

PRACTICAL ADVICE

## **Evaluating Community-based Health Professions Education Programs**

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**ABSTRACT** *This paper assumes the reader (1) has little knowledge about program evaluation, and (2) is interested in evaluation to improve a community-based health professions education program. There are other important and useful approaches that can be used to address an evaluation of a community-based health professions education program, and readers are encouraged to explore them—they appear in health education, public health education, in evaluation, and in program theory literature. The paper is organized around a group of questions as a reference or organizer for the reader. These include topics like why evaluation is wanted, what kinds of questions can be addressed through evaluation, who stakeholders are, who should conduct the evaluation, what methods can be used, and how to analyze data and report results from the evaluation. In the paper, I have attempted to include examples that are related to community-based health professions programs. Finally, the paper ends with the recognition that there is much more to learn in the field of evaluation and suggestions for ways to continue pursuit of knowledge in this topical area.*

### **Why Evaluate Community-based Health Professions Education Programs?**

Daniel Stufflebeam has suggested that the “purpose of evaluation is to improve, not to prove” and, in his model, promotes evaluation as a tool that can be used to assist programs to work better, and provide better services to the program participants (1991). If this philosophy is applied in evaluation of community-based health professions education program, a decision negotiated

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with stakeholders, the focus of the evaluation needs to be placed on what enables programs to guide them systematically towards that end.

### **Why Do Health Professions Education Programs Place Students in Community-based Settings?**

There are multiple reasons. Reasons include student exposure to precepted learning, with patient care as the stimulus for clinical and/or basic science knowledge and skills gain (Oswald *et al.*, 2001; Rosher *et al.*, 2001), opportunities for students to work with potential role models in community-based settings (DeWitt *et al.*, 2001), early multidisciplinary clinical training opportunities (Wartman *et al.*, 2001), specific skills acquisition for learners (Worley *et al.*, 2000), service learning opportunities in which students provide clinical service or health education service (Harris *et al.*, 1998; Seifer, 1998), and population health research or collaborative community-based research initiatives (Fawcett *et al.*, 1999; Francisco *et al.*, 1993). Other expectations for learners involved in community-based health professions training programs are for them to initiate or become involved in community-based health projects, to collaborate in their community-based education with students and faculty from other disciplines, and to work on appropriate policy issues that address targeted health issues with community groups (Kalishman *et al.*, 1997; University of New Mexico Health Sciences Center and the New Mexico Department of Health Community Partnerships in Graduate Medical Nursing Education Grant, 1995).

### **Why Does a Community-based Health Professions Education Program Want an Evaluation?**

Programs want and need to be able to tell their story in a way that is acceptable to the audience for whom the story is directed. Both subjective and objective data help to tell the story. Well-managed programs recognize a need for continuous quality checks and feedback. Programmatic funding groups like government agencies or foundations require evaluations; in addition, universities or organizations that support educational programs often expect internal oversight, need to report evidence to external accreditation agencies and, therefore, require an evaluation. Programs want to tell their story. They may also recognize that they need to test their assumptions about the program's value and impact, and develop a means to improve the program through some sort of systematic review. In addition, to sustain programs and the funding required for them, programs often need to have and show evidence.

## **A Model of a Community-based Health Professions Education Program**

In this model, students enrolled at a university in medicine, nursing, physical therapy, occupational therapy, dentistry, dental hygiene, pharmacy, social work or other health professions training are placed under the supervision of one or more community-based preceptors for a specified period of time. Students interact with patients and clients with the guidance of their community-based health professionals who are functioning in the community. In addition, the students interact with patients, provide clinical service to patients, and learn basic, applied and holistic perspectives within this setting. Preceptors are expected to teach and mentor students, trust the students to interact appropriately in their professional workplace with patients and clients, and in some programs may be expected to link students with other health professionals in the community. At points in the interaction, preceptors are asked to assess the students' performance. In addition, some training programs occur in community clinical settings and the board of the community clinic provides oversight, reviews policies and procedures including university training programs and precepted students in their clinics. Some training programs have established direct links with community boards or coalitions with interest in promoting and improving the community health and well-being. The community boards usually are non-profit entities and are circumscribed by geographic or political boundaries. In these community-campus arrangements, students participate in projects undertaken in the community with community organizations or groups directed at community health improvement or policy change. These projects may be new or ongoing projects undertaken by the community organizations, or projects initiated by the students based on an analysis of the needs and interest of the community and its health priorities.

### **What Are Some of the Kinds of Questions that Can Be Asked of These Kinds of Programs?**

The following is a list that suggests a few questions that might be considered.

