# Quick Tips for Evaluations

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# Quick Tips: Designing Program Evaluation

In designing your evaluation it might be helpful to determine:

1. What is it you want to evaluate?

2. What is the purpose of the evaluation?

3. Who are the people most interested in the results of this evaluation?

4. How will the results be used?

Information to be collected:

- What?

- From whom?

- How?

- When?

In general, it is helpful to the program planning team to look at:

1. Program planning and administration. How well was the program/intervention planned and managed?

2. Program and instruction: How effective were the instructors and their instruction? What did participants gain from the program/intervention?

3. Impact: Did the program make a difference back home?

# Levels of Evaluation:

As the following questions illustrate, there are also different levels of evaluation, depending on what you might want to know:

1. **Perceptions of participants:** What do participants think and feel about the program? Were they able to answer "yes" to "Was the program relevant? Was it credible? Was it worth the time to attend?"

2. **Participants' competence:** What knowledge, skills or attitudes changed for the participants as a result of attending this program?

3. **Performance:** Is any change in actual practice behaviour evident as a result of attending this program?

4. **Outcome for patients:** Did the program, through changes in participants' knowledge, skill, attitudes or behaviour positively affect patient care?

# What do you want to measure?

Generally speaking, the most often asked questions in evaluation fall into the categories of content, methods, logistics and future needs. The following describes questions in these categories and identifies the level of evaluation that can be addressed:

## Perception or Reaction

At a perception or reaction level of evaluation (Was it worthwhile from the participants' perspective – relevant, credible, worth their time) we would ask:

- Was this a worthwhile experience for the learners?

- Will they return?

- Would they recommend this program to others?

- Was it useful to them?

- Will this benefit their practice?

- Was the information current and clinically relevant?

- Were the goals and objectives of the program met (in the learners' eyes)?

## Competence

At a competence level (what knowledge, skills or attitudes changed), we ask:

- What knowledge did they acquire or change?

- What skills did they gain?

- What attitudes were acquired/changed?

## Performance

At a performance level (what changes have occurred in practice):

- What do they do differently in practice?

- Are the practice behaviours appropriate?

# Following are lists of possible methods of evaluation based on level of complexity:

| | |
|---|---|
| **Methods to measure perception:** | "What did participants think or feel about the program? Were they satisfied?<br>• Questionnaire / surveys<br>• Focus groups<br>• Nominal group techniques<br>• Inclusive planning committees<br>• Individual interviews |
| **Samples**<br>**Methods to measure competence:** | • Pre and post tests of knowledge, and attitudes – pen and paper, touch pad, I-clickers<br>• Demonstration/OSCE approach for measuring skills<br>• Standardized patients<br>• Chart stimulated recall<br>• Critical incident<br>• Case studies<br>• Chart review/audit |
| **Samples**<br>**Methods to measure performance:** | • Direct observation<br>• Video observation<br>• Standardized patients<br>• Chart review/audit<br>• Chart stimulated recall<br>• Critical incident<br>• Length of stay data (controversial)<br>• Laboratory data<br>• Insurance claims<br>• Referral patterns<br>• Statistics on diagnosis during consultation |
| **Samples**<br>**Methods to measure patient outcomes:** | • Patient self reports<br>• Lab tests<br>• Morbidity rates<br>• Mortality rates<br>• Patient satisfaction survey<br>• Prescribing patterns<br>• Referral patterns (controversial)<br>• Public health status indicators |

**Contacts:** Please see attached samples to help you in designing your own tools for evaluation. If you have samples you would like to share or any information you would like to add to what is written – please feel free to contact us:

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# Quick Tips: Evaluation Examples

**To view an example please click on its title:**

Example 1

Example 2

Example 3

Example 4

Evaluation Form for Formative Feedback

Examples of Commitment to Change Forms

Readiness to Change Questionnaires

Rounds Evaluation

Sample of Evaluation for Skills

## Continuing Education Evaluation Form
**Course:** Title

1 **Profession:** ❒ Family Physician  ❒ Specialist  ❒ Other Health Professional

2 **Years in Practice:** ❒ <10 years  ❒ 10-20 years  ❒ 21-30 years  ❒ 30+ years

| Rating Scale: | Strongly Disagree 1 | Disagree 2 | Neutral 3 | Agree 4 | Strongly Agree 5 |
|---|---|---|---|---|---|

| | | |
|---|---|---|
| 3 Sufficient time was allowed for audience participation / active learning. | | 1  2  3  4  5 |
| 4 The facilities were satisfactory. | | 1  2  3  4  5 |
| 5 Overall, I would rate this course as excellent. | | 1  2  3  4  5 |

6 How did you find out about this course?

❒ Previous Registrant: I was e-mailed a notice

❒ I received a brochure in the mail

❒ CEPD Website

❒ Notice in Hospital

❒ Other (please specify): _____

7 Please assess the course faculty by circling the appropriate number.
  Rating Scale: 1 = Poor   2 = Fair   3 = Good   4 = Very Good   5 = Outstanding

| Name / Example: | Clarity of Presentation | Met Stated Objectives | Balanced & Unbiased | Relevant to Practice Overall | Time for Active Learning |
|---|---|---|---|---|---|
| 2012-05-30  9:00  Presenter A | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 2012-05-30  9:30  Presenter B | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 2012-05-30  11:15  Presenter C | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 2012-05-30  13:45  Presenter D | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 2012-05-30  15:30  Presenter E | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 2012-05-31  9:00  Presenter F | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 2012-05-31  10:45  Presenter G | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 2012-05-31  13:00  Presenter H | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
| 2012-05-31  15:15  Presenter I | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

**Please write all comments on the other side. Thank you.**

## Continuing Education Evaluation Form
**Course:** Title

8   What will you do differently in your practice or reinforced to continue as a result of this program?

1.

2.

3.

9   Was the course commercially influenced? Yes / No. If yes, please explain.

10   Future topics of relevance to you:

11   What modifications to the course would you suggest?

12   General comments about the course or individual speakers:

13   Please indicate which CanMEDS roles you felt were addressed during this educational activity.

**Please select all that apply:**

❒ Medical Expert          ❒ Communicator          ❒ Collaborator          ❒ Manager
❒ Health Advocate         ❒ Scholar               ❒ Professional

14   **C. R. Woolf Award Nominations**

I wish to nominate the following **SPEAKER** (U of T Faculty only) for the *C.R. Woolf Award for Excellence in Teaching.* Enter name of speaker and reason for nomination:

I wish to nominate the following **COURSE** for the *C.R. Woolf Award for Excellence in Continuing Education.* Enter name of course and reason for nomination:

| As Medical Experts: | As Communicators: | As Collaborators: | As Managers: | As Health Advocates: | As Scholars: | As Professionals: |
|---|---|---|---|---|---|---|
| physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. Medical Expert is the central physician Role in the CanMEDS framework. | physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter. | physicians effectively work within a healthcare team to achieve optimal patient care. | physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system. | physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations. | physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge. | physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour. |