

FACILITY ENGAGEMENT: Medical Staff Association Evaluation Resource Guide

Written by:
Connie Berrios, *FE Senior Analyst*
Kirsten Smillie, *FE Liaison*

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INTRODUCTION

The primary objective of this Evaluation Resource Guide is to provide Medical Staff Association (MSA) members with a framework and practical tools to evaluate the success of Facility Engagement (FE) activities and projects performed at their facility. Evaluation is a fundamental component of any project planning and implementation, as it helps implementers to determine a project's effectiveness and overall success. Assessing the effectiveness of FE projects and activities is key to making a judgment of their overall value and worth and will help to inform future project planning.

OVERVIEW: FACILITY ENGAGEMENT INITIATIVE

Facility Engagement (FE) is a provincial initiative that originates from the Physician Master Agreement. Through strengthened relationships between health authority leaders and facility-based physicians, the Facility Engagement Initiative aims to give physicians a meaningful voice in improving patient care and their work environment. Specifically, the FE Initiative is meant to:

- Present opportunities for physicians and health authorities to work together to share knowledge and make informed decisions that can improve patient care, the physician experience, and the cost-effectiveness of the health care system.
- Create opportunities and provide support for physicians who work at facilities and who are members of the medical staff to develop a meaningful voice and increase involvement in local and regional activities that affect their work and patient care.
- Provide funding to cover physicians' involvement in decision-making (e.g., stakeholder consultations and collaborations) and hire expertise to support the physician activities.

OBJECTIVE: EVALUATING FE PROJECTS

This Evaluation Resource Guide will help Medical Staff Associations (MSAs) assess the effectiveness of their FE projects (e.g., workshops and educational-training sessions, relationship-building engagement events). By using this guide, facilities will be able to identify and apply evaluation best practices throughout the stages of their FE projects. Included is a step-by-step evaluation framework, which will help project managers—or evaluators—to identify both the progress made to date and the appropriate next steps. It also includes a number of tools that can be used by individual facilities in their information gathering (i.e., data collection) and other evaluation efforts.

Please note that this Evaluation Resource Guide is not intended as a comprehensive how-to guide to conducting evaluations. Rather, it is meant to support the evaluation of an FE-funded project. The hope is that by incorporating evaluation best practices into project planning and execution, facilities can identify where their projects are currently situated within the evaluation framework, monitor progress over time, make informed decisions about what steps to take next, and develop an assessment design that ultimately helps your facility meet its unique engagement goals.

The development of this Evaluation Resource Guide was supported by University of British Columbia (UBC) evaluators-researchers. UBC researchers are evaluating the FE Initiative in its entirety and have developed valuable semi-structured guides that can help FE project evaluators capture both physicians' and health authority leaders' perspectives (see the stakeholder interview guides in Appendix A). For more information on the FE Provincial Evaluation, please see the [FE Evaluation Interim Report Summary and Key Findings](#).

If your MSA is interested in a more thorough and rigorous evaluation of an FE project at your facility, we recommend that you seek support from the Research and Evaluation Department of your health authority or from an external evaluation contractor (see Appendix B for external evaluation resources). **Your MSA should expect to allocate approximately 10% of a project's total resources to evaluation activities.**

TYPES OF EVALUATIONS

Before incorporating evaluation best practices into your FE project planning and execution, it is important to distinguish between two frequently used evaluation designs: an outcome evaluation and a process evaluation. The type of evaluation you chose will inform the selection of the most appropriate evaluation methods.¹

An *outcome evaluation* determines whether your project has effectively met its target objectives (i.e., outcomes). Outcome evaluations measure progress made on meeting project goals, and are therefore conducted after or near the completion of the project. You can use a logic model to review the outcomes (i.e. goals) that the project aims to achieve as you design strategies to meet these objectives (see section on [Logic Model](#)).

A *process evaluation* determines whether your project is being implemented as intended. Process evaluations are intended to highlight facilitators and risks associated with the success of a project, giving evaluators an opportunity to make course corrections as the project progresses. Process evaluation practices include interviewing stakeholders (e.g., facility-based physicians and regional health authority leaders) and reviewing documentation (e.g., number of meetings held; number of registrants).

A process evaluation focuses on the implementation process and attempts to determine how successfully the project followed the strategy laid out in the logic model. As opposed to outcome ... evaluations, a process evaluation focuses on the first three segments of the logic model (inputs, activities, and outputs) and how they work together. Process evaluations allow evaluators to make the important distinction between implementation failure and theory failure. Implementation failure is the lack of expected results due to poor implementation practices, such as unmet targets due to an insufficient number of trained community health workers or breakdowns in transportation of medication to the clinic. Theory failure is when program activities are implemented to the standards of the program design strategy but expected outcomes are not found, meaning the theory that linked the activities to expected outcomes is incorrect. For instance, the proper implementation of caretaker training on oral rehydration salt administration, coupled with unchanged incidence of acute diarrhea, would be classified as theory failure.²

¹ CDC, *Types of Evaluation*.

