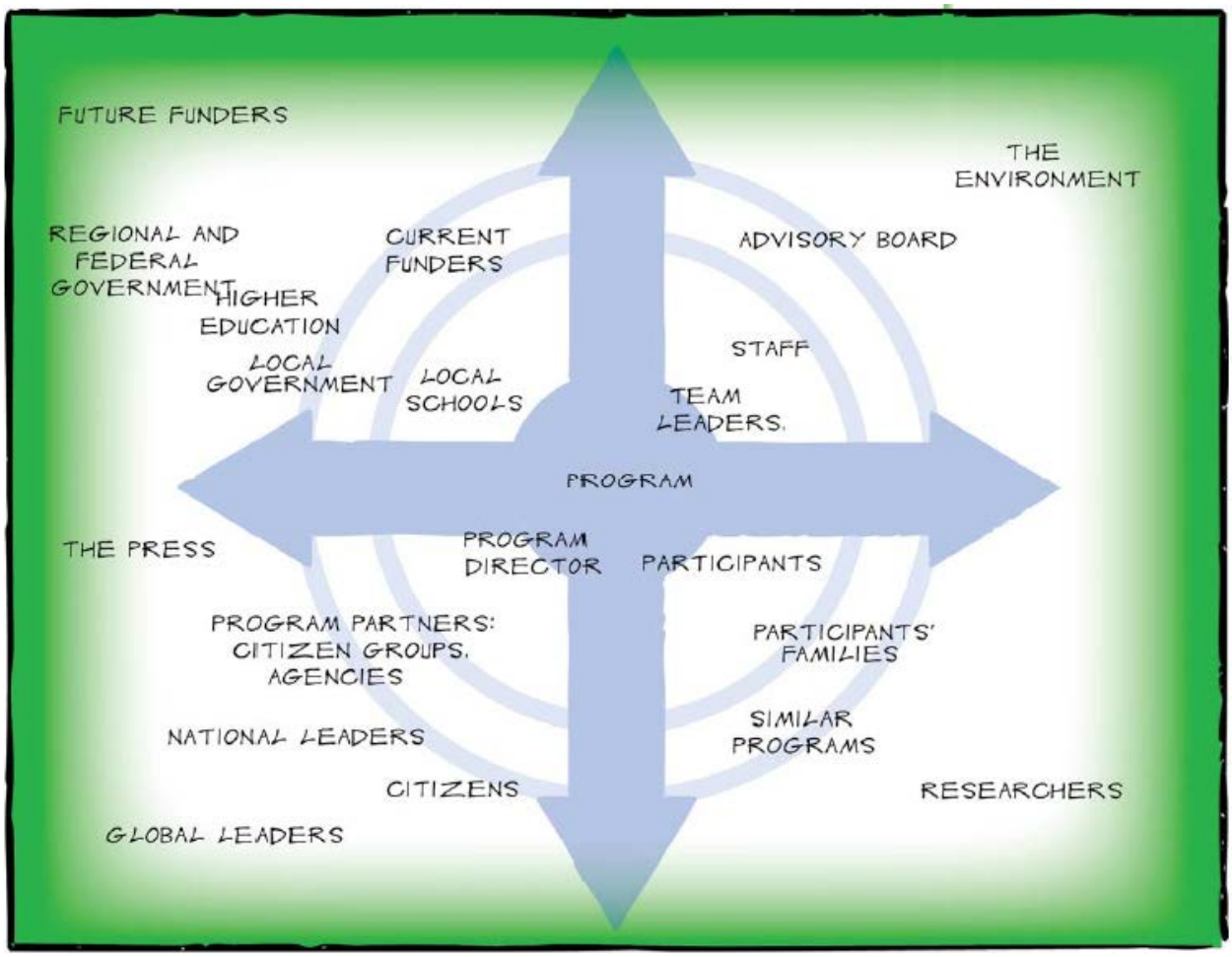
Groups that have a vested interest in your program are stakeholders. Primary stakeholders may include students, faculty, deans, and the oversight group responsible for the program, as well as community-based preceptors, community clinic boards, and any other organizations directly involved. These individuals and groups should inform the evaluation process. Secondary stakeholders, people or groups with vested interests and with power to influence programmatic activities or funding are more distant from the program. They include representatives of licensing boards, regulatory groups, public officials, potential clients/patients who will be seen by those trained in your program, alumnae, special interest groups, funding organizations, and

community groups. In general, the interests of the second group need to be considered but they are seldom present in regular ''stakeholder'' meetings.

