

# Evaluation: what is it really for?

## A framework for examining issues of evaluation purpose and use

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This article considers matters relating to evaluation purpose, and the dissemination and use of findings. The author discusses some of the challenges occurring in a particular health services evaluation in New Zealand and proposes an acronym framework, based on the word ACCEPTANCE (accessibility, audience, criteria, credibility, credentials, communication, ethics, purpose, politics, participants, position, timeliness, tone, attitude, appearance, numbers, critique and excellence of evaluation) to explore associated issues in the wider evaluation context.

### Introduction

This article considers issues relating to evaluation purpose, and the dissemination and use of findings. For the purposes of discussion, I have provided an evaluation example from New Zealand Maternity Services and based my comments on programme evaluation. Midwifery services in a small New Zealand public maternity unit (Birthing Unit) were comprehensively evaluated using a mixed-method approach, to ensure that the views of diverse stakeholder groups were included. Whilst the goals and purpose of the evaluation were initially agreed on by the key stakeholders, a number of social, political and management changes during the life of the project provided challenges that ultimately influenced the report dissemination process.

For clarification, the terms ‘evaluation’ and evaluation ‘research’ are used interchangeably here. There is also an assumption that evaluation findings are generally presented in the form of a written report, although other reporting mechanisms could be chosen and similar issues confronted.

### Background

#### Maternity services/community maternity units in New Zealand

In New Zealand, small community maternity units or ‘Birthing Units’ are midwifery-led and located within the wider ordinances of District Health Board (DHB) maternity service provision in New Zealand. Local communities value them for their accessibility and for the ‘non-interventionist’ approaches to pregnancy and childbirth maintained by the hospital and self-employed midwives working there.

All New Zealand citizens or residents are entitled to free maternity and midwifery care, and over 75 per cent of women use the services of a Lead Maternity Carer (LMC) who is a midwife. Women deemed ‘low risk’ may choose a Birthing Unit, and if complications arise they can transfer at any stage to a nearby base hospital for specialist secondary services. However, many Birthing Units in New Zealand have either closed or faced continual pressures to remain

viable in recent years. Midwives and management sought evidence to illumine the practice of midwives and to support the safety of such units for women and their infants.

### The evaluation project

The collaborative study between the DHB and university researchers was initiated because a unit manager was frustrated by not being able to obtain money to decorate and paint the maternity unit. She also felt that the skills of the midwives were undervalued and unappreciated by management. Constant threats of closure caused additional concern, and the then midwifery and maternity management believed a formal evaluation could be a useful way to provide 'evidence' of practice and reveal the safe outcomes for women in this midwifery-led service.

The *purpose* of the evaluation was, therefore, aimed at determining what was working well and what could be improved, in order to make the unit sustainable. Overall, the *Maternity Services Report* found that the unit had relevance to the community

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and that the midwifery standards and services met a high level of safety and satisfaction for those women and families who used the unit.

### Social, political and management change

During the year of the evaluation, a number of changes affected the project and impacted on the final processes for disseminating the findings. There were, for example, government-legislated health policies (Section 88, *Health and Disabilities Act 2000*) that came into effect in mid-2002 (Ministry of Health 2002). This Act influenced the provision and structure of midwifery care and had the potential to alter maternity funding and costs for DHBs. The restructure of regional maternity services and the planned relocation of a large nearby maternity hospital also impacted on the DHB's maternity primary health care strategy. So, although the original purpose was to demonstrate the unit's viability, different agenda came into play that affected the value of this purpose and how the findings could be used.

### Dissemination of the report

Towards the end of the study, midwifery management changed and shortly after the report had been completed, personnel in maternity services management also altered. This resulted in a number of delays for the researchers in providing final evaluation feedback. Earlier, a memorandum of understanding (MOU), between the university and

the DHB had been written for the project, giving the Board opportunities for review of published report material. However, because of management changes this process took three months.

Furthermore, the researchers were requested not to provide public feedback to the local community because primary health care strategies were still being decided on and the public might have been confused by the report. For instance, it became apparent that the original purpose of the report, namely to determine the quality of care provided by midwives in the unit, might not be useful if there was an agenda to close the unit in favour of service restructuring.

The researchers, meanwhile, were concerned not to jeopardise the positive relationship that existed between the university and the DHB, yet were also keen to meet their ethical obligations of providing feedback to participants and publishing for university benefits.