² C.H. Weiss, "Theory-based evaluation," 41–55.

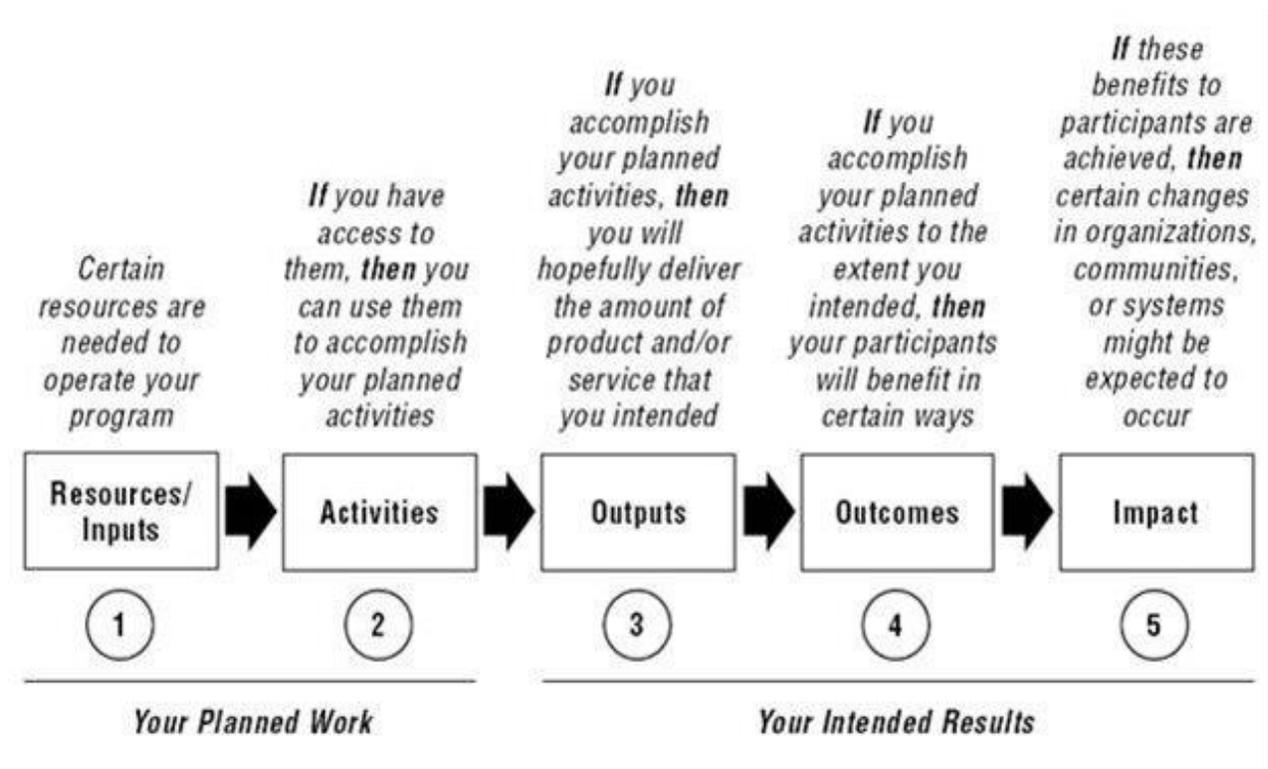
LOGIC MODEL

A logic model has been defined as “a systematic and visual way to present and share your understanding of the relationships among the resources you have to operate..., the activities you plan, and the changes or results you hope to achieve.”³

A basic logic model consists of five components: inputs, activities, outputs, outcomes (short, medium, and long-term), and impact (see Figure 1). As each component is added to the logic model, evaluators can begin to develop a map of steps that logically result in project progress. In other words, logic models provide a visualization of the logical pathways to project progress.

Logic models also help to mitigate future risks by visually displaying what processes are needed to achieve each project objective. For example, if an intended outcome is not a direct result of an earlier phase in the logic model (e.g., activities result in outputs, which eventually result in outcomes), that can often be detected in the logic model. This information facilitates the implementation of workarounds and other risk-mitigating strategies (see Appendix C for two other examples of logic models and their components).

Figure 1: Logic Model ⁴



³ W.K. Kellogg Foundation, Using Logic Models, 1. Used with the permission of the W.K. Kellogg Foundation.

⁴ W.K. Kellogg Foundation, 1. Used with the permission of the W.K. Kellogg Foundation.

EVALUATION FRAMEWORK

An evaluation framework offers project managers a practical, nonprescriptive step-by-step guide for summarizing and organizing fundamental elements of an evaluation.⁵ This framework should be tailored to best meet your MSA’s individual project objectives.