- What happens to students in these settings? Are they learning? What are they learning?
- Is there an effect on the community when students are involved? What are the community groups, the health programs and health policies in which students are involved? What are the benefits or the drawbacks of the program and students' involvement in the program?
- What effect do these programs have on faculty who participate in them (community-based preceptors and university-based preceptors)? What are the benefits or the drawbacks they experience?

- What effect do these programs have on the institutions that are involved—community clinics, university health science centers and their colleges, community agencies and boards? What are the benefits or the drawbacks they experience? What institutional policy changes have occurred to accommodate the program?
- What evidence is needed to address program sustainability? What has to occur to institutionalize the program? Are the institutions involved in the program committed and/or willing to make the program a part of their regular program? If not, what are the issues/concerns? Is ongoing funding available to support the program? What changes in policy are necessary in order to institutionalize the program? What evidence will demonstrate that a program has been institutionalized?
- What changes can be made in the program to improve the students' learning experience? How can the program better address the needs and improve the benefits to faculty preceptors? What changes can be made to improve the benefits and better meet the expectations of organizations, groups and communities involved in the program?
- The process of decision-making and governance adopted by the entities participating and implementing in the program may be an important issue to evaluate. What process is used for decision-making about what issues? Is it followed? Is decision-making reviewed by other authorities, appealed, or overturned? If so, by whom? Are members of the group satisfied with the decision-making and governance process? Is decision-making effective, timely, and linked to sustainability of the collaborative? How does the process of decision-making and governance within the group relate to sustainability of the program?

### *Resource Use*

These questions may not apply to every program, but some of them will. There is an assumption that community-based health professions education is beneficial to all the partners—the students, the faculty, the community and the institutions involved. Significant resources are expended to enable these programs to occur. Some of these resources are:

- funding to house students in community settings,
- transportation allowance for students,
- students' time and effort focused on community project and/or clinical learning in a community,
- reduced clinical revenues for community-based faculty preceptors,
- support for community preceptors based on program focus for computers, faculty development, or web-based clinical and teaching information,

- community time and effort in orienting students to the community and working with them in clinical, policy or health promotion projects, and
- preceptors' expertise and time for teaching and mentoring students.

Many of these programmatic questions are better answered than ignored. The plan to address these questions and the methods and direction undertaken become the evaluation plan. The information from this type of an evaluation can help direct energy and resources toward maintaining and improving the program. Usually, it is the program stakeholders who decide they need an evaluation.

### **Who Are the Stakeholders?**

In this example, the groups that have a vested interest in this program can be considered primary stakeholders—the students, the faculty, deans and oversight group at the university responsible for the program, and the community-based preceptors. If there is a community clinic board, or a community organization or board involved, too, they are an equally important stakeholder. These are the individuals and groups that need to inform the evaluator and the evaluation process. There are also secondary stakeholders, people or groups with vested interests and with power, but who are more distant from the program. These individuals include representatives of licensing boards, regulatory groups, public officials, alumnae, special interest groups, and community groups. In general, the interests of the second group are implicit, and need to be considered, but they are seldom present in regular “stakeholder” meetings.

### **Why Do the Stakeholders Want an Evaluation?**

Is this a new or existing program? Is the evaluation needed to meet external requirements that come from a funding source that must be met to secure funds or monitor the program? Are the stakeholders interested in information to help secure funding, or to answer questions that they and others have about the program for which there is no systematic information? Do they see an evaluation as an opportunity to develop or strengthen connections between the community and campus? Is this a program that has been around for sometime, for which only anecdotal evidence exists? Is the program under scrutiny for other reasons and an evaluation may help to address nagging questions? Is the program viewed as a model to be disseminated and adopted by others? Is the program being considered for expansion to other communities or for students in other health professions programs?

As much as possible, asking the stakeholders to identify the reasons why there is a need for evaluation and what issues the particular evaluation will address is an early, necessary step in evaluation planning. What does that look like? Goals for the evaluation could include:

- development of an evaluation plan appropriate for this collaborative providing community-based health professions education training;
- sample from different methods of evaluation to find ones that work for this group;
- development of a system to document the impact of community-based health professions education training on each of the organizations and communities involved; and
- writing about and sharing the findings as a step in dissemination of the program.

## **Who Should Conduct the Evaluation? Internal and External Evaluation Choices**

The stakeholder group represents the constituencies involved in the program and the leadership required for both the program and the evaluation to occur. One of the first questions stakeholders will face is who should conduct the evaluation. There are tradeoffs in the answer given to this decision, and stakeholders should think about the delicate issues like the budget for evaluation, access to data, data analysis and interpretation, and the need for internal or external evaluation. Whoever is conducting the evaluation must have the time to do it, access to the stakeholders and to information about the program, support and freedom to contact all the levels of constituents, and resources to conduct the evaluation.