As a result of careful communications with management, all evaluation stakeholders and participants received a copy of the report. Also, the findings have been presented to local midwives and at a national midwifery conference. During the latter presentations, the unit's anonymity was maintained. The report dissemination process is still ongoing at the time of writing, and is being undertaken in consultation with management. Thus far, it has been useful in supporting midwives in another New Zealand region wanting to maintain small units in their area.

### A framework for examining issues of evaluation purpose and use

It seemed that the Maternity Services' evaluation experience was probably not uncommon, and the evaluation issues and questions it surfaced were worth wider exploration. In particular, throughout a number of levels of the evaluation, there was a recurring theme that ACCEPTANCE influenced the *purpose* of the evaluation and the *value* that the evaluation ultimately had for recipients, stakeholders and participants. On reflection, it appeared to me that the purpose and findings of any evaluation study require a degree of *acceptance* in order to have usefulness, utility or utilisation (as outlined by Patton (1997)).

The *Concise Oxford Dictionary* (1983) defines acceptance as:

*n.*1. consent to receive (gift, thing delivered, payment, pleasure, duty); favourable reception (*of* person or thing, *by* or *with* person); affirmative answer to invitation. 2. Approval, belief, toleration. 3. Engagement to meet a bill; a bill so accepted. [F. (*accepter* f. as accept; see -ance)] (Sykes 1983)

The *-ance* is a suffix that denotes the quality of a noun. Therefore, when one checks *accept* and *acceptable* in the same dictionary the definitions include to 'receive as adequate or valid' and 'allow the truth of, believe ... opinion generally held to be correct'. There are implications, therefore, that with the acceptance of an evaluation outcome, there would be some truth delivered and received by someone with pleasure or duty. There would be approval based on the validity of what was provided, a degree of toleration concerning subsequent policy decisions, and contractual obligations such as payments would be met.

### ACCEPTANCE acronym framework

I would now like to propose an acronym framework, based on the keyword ACCEPTANCE in order to discuss the evaluation issues within the broader context.

Any number of words could be used to form an acronym from the word *acceptance* and the following have been chosen:

- A accessibility, audience
- C criteria
- C credibility, credentials, communication
- E ethics
- P purpose, politics, participants, position
- T timeliness, tone
- A attitude, appearance
- N numbers
- C critique
- E excellence.

An assessment of these aspects is recommended in planning stages and should be updated as appropriate throughout the evaluation. The acronym is discussed below, and a summary table is presented at the end of the article (Table 1).

#### Accessibility, audience

*Accessibility* can be viewed from three perspectives. These include the access to the information afforded to the evaluator during the study, the access afforded to a potential *audience* of the final report, and the ease with which the reader can interpret the findings.

A number of issues are concerned with determining the material that will be needed for meeting the report objectives, and these are usually determined in the planning stages, or in development of a logic to evaluate the programme. Limited access to important or pertinent material or information obviously limits findings, and often time and budget contribute to constraints. Who can access the findings is usually determined during planning, and there may be a contract or memorandum stipulating the intellectual property rights and confidentiality of information.

The audience determines the style and format of final reports. There are differences, for example, in

the nature of presentations amongst stakeholders at the working level of an organisation, management from whom reports are commissioned and academic journal requirements. As noted in the midwifery scenario reported above, when changes occur during the life of a project, or shortly after completion, intellectual property can become contested. Sometimes the accessibility of promised information to audiences is curtailed unexpectedly. Satisfactory outcomes appear to depend as much on good communication and relationships as legal contracts or memoranda.

#### Criteria

The use of evaluation *criteria* raises a number of questions such as: Whose criteria? Are they the researchers', the evaluation participants', the stakeholders', the funders', or the end-users' such as clients or consumers of a service? Is it possible or feasible to meet everyone's needs? Can one achieve an ethical as well as a pragmatic approach? Does the researcher look to the literature for a theoretical or scholarly definition, or evaluation research for practical application? What are the aims of the evaluation?

Scriven (1996, 2003) suggests that an evaluation means making a judgement about the value or worth of entities. It is, therefore, important that criteria for making these judgements are valid in terms of what 'experts' might believe about the phenomena being examined, as well as in methodological construction. Both must be acceptable to the funders and audiences of a report. The criteria chosen clearly affect the value of what is determined and its perceived acceptability to a range of people.