Figure 2: Centers for Disease Control and Prevention Evaluation Framework



⁵ CDC. *A Framework for Program Evaluation*.

STEP 1: ENGAGE STAKEHOLDERS

This first step is identifying and reaching out to stakeholders to understand their unique perspectives, interests, and needs. Participating in this inquiry process will provide you with insight into any factors that may influence the project's execution and effectiveness (e.g., high staff turnover, rural vs. urban regions), help you form the question that the evaluation is meant to ultimately answer (i.e., the evaluation question), and help you make informed decisions when designing the evaluation.

In Step 1 of the evaluation framework, consider the following questions:

- What are the needs and expectations of each stakeholder?
- Who is knowledgeable about the issue and would have insights to share?
- Who has unique perspectives that might highlight nuances?
- Who are the people that you need to involve to ensure you have the necessary permissions?

Example

Physicians working in the ER express dissatisfaction with the way their on-call scheduling is done, and they have voiced the need for change. Before revising the schedule, discussions should be held with stakeholders who may be affected by the change, such as physicians, nurses, and administration staff. By engaging stakeholders at the outset, the revised schedule can be developed to fit the context.

STEP 2: DESCRIBE THE PROGRAM (PROJECT)

Step 2 is clearly defining the goals and objectives of the project being evaluated. Use the information you gathered in Step 1 to develop SMART (Specific-Measurable-Achievable-Relevant-Timed) objectives, and describe any factors within the context of the project that will affect its success. At this stage, it is critical to and challenges that may arise and to develop corresponding mitigation strategies. The use of a logic model will help with this process (see Figure 1).

In Step 2 of the evaluation framework, consider the following questions:

- What is the project trying to improve (e.g., scheduling system with improved efficiency)?
- What resources are available to implement the project (e.g., funds, time, leadership buy-in)?
- What activities will help to achieve the project objectives (e.g., bimonthly strategic planning session with stakeholders)?
- What are the direct results (i.e., outputs) of these activities (e.g., improved knowledge and attitudes)?

Example

A Physician Society is interested in supporting activities that can be integrated into the workday in order to reduce stress and increase workplace satisfaction. The group has agreed to pilot a biweekly, 6-month yoga class in a hospital conference room. Registration in the class will be open to physicians first, and then, depending on availability, to all medical staff at the hospital.

The objectives of the pilot have been defined as 1) to promote active living, 2) to reduce stress, and 3) to increase workplace satisfaction among physicians. To assess the impact of the yoga class, a survey will be administered to participants at the beginning of the session, at the 3-month mark, and at the conclusion of the class measuring these three objectives. The Physician Society has agreed to pay the wage of the yoga instructor with Facility Engagement funds, and the hospital has offered space in the conference room to hold the sessions.

The anticipated barriers to the success of the program are low attendance and interest in the event, sustaining attendance over a 6-month period, and effectiveness and likeability of the instructor. To mitigate these barriers, a communication strategy has been developed: the class will be advertised in the FE newsletter, and flyers will be posted in the physician lounge and other high-traffic areas. If registration is low, advertising will be expanded to target all medical staff in consultation with the health authority communications department. Attendance at the sessions will be tracked, and if numbers decline, increased advertising will be considered. The yoga instructor position will be advertised on local job sites, and top candidates will be interviewed by a panel and references checked.

STEP 3: FOCUS EVALUATION DESIGN

This step, focusing the evaluation design, involves determining the *evaluation question* and the most suitable *evaluation design* to answer this question.

An evaluation question is the primary question that the evaluation aims to answer (e.g., Does an 8-week yoga course reduce physician burnout and increase physician wellness?). The evaluation question, “establishes “boundaries for the evaluation by stating what aspects of the program will be addressed.”⁶ In other words, it hones in on the main purpose of the project to determine whether it achieves its primary objective and to what degree. Therefore, it is critical that the project has “a clear purpose [that] serves as the basis for the evaluation questions, design, and methods.”⁷

⁶ CDC, “Framework for Program Evaluation in Public Health,” 13.

⁷ CDC, “Introduction to Program Evaluation for Public Health Programs,” Step 3.

An evaluation design is, simply put, the blueprint of the evaluation. In other words, it is the methodology you need to capture the information required to answer the evaluation question. Choosing the most appropriate evaluation design often depends on the stage that the project is in and the specific evaluation question to be answered. For example, a process evaluation design is most appropriate when the project is in its early stages and the evaluation question examines what the project has accomplished and to what degree the project has been implemented as planned.⁸ On the other hand, an outcome evaluation design is most suitable for a project in its later stages and the evaluation question addresses whether the program has met or is meeting its goals and objectives.