A stakeholder analysis or "mapping" exercise will identify all of the potential people who have a stake in your program or its evaluation, and will illuminate their perspectives on the program. It should be a broad and inclusive brainstorming exercise, facilitated by one champion but inviting the input of a broad working group.

In this exercise, you will create a "Map of Stakeholders" – a visual depiction of those who have a stake in your program and their relationship to each other (see figure 1). This is an informal map designed to show all key stakeholders at a glance. Please use the Map of Stakeholders Template (Appendix II) to complete your map.

**Figure 1: Example Map of Stakeholders**



In building your map, first consider ALL those who may have any stake in your program. If you do this activity together with a group of colleagues, or evaluation working group, the group should be encouraged to name every possible person or organization at all levels of the system in which your program exists, from participants to funding sources.

The following questions may help guide your conversation:

- Who are the people/types of people with a stake in the program?
- Who benefits?
- Who is responsible for the program?
- Who takes part in it?
- Who encounters those who take part?
- Who experiences it indirectly?
- Whose lives are affected by it?
- Who pays for it? Who makes decisions about it?
- Who else cares about it (at least its general scope)?

List each of these stakeholders individually. Use a whiteboard or post-it notes so that the stakeholder names can be physically moved on a diagram.

If a group is involved in this exercise, allow each group member to place the names on a wall or whiteboard, grouping stakeholders near similar stakeholders. Rather than taking turns in a formal sense, participants should just add items as they find a place to do so. It is important to allow each group member to use their own criteria for "similarity" so that affinity clusters develop organically. In general stakeholders most centrally involved with your program should be near the center of your map, with others who are most remotely related in outer circles.

After you have completed placing names on the draft map, assign identifiers or titles to the clusters which have developed, which may help you to identify further key stakeholders who were not considered. At your meeting of relevant stakeholders (see activity below), the group should come to consensus on a final stakeholder map.

The most important thing is to identify ALL relevant stakeholders and ensure that your colleagues, or the members of your evaluation working group are comfortable with the map which results.

## 3. Meeting with Relevant Stakeholders

It is suggested to hold a meeting of relevant stakeholders to agree on some key issues before attending the CBE evaluation workshop. Concentrate on meeting with stakeholders at the center of the diagram that you developed in activity 2, those who are closest to the program. If possible, also try to involve some important, secondary stakeholders, such as funders. If you are unable to schedule a stakeholder meeting before the workshop it is very important that you speak individually with as many stakeholders as possible about these topics prior to the workshop.

The following activities should be completed during the meeting with a small group of relevant stakeholders (or during individual or small group meetings with stakeholders, if it's not possible to organize a larger stakeholder meeting).

- Review, validate, and fill gaps in the CBE program review questionnaire and stakeholder mapping
- Agree on these questions: "Who is the evaluation of the CBE program for?" and "Why do they want the evaluation?"
- Identify where the CBE program currently is in relation to the typical lifecycle of an educational program. Based on where the program is in its lifecycle, make a preliminary decision about what type of evaluation would be most appropriate and feasible to conduct
- Identify appropriate members for the CBE evaluation working group

### *3.a Review, validate, and fill gaps in the CBE program review questionnaire and stakeholder mapping*

The stakeholder group should review your stakeholder map (activity 2) and the CBE program review questionnaire as filled out by the school representative (activity 1). This group should correct errors and complete missing responses in the CBE program review, as well as discuss, revise as needed, and agree on the stakeholders map.

### *3.b Agree on the audience and purpose of the CBE evaluation*

Evaluations necessarily vary in scope and focus based upon two questions:

- Who is the evaluation for?
- Why do they want the evaluation (For what purpose will it be used)?