Budgeting for evaluation involves the complexity of the questions under study but in general planning to appropriate 5–10% from the program budget for evaluation is reasonable place to begin. When multiple organizations are working together on a collaborative evaluation process, organizational issues about data privacy, access to data and freedom to review data may need to be addressed through a memorandum of understanding, submission of the evaluation plan to an internal review board, or other processes. Internal evaluators are individuals or groups from within the organization. The advantage of using them is usually greater accessibility between stakeholders and evaluators (but not always), programmatic knowledge, and costs. Internal evaluators may have some of their costs underwritten by the institutions or organizations with whom they are employed, and may be less expensive. If you are using an internal evaluator, it is important to ask a few questions. Is the evaluator viewed as objective, without obvious bias or in any group's control?

Does the internal evaluator have freedom to discuss and present negative findings? If you cannot answer these questions to your satisfaction, you may want to think about an external evaluator, someone from outside the organizations with whom the group contracts for a specific evaluation plan. External evaluations are usually more expensive, require clearly identified questions, and often are designed to respond to questions from the program funders. Stakeholders involved in them include both local sites as well as regional or national groups reviewing a demonstration project or initiative together. In this case, local stakeholders may not be involved in the decision about the external evaluator or the evaluation plan that is selected, but may be required to respond to those decisions.

Some programs use both internal and external evaluators. Usually, the funds for the external evaluation component are budgeted separately from the evaluation for local programmatic and local evaluation support. Often, in these arrangements, both internal and external evaluations occur with the two groups interacting and supporting each other.

### **What Will the Role of the Stakeholders Be in the Evaluation?**

In an evaluation in which the major purpose of the evaluation is to improve the program, stakeholders need to participate in evaluation planning, learn about evaluation findings promptly, have an opportunity to comment on interpretation of findings and offer alternative interpretations, and be involved. Stakeholders and evaluators can negotiate regular times to meet with representatives from the different stakeholder groups as part of the evaluation plan. In these meetings, each group can educate the other, and stakeholders will have time to learn more about both evaluation and specific feedback about their programs. Evaluation education comes from the teachable moment. Stakeholders may want to know how to plan for and respond to programmatic reporting requirements for continued funding, or may wish to prepare a report for the dean. These are the opportunities to tie the needs the stakeholders have to information about evaluation design, tools, or methods, and something specific and requested.

### **What Are the Methods that an Evaluation Can Use to Address These Questions?: Evaluation Design and Methodology**

Let's assume that the evaluation will concentrate on the benefits of the community-based health professions education program to each of the stakeholder groups for a single initiative funded locally. Some of the methods that can be used to obtain data include the following.

### *Interviews*

Conversations between the interviewer and a participant with pre-determined questions and probes to obtain responses to understand and provide explanation about the reasons underlying a participant's perspective can be used to begin the process of development of a questionnaire, to confirm or disconfirm data from other sources like questionnaires, to probe underlying explanations related to questionnaire information from forced choice responses, and to double check opinions held at earlier points in time by participants. Strengths of these types of data are explanation and insight as well as opportunity to capture unanticipated information/results. The limitations of this approach is that it is extremely time intensive and does not lend itself to quick data collection or data analysis.

### *Questionnaires/Surveys*

Written instruments with forced choice or short answer items can be used to ask about knowledge, skills, behaviors, attitudes and or perspectives. The strength of this format is ease of data collection, analysis and reporting. Limitations of this approach may be narrow insight and explanation.

### *Focus Groups*

Groups of participants with a similar role in the program (students or community members or faculty) participate in a structured discussion with a facilitator about some specific aspects of the program. Strengths of this type of data are explanation and insight as well as opportunity to capture unanticipated information/results. The limitations of this approach is that it is extremely time intensive and does not lend itself to quick data collection or data analysis.

### *Participant Observation*

This involves watching and listening to meetings, discussions, interactions in planning, implementation and debriefing about the program. Checklists, tallies, descriptive narratives, rating forms all are means of recording information observed in a participant observation. Strengths of this type of data are evaluator insights and reflection, opportunity to create rich textual descriptions, and to capture unanticipated data. This approach can be time intensive both in data collection and in data analysis and reporting.

### *Analysis of Documents and Products from the Program*

One document review is to collect and review the content, the status, and the policy impact of the community projects undertaken by community/faculty/and students in this program. Reviews of memorandum of understandings among organizations that reflect governance agreements, shared understandings are another form of analysis of documents.