In Step 3, when formulating an evaluation question and choosing the most appropriate evaluation design, consider:

- What is the primary purpose of the project, and/or what is the project trying to achieve?
- What stage is the project in? Is it in the middle of execution, or near completion and close to achieving its intended objectives?
- Have you incorporated information gathered from stakeholders during Stage 1 into the evaluation design?
- Who will use the conclusions of the evaluation?

Example

A remote site has struggled to provide appropriate care for children and youth with mental health issues, particularly when they visit the emergency department. A project has been developed to provide outreach clinics to the site and the surrounding area. With roads being a challenge even in the best weather, a blended model of face-to-face and virtual telemedicine was established. The technology enables physicians and patients to have virtual follow-up appointments to reduce time between face-to-face visits.

There are many aspects of this project that can be evaluated, and the team decided that they wanted to gain an understanding of both providers' and patients' experience with the technology. With that in mind, they formed their research question: Does the use of virtual technology to deliver and receive mental health care improve the experience for both providers and patients?

⁸ Public Health Ontario. *At a Glance*.

STEP 4: GATHER CREDIBLE EVIDENCE

How will you and your team collect the information (i.e., data) needed to answer the evaluation question? Gathering credible evidence is the work of Step 4.

While working within the structure of the evaluation design, consider which aspects of the project will help you clearly judge the project's performance.⁹ Identify specific measurements that can be consistently tracked over time as this will provide insight into the project's progress. (These are often referred to as *indicators* or *performance measurements*.) As a general rule, projects require the use of three to eight indicators to sufficiently track progress over time.¹⁰

To help identify appropriate indicators, refer to the SMART objectives developed in Stage 2, and consider who the data will be collected from and when the data can be collected.¹¹ Keep in mind that indicators tracked should convey a complete, meaningful picture of the project's progress.¹² Indicators that represent a variety of perspectives and sources (e.g., from physicians and health authority administrators) will enhance the credibility of both the evaluation and the project, generate more objective findings, and promote trust among stakeholders. Examples of reliable, valid indicators include participation rates, participant satisfaction feedback, and changes in policies and practices.¹³

Once you have determined which indicators you will track, think about the most appropriate form of data to collect: quantitative, qualitative, or both. *Quantitative data* refers to a measurement of a quantity expressed through numbers, or information that can be measured (e.g., how much, how many). *Qualitative data* refers to a measure of quality expressed through observations or that can be described by type and categories (e.g., written or spoken information).

Next, you can design your data collection tools to capture this information. Remember that a mixed-methods approach in which both quantitative and qualitative data are captured is common and often generates the most meaningful findings. The use of a data collection matrix will help you to plan this critical *evaluation step* (see Appendix D for a data collection matrix and other data-gathering tools).

In Step 4, when choosing evidence to gather and developing data collection tools, consider:

- What is the data source? Have you identified data from various sources to capture a complete picture of the project in context (e.g., the political landscape)?
- How and when will the data be collected? Will interviews be necessary or can data be extracted by established software?

⁹ CDC, "Framework for Program Evaluation in Public Health."

¹⁰ BC Patient Safety and Quality Council. "Data Driven Improvement" Workshop delivered in Vancouver, BC, May 29, 2018.

¹¹ Public Health Ontario. "At a Glance."

¹² CDC, "Framework for Program Evaluation in Public Health."

¹³ CDC, "Framework for Program Evaluation in Public Health."

- Is the data collection tool used likely to produce objective, consistent findings when administered to a population with similar characteristics? In other words, will the data be *reliable*?

Example

A facility has implemented a secure text message intervention that connects outpatients with clinicians in the facility. The project has a number of objectives, one of which is to understand whether patients would actually respond to a text message sent from the facility inquiring how they were doing. The research question guiding the evaluation is “What is the response rate of patients receiving text messages from the facility?”

The data required to answer this question is captured through the software used to administer the text messages, and the data source is the patients. The timeline to look at the patient response rate was determined to be three months. The project manager was given the job of performing quality checks on the data collection and entering the data into a statistical software package. The analysis of this quantitative data was then turned over to a statistician.

STEP 5: JUSTIFY CONCLUSIONS

The purpose of this step is to draw clear, credible conclusions from the data as it relates to the evaluation question and to make practical recommendations based on those conclusions. This step involves effectively analyzing and synthesizing the data collected. To effectively analyze the body of data, evaluators must organize, categorize, and compare the data to detect trends. Synthesizing the data requires evaluators to combine the trends to gain high-level insights and pursue recommendations (developed jointly by the evaluator and policymaker).

Your plan for analysis and synthesis will depend on the type of data collected, the volume of the data, and the questions answered. For qualitative data, the plan may involve grouping emerging themes from the results of open-ended survey questions. For quantitative data, statistical analysis is generally required to draw conclusions, which is often a very technical process requiring assistance from a professional statistician.