In the article *Evaluating Community-based Health Professions Education Programs* by Summers Kalishman (attached to the email you received with this document), the author lists

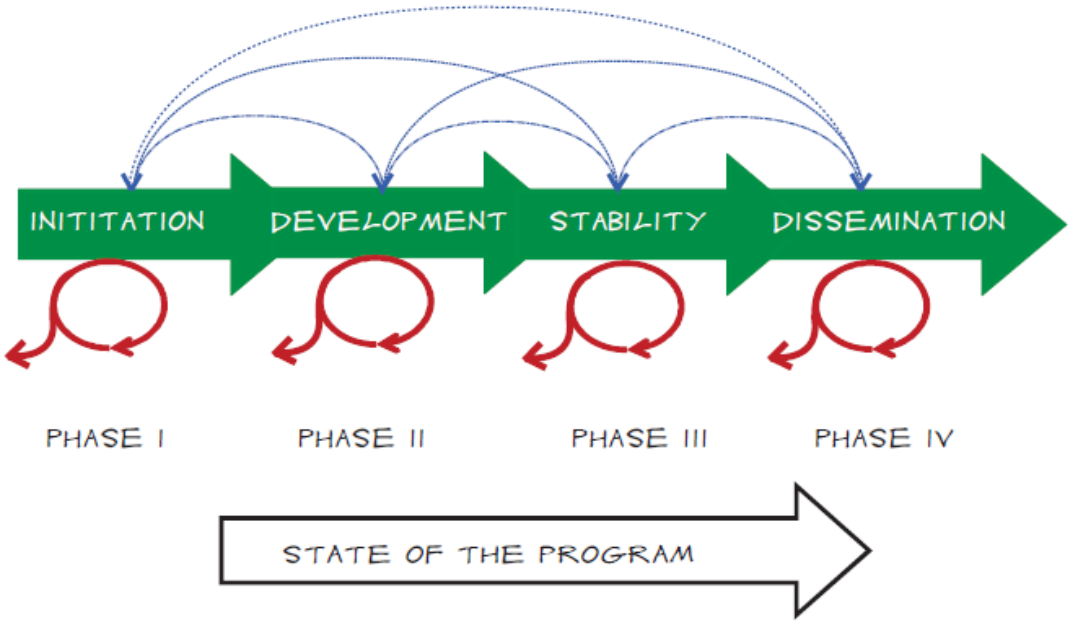
goals for evaluation of a program. Reasons for evaluation can vary considerably, including documenting the impact of community-based health professions education training on each of the organizations and communities involved; reviewing ongoing programming with the intent of changing the way activities are conducted; and writing about findings to disseminate information about your program.

### *3.c Lifecycle analysis*

Working with the group, identify where the CBE program currently is in relation to the typical lifecycle of an educational program. Based on where the program is in its lifecycle, the group should make a preliminary decision about what type of evaluation would be most appropriate and feasible to conduct.

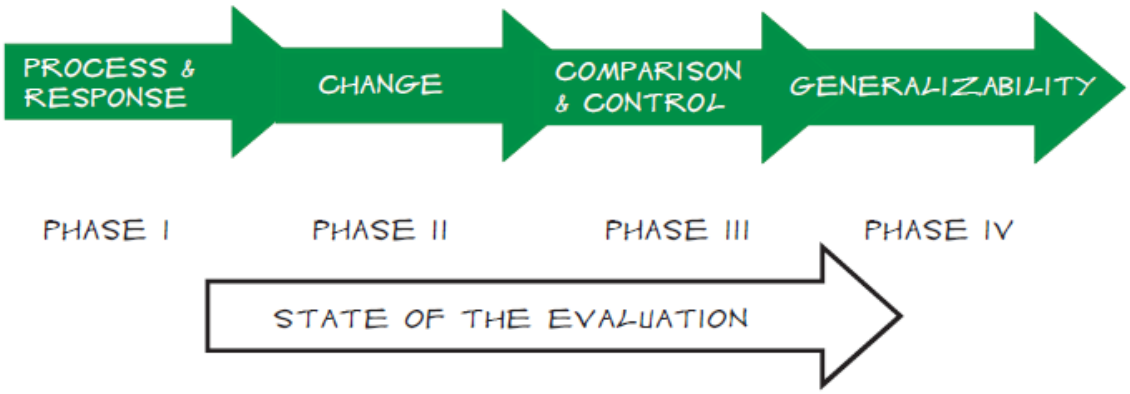
Programs change over time, seemingly going through lifecycle stages: they are initiated (born); rapidly change and grow for a time; stabilize; perhaps "travel" through dissemination; and eventually are retired or replaced. Figure 2 offers a way of characterizing a program's lifecycle. The "State of the Program" arrow emphasizes that it is not just time passing which marks programmatic lifecycle changes. Decisions made throughout contribute to substantive progression including refinement and stabilization of the program. Generally, as program phases move from left to right, the internal stability of the program increases. However, the iterative possibilities symbolized by the blue dashed lines are important and real paths. There can be "backward" reversions to earlier phases, even for mature programs. Programs learn, change, and strengthen as they are run, evaluated, and revised.

