

## Considerations in the Evaluation Process

### Buy In:

The evaluation plan is based on the steps outlined in the resource centre. It may require modification to your particular situation. Further development or modification of the plan should involve all key stakeholders such as community partners, clinicians, preceptors, faculty, students and administrative bodies (CNA, 2006; Carpenter et al., 2006; Oandasan & Reeves, 2005; Vollman, Anderson, & McFarlane, 2004). Key stakeholders can be involved in validating the questions in the proposed plan, further developing questions and sub-questions, planning the design, developing outcomes and indicators, developing data collection methods and the processing of information, and making recommendations and strategies for change (CNA, 2006; Oandasan & Reeves, 2005).

### Develop an Evaluation Strategy:

A strategy is important since the evaluation will be looking at both agency and educational outcomes, especially if the long-term goal is to assist clinical sites to become educational partners. The strategy should:

- Consider educational and agency objectives, and develop connected evaluation questions;
- Consider what information is needed to answer these questions over the short and long-term. If possible, incorporate evaluation as an ongoing effort within the processes of the preceptorship program in a way that is sustainable;
- Consider how these answers will be used and if there are areas of the program that are more amenable to change than others;
- Consider how you can share what you have learned with others;
- Consider the scope of the evaluation project in terms of budget, time, expertise of the evaluation team, and logistics; and
- Consider valid and reliable outcomes. When using quantitative outcomes, aim to use those that have demonstrated a statistically significant association with preceptorship (CNA, 2006; College of Health Disciplines, 2004; Stone, 2006).



### **Select Data Collection Methods:**

Data collection methods can be both quantitative (e.g. surveys) and qualitative (e.g. interviews and focus groups). They include:

- Formal and informal interviews or group discussions,
- Preceptor/student end of term evaluations (written or oral),
- Surveys of program participants,
- Journal entries from program participants, and
- Existing databases or records of program processes.

Partnerships and networks are an important aspect of community-based preceptorship programs. The evaluation should include data collection for examining the effectiveness of these relationships in achieving program goals (CNA, 2006; Carpenter et al., 2006; College of Health Disciplines, 2004; Rush & Ogborned, 1991; Stone, 2006; Taylor-Powell, Steele, & Douglah, 1996).

### **Select Evaluation Tools:**

Tools for evaluating the preceptor program can usually be found in the processes of the program itself. The data can be used to provide information on the experience from the user's point of view at different points in time. Some examples of data that your organization may already have on file include:

- Student self-assessment/reflection to monitor learning in practice;
- Checklists of skills developed;
- Completed learning plans (used to determine how the program is meeting learning needs);
- Reasons for selection of preceptors;
- Documentation of the accomplishments of team members in the preceptor role;
- End of placement feedback from preceptors, students and faculty;
- Online discussion, email and telephone correspondence;
- Satisfaction data from patients participating in the education of students;



- Reasons for number of placements requested vs. number of placements accepted (capacity); and
- Number of occasions and number of hours of student interaction with providers other than the preceptor including members of the interprofessional team, researchers and extended community (demonstrates integration into the agency) (CNA, 2006; Carpenter et al., 2006; College of Health Disciplines, 2004; Rush & Ogborned, 1991; Stone, 2006; Taylor-Powell, Steele, & Douglah, 1996).

### **Sources of new information include:**

- Interviews/focus groups/surveys to gather information from students, preceptors, members of the interprofessional team, managers, faculty, patients and community agencies (CNA, 2006; College of Health Disciplines, 2004). Focus groups are useful for the program component on interprofessional practice since they allow for participants to respond to each other's comments and ideas which can result in a rich source of information based on experience.

### **Shared Decision-Making in Education:**

The evaluation plan can investigate how agencies work with educational institutions to develop and deliver curriculum. The following are examples of evaluation questions that explore partnership in education:

- How does the agency vision on preceptorship fit with the vision and expectations of education?
- How is feedback being used to develop preceptorship education?
- Are there revisions to educational processes that need to be made in order to support agency-based education?
- What educational and agency processes influence educational institution/ agency relationships?

Use the results of the evaluation to develop recommendations for improvement and share the answers found in the evaluation with others, including those who participated in the evaluation. If possible, compare the results of your agency's evaluation with those of others (CNA, 2006; College of Health Disciplines, 2004).