In Step 5, when drawing conclusions from the data and forming recommendations, consider:

- What is the practical significance of the trends discovered from the data analysis and synthesis?
- Do the results represent the sentiment of the majority? In other words, is the data *valid*?
- Could responses from a few individuals contain extreme biases (i.e., outliers)? If yes, how can these outliers be explained?
- What recommendations would best align with the values and priorities of the stakeholders?

- What recommendations can be feasibly implemented when considering varying interests and limited resources?

Example

A Working Group decided to hold an education session on work-life balance and strategies for avoiding burnout. An expert speaker and all 300 members of the MSA were invited. The MSA wanted to gather participants' opinions of the speaker, and so created an evaluation form that was completed at the end of the session by all who attended. The questions were created using a 5-point Likert scale to avoid yes/no responses. The Working Group also wanted to know which departments were most represented at the event, so they asked physicians to write their department name on their form.

The feedback revealed that physicians would have liked to have had a longer session with their health authority representatives but in general liked the format of the presentations and found the educational session to be of value. Based on this evidence, the Working Group has recommended that another session be held in 6 months and that health authority representatives be invited to promote engagement. Results also suggested that more focus is needed on engaging the emergency department to participate in the educational session in the future.

STEP 6: USE AND SHARE LESSONS LEARNED

The final step is taking action based on stakeholder recommendations and disseminating evaluation findings and lessons learned with broader audiences. This step is often referred to as *knowledge translation* or the *knowledge-to-action process*. The objective is to use results and documented lessons learned (e.g., successes, challenges) to mobilize action that will inform and improve future program planning—perhaps, for example, starting a new phase in the program or making course corrections based on what has been learned.

The use of findings is not always straightforward: it requires strategic thinking that incorporates stakeholder feedback, and endeavors to implement recommendations while considering contextual factors such as political will. As mentioned in Step 1, designing an evaluation that meets the needs of the end user (i.e., it must have high utility) at the onset of evaluation planning is essential and will be invaluable when deciding how to use evaluation findings.¹⁴ For this reason, the evaluation framework is typically presented as a feedback loop—the feedback is continuously provided to allow for constant program improvement.

¹⁴ CDC, "Framework for Program Evaluation in Public Health."

Sharing, or disseminating, the information is “the process of communicating either the procedures or the lessons learned from an evaluation to relevant audiences in a timely, unbiased, and consistent fashion.”¹⁵ This can be accomplished through various avenues, including interactive in-person presentations, infographics, briefing notes, and written reports. While it is important that lessons learned be accessible to a broad range of audiences, you want to ensure that the information is tailored to meet the needs and interest of each group.¹⁶

In Step 6, when sharing lessons learned and implementing recommendations, consider:

- Who is the audience to be informed of the findings? What method will you use to share the results?
- Is your communications method accessible and meeting the needs and interests of each stakeholder group?
- If the results warrant further investigation, do you have the right people at the table to develop the next steps?

Example

A group of physicians conducted an evaluation of the effectiveness of acute hand surgery services in their facility. The results of the evaluation highlighted gaps in existing services and areas of inefficiency. The physicians wrote a policy brief summarizing the results and outlining recommendations for how to address the gaps and streamline efforts where needed. They then shared this brief with their site director, who offered feedback and further suggestions. This revised version was then distributed to regional stakeholders who oversee the operations of multiple hospitals.

¹⁵ CDC, “Framework for Program Evaluation in Public Health.”

¹⁶ Public Health Ontario. “At a Glance.”

CASE STUDY EXAMPLE: MSA PHYSICIAN WELLNESS EVENT

The Rossland Medical Staff Association (RMSA) comprises approximately 80 physicians. Through participation in the Facility Engagement Initiative, the RMSA identified physician wellness and a healthy work environment as key priorities for the focus of their efforts. The group has suggested that they sponsor an afternoon event to discuss these topics in a supportive and educational environment. They used the Centers for Disease Control Evaluation Framework to plan and evaluate the event. Below is a synopsis of this planning.

STEP 1: ENGAGE STAKEHOLDERS

At the onset of the FE Initiative, the project manager hired by the RMSA suggested emailing a survey to each physician designed to capture their top three facility-related priorities. To further ensure that all voices were heard, the project manager invited each department to a dinner meeting where physicians could meet in small groups to identify common priorities. Through both of these methods, physician wellness was identified across departments as a key priority. The physicians also noted that wellness is key to physician retention, a common challenge faced by rural sites.

STEP 2: DESCRIBE THE PROGRAM (PROJECT)

By email and telephone calls, RMSA project managers contacted colleagues who had planned or participated in similar events, and researched speakers knowledgeable on the topic. Those colleagues provided the project managers with the criteria they had previously used to select speakers: 1) having a pleasant demeanor, 2) being able to present content that is evidence-informed and relevant, 3) and setting a fee that is within budget.