**Figure 2: Phases in a program's 'lifecycle'**




Evaluation likewise has a lifecycle, and movement across this lifecycle (see figure 3) correspond to potential increases in the scope and/or intensity of any evaluation effort. Early phase evaluations tend to document how program implementation is progressing or how participants are responding to it; evaluations in the second phase assess changes in program participation (quantitative or qualitative); in the next phase, evaluators use more elaborate comparison and control group designs to exam causality; and the final phase examines how generalizable the program's results are likely to be to other contexts and settings.

**Figure 3: Phases in an evaluation lifecycle**



The program and evaluation lifecycles should align, ensuring that programs obtain the kind of information most needed at any given stage, and ensuring efficient use of evaluation resources.

Typically, new programs should be evaluating process, implementation progress, and satisfaction, as these programs will be undergoing rapid change and will need similarly rapid feedback that can be incorporated into program work planning. Using sophisticated outcome evaluation strategies on young programs can waste evaluation resources and can lead to either premature cancellation of a program with great promise (after a negative finding) or to 'ossification' and overinvestment to a program which has not yet stabilized (after a positive one).

Managers of mature programs must make decisions regarding renewal and even expansion of resources obligated to them. After evaluation of outcomes, managers can consider whether the program is attaining intended change; leading to decisions about whether it should be revised, retired, or perhaps disseminated more widely. To build a case for such actions with funders, managers will require more evidence than can be provided by participant or facilitator satisfaction surveys.

The phases of evaluation can be described as follows (also see Appendix 3).

**Phase I: Process and Response**

This phase emphasizes implementation and process assessment, provides rapid feedback used to refine and "debug" program procedures, identifies barriers to high-quality adoption, and assesses participant responses to the program.

> ***Phase IA:*** examine program implementation or process, facilitator and participant satisfaction. Use documentation strategies and post-only evaluation of reactions. Rely heavily on qualitative measures such as open-ended questions, although quantitative measures are also used.
>
> ***Phase IB:*** extend the evaluation scope to examine the extent to which selected outcomes are absent or present. Evaluations are post-only, quantitative and qualitative outcome measures are under development or being adapted from other uses; their reliability is still being established.

**Phase II: Change**
Emphasizes assessment of changes in outcomes associated with the program. The major distinction between the two sub-phases is where change is measures (in groups or individuals).

> ***Phase IIA:*** involves unmatched pre- and post-tests of outcomes and assessment of reliability and validity of measurement. Change is assessed within groups, using quantitative and/or qualitative methods. Results used for management of the program.
>
> ***Phase IIB:*** consists of pre- and post-tests matched at the level of the individual using quantitative and/or qualitative methods. Matching allows for analysis of patterns of change occurring, and for exploration of reliability and validity of measures. As matching in this way requires subject identification, human subjects review and protection is increasingly undertaken in a formal way.

**Phase III: Comparison and Control**
Emphasizes effectiveness, i.e., whether the program is responsible for causing observed changes in outcomes. Evaluation here involves the use of comparison groups and statistical controls. Designs typically call for the use of more sophisticated data analysis.

> ***Phase IIIA:*** use design and statistical controls and comparisons (control groups, control variables, statistical controls)
>
> ***Phase IIIB:*** use controlled experimental or quasi-experimental designs (randomization, regression-discontinuity)

**Phase IV: Generalizability**
Extensive program evaluations focus on whether programs dependably display consistent outcomes over increasingly broad circumstances. Evaluations may include meta-analysis or synthesis across multiple sites and implementations, and investigation of national/regional effects. Call for sophisticated use of statistical analysis and may need the assistance of data analysts or statisticians.