### *Secondary Data*

In the example in Table 1, secondary data from each clinical site were obtained to report the number of patients seen by students at the clinical sites. These data are available based on reporting systems from the clinical sites and access to these data must be developed with care and permission (Table 1).

## **Analyzing the Data and Reporting Results**

In developing the methods, include purposeful use of similar questions with different groups. This allows comparison of the information collected from one group with another (students compared to community and to preceptors) and the possibility of making comparisons from one year to another (students experiences in 2001 with student experiences in 2002). In relating the information about the program, provide the views from each constituency group and point out agreement and disagreement among them.

When the data are available, negotiate the format for reporting it as well as who will receive the reports with the stakeholders. Do the stakeholders prefer graphs and bullet points, text or tables? Let the use and the audience who will use the report help guide the format. Develop a framework with the stakeholders to guide the integration of the multiple components in the evaluation report. Involve program stakeholders to the degree they are interested and available in the evaluation process including in data analysis and in development of recommendations associated with the evaluation.

If possible, encourage use of evaluation information as programmatic feedback to address any glaring problems, to reassure the program stakeholders, and to plan for continuous improvement. Report interim as well as longer term findings to stakeholders. This approach is useful for use of information, and usually alerts program stakeholders to problems or issues that need their attention. If there are negative findings to report, be thoughtful in communicating them.

## **Recognize There Is More to Learn about Evaluation**

Evaluation is a discipline and there are numerous books, articles, graduate level programs and conferences devoted to this subject. This article has skimmed the surface of evaluation. There are many wonderful books to read on the subject, but for someone who is a novice, I recommend reading Michael Q. Patton's *Utilization-focused evaluation* (1997). In this book, Patton presents the historical issues framing evaluation and alternative ways to focus evaluations, and synthesizes the dimensions of the competing methodologies from which research and evaluation are drawn. He provides examples of different tools that can be used to address different evaluation questions. He explores approaches

**Table 1.** Example of methods used in a community-based health professions education evaluation

Variable by year	Students	Methods by group: Faculty	Community
<i>Year 1</i> Expectation and satisfaction with program	<i>Year 1</i> Interviews with participants and non-participants	<i>Year 1</i> Interviews with participants and non-participants	<i>Year 1</i> Interviews with community members who worked with students and faculty
Reasons for participation/non-participation	Observations of planning and implementation in local communities and with oversight group	Observations of planning and implementation in local communities and with oversight group	Observations of planning and implementation in local communities and with oversight group
Benefits/drawbacks	Description and copies of community-based projects		Tracking questionnaire to community boards; policy initiatives and changes related to community health projects; process undertaken, status and sustainability
Description of and assessment of community-based projects in which they participated			
Skills (learned, emphasized, applied)			
Policy initiatives and community health projects			
Sustainability			
<i>Year 2</i> Satisfaction with program and one's participation	<i>Year 2</i> Survey (developed from interview data:	<i>Year 2</i> Survey (developed from interview data)	<i>Year 2</i> Interviews with community members

*Continued*

**Table 1.** (Continued)

Variable by year	Students	Methods by group: Faculty	Community
Skills (learned, emphasized, applied)	attention to skills learned and skills applied)	Observations of students interacting with community preceptors/boards	who worked with students and faculty on projects
Clinical benefits	Observations of students interacting with community preceptors/boards	Description of and assessment of community-based projects in which they participated	Observations of students interacting with community preceptors/boards
Policy initiatives and community health projects	Description of community-based projects in which students participated		No. of hours and patients seen by students in community-based health settings
Sustainability			Assesment of projects in which community members participated with students
			Tracking policy initiatives and changes related to community health projects

*Continued*

Table 1. (Continued)

Variable by year	Students	Methods by group: Faculty	Community
<i>Year 3</i> Satisfaction with program and one's participation	<i>Year 3</i> Survey	<i>Year 3</i> Survey	<i>Year 3</i> Focus groups with community-based boards at sites where students worked
Skills (learned, emphasized, applied)	Description of community-based projects in which students participated	Description of and assessment of community-based projects in which they participated	Interviews with who worked with students and faculty on projects
Clinical benefits			
Policy initiatives and community health projects			
Sustainability			No. of hours and patients seen by students in community-based health settings
			Assessment of projects in which they participated with students
			Tracking policy initiatives and changes related to community health projects

that strengthen evaluations, and threats to findings in a practical and user-friendly narrative. Finally, have fun! Being an evaluator or informing an evaluation is a gift—learn and enjoy the process.

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