The project managers reviewed the proposals the various prospective speakers submitted, then created a short biography of each applicant and their approach to physician wellness. Next, they presented this list at the next Working Group meeting and the top two speakers were chosen for interviews. After the interviews, they identified a candidate who they successfully offered the contract to. This vetting and hiring process took about three months.

Next, physicians, project managers, and the successful consultant met twice a month to plan a workshop that would meet the needs of the RMSA. Through a collaborative process, the objectives of the workshop were also agreed upon:

1. To learn practical skills on how to better manage work-life balance.
2. To learn how to lead change in the workplace to support an optimal work-life balance

STEP 3: FOCUS EVALUATION DESIGN

Once the objectives of the workshop were settled upon, the evaluation question was developed: Does a physician wellness workshop improve physicians' capacity to manage and promote a work-life balance? Through the use of data collection tools (e.g., surveys, knowledge test, phone interviews) project managers decided to use best practices from both a process evaluation and an outcome evaluation to answer this evaluation question (see the Centers for Disease Control Framework [Step 4: Gather Credible Evidence](#)).

STEP 4: GATHER CREDIBLE EVIDENCE

To ensure that the evaluation of the workshop captured the information necessary to answer the evaluation question, the evaluation team endeavored to gather information from all workshop attendees at various points in time. Using Donald Kirkpatrick's Four-Level Training Evaluation Model,¹⁷ which you may find helpful in your own work (see Appendix E), the team developed and administered four different data collection methods and tools.

Data Collection Tool 1: Pre- and post-knowledge test

- This data collection method involves administering the same set of questions to workshop participants immediately before and immediately after the workshop.
- The objective of this short pre-/post-test is to compare physicians' knowledge of wellness and work-life balance before the workshop with after the workshop. The results allow evaluators to draw conclusions about the effectiveness of the workshop to teach techniques that may lead change in the workplace (i.e., *Learning*—did attendees actually learn what was taught?).

Example Question:

Can you identify three strategies to balance your family and personal life with work?

¹⁷ MindTools, "Kirkpatrick's Four-Level Training."

Data Collection Tool 2: Feedback survey

- A feedback survey is administered immediately after the workshop.
- The objective of this survey is to reveal whether attendees thought the workshop was useful (i.e., *Reaction*—participants' satisfaction, or the perceived value of the training).

Example Question:

On a scale from 1 to 5, rate the effectiveness of the workshop in teaching practical skills to manage work-life balance and resilience.

Data Collection Tool 3: Follow-up phone interview

- A phone interview is carried out 2 months following the workshop.
- The objective of this interview is to discover whether the content learned during the workshop is now being applied in their everyday routines (i.e., *Behaviour*—can and do people apply what they learned?).

Example Question:

At the end of the workshop that took place 2 months ago, you were asked to write down one tool or technique that you learned during the session that you would try over the next 6 weeks. As you are aware, we (project managers), snapped a picture of your response and kept them for our records (a picture of your response is attached to this email). Now that 2 months have passed, have you tried the skill or technique? If so, has it been successful? If not, why not?

Data Collection Tool 4: Follow-up survey

- A follow-up survey is administered 6 months following the workshop.
- The objective of this survey is to determine whether the learning objectives from the workshop ultimately had an impact on the participants (i.e., *Results*—how has applying the knowledge led to desired changes in outcomes for the organization?).

Example Question:

Has your site implemented (or is it planning on implementing) new policies and/or practices to promote physician wellness?

STEP 5: JUSTIFY CONCLUSIONS

The group's project manager has a background in evaluation, so took on the task of analyzing and describing the results of the data collection tools. The results from the tools administered immediately following the event were used as a baseline measure of wellness knowledge and application. These initial results were also used to develop questions for future data collection tools. After the data at the corresponding points in time was collected, analyzed, and synthesized, the project manager prepared a short summary of the results, which was reviewed by all members of the RMSA. Following discussions and consultations, future recommendations for action were made by decision-makers.

STEP 6: USE AND SHARE LESSONS LEARNED

The project manager, in collaboration with the workshop speaker, wrote a one-page summary outlining the key lessons learned, including skills and technique enhancement, and reviewed it with RMSA at their next meeting. The document was then published in a bimonthly newsletter that was circulated to all physicians in the hospital and their health authority members. It was also reviewed with the health authority partners during a collaborative meeting sponsored by Facility Engagement. This was done in an effort to implement lessons learned where and when it is viable to do so.