> ***Phase IVA:*** multi-site integrated assessments yielding large data sets over multiple waves of program implementation
>
> ***Phase IVB:*** formal assessment across multiple program implementations to enable general assertions about a program in a variety of contexts (i.e., meta-analysis)

### *3.d Evaluation working group*

During the meeting with relevant stakeholders decide on the initial members of your CBE evaluation working group. The working group should consist of the people who are responsible for, and should be directly involved in, evaluation planning, implementation, and utilization. The group should represent a range of perspectives from within your program, as well as the greater organization.

Things to consider when deciding which staff members to include in your working group are:

1) Who must be present in order to obtain a complete picture of the organization and its relevant areas, programs, and key players?
2) Who cares about the program and why?
3) Is there anyone who might be upset to later find out that they were not included in a conversation about evaluation?
4) Who from the organization or program is able to participate (there is significant time required)?

Note that as the evaluation continues, your working group is likely to shrink in size, to include more focused program staff. Maintain flexibility about who will participate at each step.

## References

Trochim, W., Urban, J.B., Hargraves, M., Hebbard, C., Buckley, J., Archibald, T., Johnson, M., and Burgermaster, M. (2012). *The Guide to the Systems Evaluation Protocol (V2.2)*. Ithaca, NY.

Kalishman, S. (2002). *Evaluating Community-based Health Professions Education Programs*. Education for Health, Vol. 15, No. 2, 2002, 228-240.

# Appendix I: CBE Program Review Questionnaire

Based on the Collaboration for Health Equity through Education and Research (CHEER) Questionnaire

Form completed by _____

Title or Position _____

Department _____

Date _____

**1. GRADUATE OUTCOMES**

1.1. Name of Programme:

1.2. Which, if any, of your Programme Goals (general curricular statements of intent) aim to prepare students for a future career in rural or under-served areas?

***Rural area:*** *where the health service is in the district far away from referral centres and where most health care is provided by generalist practitioners with limited or distant access to specialist resources and high technology support.*

***Under-served area*** *is characterized by*

*i) A lack of basic health requirements, e.g., clean water, adequate food and shelter, etc.*

*ii) Limited access to health services*

*iii) High ratios of patients to facilities (hospital beds) and health personnel*

*These can occur in rural, peri-urban, or urban areas.*

a) Programme goals or outcomes that **explicitly** refer to preparing students for rural or under-served areas:

b) Programme goals or outcomes that **indirectly** relate to preparing students for rural or underserved areas (e.g., PHC approach, equity, human rights, community-oriented care, or community responsiveness, health and poverty, etc.):

**2. RECRUITMENT AND SELECTION OF STUDENTS**

2.1. Does your student **selection policy** make any explicit reference to rural or underserved areas?

YES ____ NO _____ IN PART _____ NOT SURE_____

2.2. Does your student **recruitment process** include strategies (e.g., marketing, scholarships) to identify students with a preference for a future career in rural or under-served areas?

YES ____ NO _____ IN PART _____ NOT SURE_____

**3. CURRICULUM**

Please enclose a copy of a written description of those aspects of the curriculum you consider relevant to preparing students for a future career in rural or under-served areas. This may be in the form of a catalogue for students, a more lengthy description of relevant courses or any papers, published or unpublished, that discuss or evaluate these aspects of your curriculum.

**Content/Themes, Educational Methods, Learning sites, etc.**

PLEASE COMPLETE THE CURRICULUM FRAMEWORK PROVIDED AT END OF THIS APPENDIX

**4. CURRICULUM PLANNING AND TEACHING**

4.1. Have Faculty staff been employed with specific responsibility for developing aspects of the curriculum that are relevant to preparing students for a future career in rural or under-served areas?

YES ____ NO _____ NOT SURE_____

If yes, please specify:

| Academic Levels | Job Title |
|---|---|
| (e.g., tutor, lecturer, professor) | (e.g., Community-based education, Rural Health, PHC) |

4.2. Which departments at your university, other than your own, are most involved with curriculum planning for rural or under-served areas at the various levels of health care?