ADDITIONAL CONSIDERATIONS

Before getting started on an evaluation plan, there are a few additional factors to consider:

- It is important to understand the difference between quality improvement (QI) initiatives and evaluation. QI is an approach to systematically improving established internal process and practices.¹⁸ The results of QI initiatives can be discussed but generally are not published or presented at conferences. In contrast, when the intent is to understand or answer a question, and to disseminate results through peer-reviewed journals and conferences, the project is a research-evaluation study that must be reviewed by an institutional ethics board (all health authorities have one) and meet specified requirements.
- If you plan to use “off the shelf” data collection tools, be prepared that they likely will require some adaptation to meet the context for which you intend to apply them.
- If you use tools that have been formally tested and validated for psychometric properties, remember that they cannot be altered without potentially affecting the established validity.
- Be prepared to change goals, as making a plan and sticking to it will not always be feasible. While stagnant goals are easier to measure, system change is dynamic and will often require adjustments to a plan.
- The process of evaluation should not be considered as a constraint to creativity or social innovation; adapt the evaluation design to meet your needs.

¹⁸ Fraser Health, “Evaluation and Quality Improvement.”

CONCLUSION

We hope that this Evaluation Resource Guide helps your MSA evaluate the effectiveness of its FE activities and promotes continual improvements. Adopting evaluation best practices from the Centers for Disease Control and Prevention Evaluation Framework will help you identify key project objectives and progress made toward those objectives, and will inform future project decisions. The most effective evaluations are those that are developed alongside the project or initiative. Therefore, the earlier the evaluation plan is developed, the more likely the project will meet its target objectives.

The most successful evaluations are those in which the evaluator is embedded in and part of the project from the earliest day possible. This helps to keep the project focused, in scope/scale, and helps the evaluator understand the learnings.

— Dr. Bruce Hobson, FE Evaluation Advisory Committee Member

APPENDIX A: STAKEHOLDER INTERVIEW TOOLS

The following semi-structured interview guides were developed by UBC evaluators-researchers and are intended help FE project evaluators capture the perspectives of both physicians and health authority leaders.

Physicians Engagement Interview Guide¹⁹

1. Speaking personally, what motivated you to become involved in the FEI at this facility?
2. Thinking of a moment when you felt most optimistic about the project, what was it that gave you that hope?
3. In terms of physician engagement, what has changed at this site since the launch of the FEIP? [Give concrete examples where possible]

Prompt if needed:

- a) Are you seeing attitude/behaviour changes among physicians? Other health professionals? Health authority managers at the local and regional levels?
 - b) How was this an improvement over activities, if any, which had previously been undertaken towards this end?
 - c) To what extent were the FEI goals that were specified at this site met?
4. Are these changes adequate to increase the voice of physicians in overall health authority and health system decision-making?
 5. What else might be needed in this area, i.e., what can Doctors of BC and other stakeholders (HA, MOH) additionally do in order to effectively increase meaningful physician engagement at the hospital-level?
 6. How satisfied were you with the supports provided to your site by Doctors of BC (facilitation, Bayleaf app, and anything else)? What did you particularly like and/or dislike?
 7. What will it take to sustain any positive changes?
 8. How likely is that to occur in the short- to medium-term?

¹⁹ Chris Lovato et al. *Physicians Engagement Interview Guide*. (2016).

HA Local Managers Engagement Interview Guide²⁰

1. In terms of physician engagement, what has changed at this site since the launch of the FEIP? [Give concrete examples where possible]

Prompt if needed:

- a) How was this an improvement over activities, if any, which had previously been undertaken towards this end?
2. From your perspective as a manager/administrator, how has management and operation of this facility been affected by FEIP activities (positively and/or negatively)?

Prompt if needed:

- a) How much of your time and attention is taken up responding to these projects?
 - b) Probe around specific logic model outcomes, or incorporate that into some survey component somehow?
3. How well are you supported from “above” to promote actions that increase physician engagement?
 4. How much do you feel that you are an active participant in generating change to incorporate a balanced approach to medical staff engagement in leadership?
 5. To what extent will changes that you can incorporate at the facility level satisfy MDs desire for increased meaningful engagement in health system decision making?
 6. To what extent have you experienced or participated in sharing of effective physician engagement practices across sites or health regions?
 7. What will it take to sustain any positive changes? How likely is that to occur in the short- to medium-term?

²⁰ Chris Lovato et al. *HA Local Managers Engagement Interview Guide*. (2016).

APPENDIX B: EXTERNAL EVALUATION RESOURCES

The following resources may assist your MSA in choosing an external evaluator that meets your MSA's needs and achieve its objectives.

- [Canadian Evaluation Society Credentialed Evaluators](#)
- [Tools for Selecting an External Evaluator](#)
 - > Request for Proposal template
 - > External Evaluator Scoring Card
 - > Evaluator Interview Guide
- [Evaluation for Leaders](#)

APPENDIX C: LOGIC MODEL EXAMPLES

The following two resources provide you with more information on logic models that may help your MSA develop its own model.

- [Logic Model – A planning and evaluation tool \(see table below, excerpted from this resource\)](#)²¹
- [Evaluation Toolkit: Using a Logic Model](#)

Table 1. Common components of logic models

Component	Description	Example
Goal	The overall long-term health outcomes the program hopes to achieve.	To prevent diet-related health problems in adulthood.
Inputs	The resources invested into a program or initiative.	<ul style="list-style-type: none"> • Staff • Funding • Time • Materials • Supplies
Activities	Activities or interventions that will be carried out as part of the program.	<ul style="list-style-type: none"> • Public service announcements (PSAs) on health risks of sexually transmitted infections (STIs) • Workshops on healthy eating for children and their parents • Bi-weekly community sports activities for neighbourhood adolescents
Audience	<p>Whom the program is targeting. Programs may target specific groups such as young children or older adults but may also be broad in nature.</p> <p>Primary audience: the main population that is being targeted.</p> <p>Secondary audience: groups who are impacted or influenced by a program, but are not the direct recipients of the program.</p>	<p>A program designed to train teachers on how to provide physical activity to students.</p> <ul style="list-style-type: none"> • Primary audience: teachers • Secondary audience: students

Component	Description	Example
Outputs	Products that are produced from program activities or interventions. Outputs can be viewed as quantifying activities and providing numeric values or attributing percentages.	<ul style="list-style-type: none"> • Number of PSAs run during a health promotion campaign • Number of workshops provided on healthy eating • Percentage of organized community sports activities held
Outcomes	The changes expected to result from the program. Outcomes range from short-term to long-term, and are associated with changes in knowledge, awareness, behaviour and skills.	<ul style="list-style-type: none"> • Increased awareness of the health risks of STIs • Increased knowledge on healthy foods and proper food handling skills • Reduction in the number of secondary students reporting physical inactivity on school surveys

APPENDIX D: DATA COLLECTION RESOURCES

The following resources are intended to assist your MSA with data collection.

Data Collection Worksheet (Public Health Ontario)



Evaluating Health Promotion Programs

Worksheet for Step 6: Data collection matrix

Objective	What did the strategy set out to do?			
Indicator(s)	What will indicate success for the objective?			
Evaluation question(s)	What critical questions do you want to answer?			
Data collection method(s)	Data Sources	Timeline	Roles and Responsibilities	Methods of Data Analysis
What tools will you use to collect the information you need?	From whom or where will the data be collected?	What is the timing for the data collection?	Who is responsible for the data collection method, and what is their role?	How will the collected data be analyzed (e.g. frequencies, chi-squares, thematic analysis)?

For the complete *Evaluating Health Promotion Programs* workbook, visit www.publichealthontario.ca/HPEvaluation

Selected Techniques for Gathering Evidence (CDC)²²

- Written survey (e.g. handout, telephone, fax, mail, e-mail, or Internet);
- Personal interview (e.g. individual or group; structured, semi-structured, or conversational);
- Observation;
- Document analysis;
- Case study;
- Group assessment (e.g. brainstorming or nominal group [i.e., a structured group process conducted to elicit and rank priorities, set goals, or identify problems]);
- Role play, dramatization;
- Expert or peer review;
- Portfolio review;
- Testimonials;
- Semantic differentials, paired comparisons, similarity or dissimilarity tests;
- Hypothetical scenarios;
- Storytelling;
- Geographical mapping;
- Concept mapping;
- Pile sorting (i.e., a technique that allows respondents to freely categorize items, revealing how they perceive the structure of a domain);
- Free-listing (i.e., a technique to elicit a complete list of all items in a cultural domain);
- Social network diagraming;
- Simulation, modeling;
- Debriefing sessions;
- Cost accounting;
- Photography, drawing, art, videography;
- Diaries or journals; and
- Logs, activity forms, registries.

²² CDC, "Framework for Program Evaluation in Public Health," *MMWR* 1999;48 (No. RR-11), 19.

APPENDIX E: EVENT EVALUATION RESOURCES

The following resources are intended to assist your MSA with evaluating the effectiveness of learning and networking events.

- [Donald Kirkpatrick's Four-Level Training Evaluation Model](#)
- MSA/PS Executive Feedback form (see feedback survey below).

MSA/PS EXECUTIVE FEEDBACK

Note: to be circulated via Survey Monkey

March 6, 2018 – Vancouver, BC

Please provide your feedback, which will help us to plan future events.
Your responses will be kept anonymous.

Please circle the number that reflects your assessment of each of the following: 1 = Very Little / 5 = Very Much

1) The Site Reporting and Review Process (SRRP) was a well-organized, manageable process.	1	2	3	4	5
2) Participating in the SRRP has been informative and has helped our Physician Society/MSA plan future FE objectives.	1	2	3	4	5
3) As a result of the SRRP, I have a better understanding of the Facility Engagement Initiative and its goals.	1	2	3	4	5

Additional Feedback

1) Based on your experience, how could have the SRRP have been improved? Consider both during preparation for the SRRP day, and on the day of the SRRP.

2) While the next SRRP will be different, what was the most useful part of participating in this SRRP that you think should be carried forward?

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