4.3. Are there other members, not employed by the university, who are involved in **curriculum planning**?

YES _____ NO _____ NOT SURE _____

If yes, please indicate who:

_____ Health Professionals

_____ Health Administrators

_____ Community Health Workers

_____ Community Development Personnel

_____ Students (either contemporary or previous years)

_____ Other (please specify) _____

4.4. Are there other members, not employed by the university, who are involved in **teaching/facilitating learning**?

YES _____ NO _____ NOT SURE _____

If yes, please indicate who:

_____ Health Professionals

_____ Health Administrators

_____ Community Health Workers

_____ Community Development Personnel

_____ Students (either contemporary or previous years)

_____ Other (please specify) _____

4.5. Is sustainability of the Programme being addressed?

___Not at all ___ Partially addressed ___ Systematically

**5. EVALUATION**

5.1 Are you evaluating whether the graduate outcomes are being achieved?

YES ___ NO ___

*If YES, please enclose any written material you may have.*

**Thank you for your valuable participation in this project.**

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**CURRICULUM FRAMEWORK**

NB: This table is meant to provide a framework only, in order to assist further data collection/evaluation.

| **Year** | **Name of module /sub-programme** | **Content relevant to rural/ underserved areas** | **Educational Methods** | **Site of learning** | **Duration of activity** | **Expected competencies** | **Depth of community-based learning** (see below for definitions) | **Assessment** | **Pass / Fail?** |
|---|---|---|---|---|---|---|---|---|---|
| *Year level* | *A planned unit of learning activity* | *Major health problems*<br>*Poverty and health*<br>*Equity & human rights*<br>*Primary Health Care*<br>*Other* | *Lectures*<br>*Tutorials*<br>*Experiential learning/Pracs*<br>*Project-based learning*<br>*Other* | *University (classroom/lecture theatre/lab)*<br>*Tertiary or Regional Hospital*<br>*District Hospital*<br>*CHC's and Clinics*<br>*Community (outside of health facilities)* | *Hours*<br>*Days*<br>*Weeks* | *What students are expected to learn from undertaking the CBE activity* | • *Exposure*<br>• *Engagement*<br>• *Active*<br>*Participation.*<br>• *Collaborative*<br>*Participation*<br>• *Reflection*<br>• *Evaluation* | *Is the learning activity assessed or not? (Y/N)** | *Can students fail the module? (Y/N)* |
| **Example** | **Community Diagnosis & Intervention** | ***Topic of Project to be decided in collaboration with community reps.*** | ***Project-based learning*** | ***Site to be determined in collaboration with community reps. The course requires that it must be at a CHC or Community (outside of health facilities) School*** | ***1 day per week X 6 months*** | ***Community diagnosis*** | ***Collaborative Participation plus Evaluation*** | ***yes*** | ***yes*** |
| **1st year** | | | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| **2nd year** | | | | | | | | | |
| **3rd year** | | | | | | | | | |
| **4th year** | | | | | | | | | |
| **5th year** | | | | | | | | | |

**Definitions:**

Exposure: observation only

Engagement:  working in the situation

Active Participation: undertaking an intervention

Collaborative Participation: undertaking a joint intervention in collaboration with the community

Reflection: reviewing own experience and professional development arising from the work situation

Evaluation: on-going joint (with community) reflection; appraisal of work undertaken

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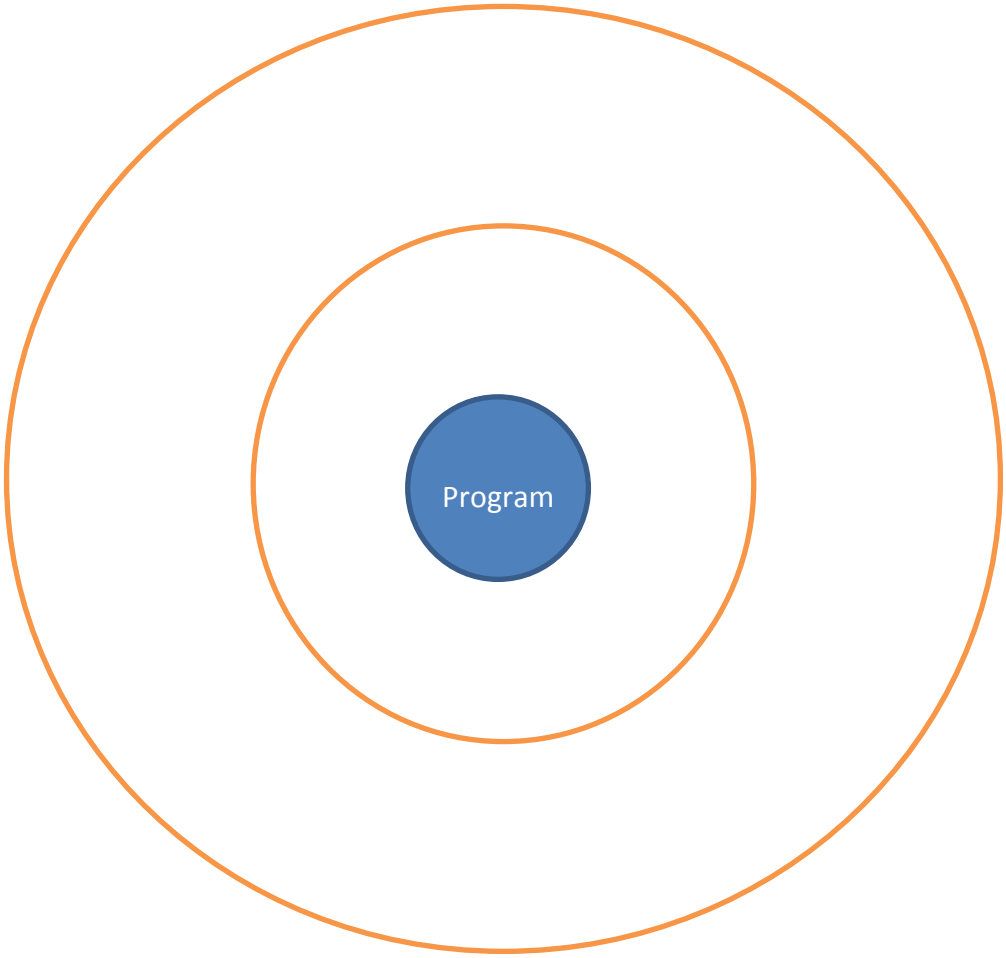
# Appendix II: Map of Stakeholders Template

**Program:** _____ **Date:** _____



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## Appendix 3: Program and Evaluation Lifecycle

| | Program Lifecycle | | Evaluation Lifecycle | |
|---|---|---|---|---|
| Phase I: Initiation | Program is in initial implementation(s), either as a brand new program or as an adaptation of an existing program. | - Phase IA - | Examines implementation, participant and facilitator satisfaction. Uses process and participant documentation and assessment of post-only evaluation of reactions and satisfaction. | Phase I: Process & Response |
| | Program still undergoing rapid or substantial change or revision, after initial trials. | - Phase IB - | Focus on implementation and increasingly on presence or absence of selected outcomes. Evaluation is post-only; outcome measures are under development with attention to reliability | |
| Phase II: Development | Scale and scope of revisions are smaller; most program elements are still developing while a few may be implemented consistently. | - Phase IIA - | Examines program's association with change in group outcomes, for these participants in this context. Uses unmatched pre- and post-tests of outcomes, quantitative/qualitative assessment of change, assessment of measure reliability and validity. | Phase II: Change |
| | Most program elements are implemented consistently; minor changes may still take place as some elements are still developing. | - Phase IIB - | Examines program's association with change in group/individual outcomes, for these participants in this context. Uses matched pre- & post-tests of outcomes, quantitative/qualitative assessment of change, verifying measure reliability and validity | |
| Phase III: Stability | Program is implemented consistently; participant experience from one implementation to the next is relatively stable. Formal lessons or curricula exist. | - Phase IIIA - | Assesses effectiveness using design and statistical controls and comparisons (control groups, control variables, statistical controls) | Phase II: Comparison & Control |
| | Program has written procedures/protocol and can be implemented consistently by new facilitators. | - Phase IIIB - | Assesses effectiveness using controlled experiments or quasi-experiments (randomized, regression-discontinuity) | |
| Phase IV: Dissemination | Program is being implemented in multiple sites; adaptations to new contexts have been made. | - Phase IVA - | Examines outcome effectiveness across wider range of contexts. Multi-site analysis of integrated large data sets over multiple waves of program implementation. | Phase IV: Generalizability |
| | Program is fully protocolized and being widely distributed. | - Phase IVB - | Formal assessment across multiple program implementations that enable general assertions about this program in a wide variety of contexts (e.g. meta-analysis) | |