In the midwifery example, Veney and Kaluzny's (1998) criteria of relevance, adequacy, progress, effectiveness, impact, efficiency, and sustainability were used to make judgements about the services. These were derived from discussions with other health evaluators and from background reading. They were also agreed on in consultation with the project management and stakeholders because this information had value and relevance at that time. A later evaluation might have determined different criteria or a different focus.

#### Credibility, credentials, communication

*Credibility* can refer to either the evaluator personally, the process, the findings, or to the written report. Barry MacDonald (1980), for example, provides a fascinating description of how an evaluator negotiated his credibility and access with a school headmaster. Correspondence between himself and the headmaster revealed resistance, suspicion and a need for him (MacDonald) to provide evidence that he would be accepted. Therefore, in situations where the evaluator is not perceived to be credible and trustworthy the project is likely to falter.

So, *communication* plays an important role in establishing *credentials*. Similarly, the process and the findings need to be perceived to be credible by

participants in the study and by those who access the final outcome. Three activities increase the probability that credible findings will be produced. These are: prolonged or sufficient engagement (adequate time spent to achieve certain purposes); persistent observation (which adds to the salience of what might otherwise appear as a mindless immersion); and triangulation (which is a means of taking different views of the same situation) (Guba & Lincoln 1985). When a mixed-method approach seems feasible, credibility is strengthened (Greene 2002).

### Ethics

Broad *ethical* concerns such as avoiding maleficence, maintaining confidentiality and 'truthfulness' determine the relationships between the evaluator and others and can affect the quality of the findings. Notwithstanding that 'truth' is positional, breaches in ethical codes are likely to discredit the evaluator and the evaluation. This can cause harm and thus prevent access for future researchers.

The questions one might ask in relation perhaps to the perceived differences between what is 'evaluation' and what is 'research' could consider whether it is appropriate to rely entirely on one's own interpretation and application of a set of guiding ethical principles or professional standards, such as those of the AES (AES 2002)<sup>1</sup>, *without* discussion or whether *all* investigation with human subjects requires examination by an ethics committee.

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This raises questions about the constitution of such committees and whether they have to be formally approved such as the New Zealand Regional Health Ethics Committees. These committees, for example, consider all health-related research that takes place in public hospitals and communities in New Zealand, and consist of nominated community and ethnic representations. A 'committee' could be a collection of evaluation colleagues in a group organisation or practice. Might such individuals or groups have a vested interest to proceed?

Associated with this, there are the ethical implications for publishing and presenting publicly. A number of academic journals, for example, request evidence of attention to ethics. Evaluation is often 'in-house' or contracted by large organisations or government departments who can place an embargo on findings. Who protects the ethical rights of these participants who are often employees? Thus, one might question in circumstances such as this Maternity Services project, whether the embargo or attempted control

of evaluation findings protects participants', stakeholders' or the commissioners' sensitivities.

### Purpose, politics, participants, position

Separating these concepts in relation to the acceptance and use of an evaluation report is not easy. In the Maternity Services study, the *purpose* of the evaluation was challenged by the introduction of management change and the *political* scene strongly influenced how well the dissemination process could occur.

The impact of *politics* on evaluation purpose is well recorded (Patton 1997). Then, in outlining the interface between evaluation and public policy Weiss (1999) brings attention to the competing pressures of interests, ideologies and institutional restraints. All evaluation is socially situated and the politics can be at a small group, wider organisation, national or international level.

Competing interests may also conflict with contractual obligations and/or social justice issues. The rights of *participants* and stakeholders are, therefore, part of the ethics dialogue. Despite a professional approach and 'detachment' derived and modelled by positivism, social science research argues that there can be no certainty, no value-free epistemology, and one's *position* is philosophically based (Carr 1985; Crotty 1998; Davidson & Tolich 1999). This argument applies to evaluation and evaluators. Greene (2002, pp. 2425), for example, speaks of 'competing contemporary ideas of social reality', cleverly illustrating this with a description of the observations made at a 'cricket match' by persons from 'Mars' and 'Venus'. Clearly, there were differences in the picture of the game each provided. ACCEPTANCE was recorded as one of the important evaluation practices for valuing and respecting multiple and diverse ways of knowing.

### Timeliness, tone

The *timeliness* of the evaluation can affect acceptability. One might contemplate why the decision to evaluate has been made at *this* time and whether there is a potential for change. What might happen if evaluators' or funding managers', management's or organisational goals change during the life of a project?

An evaluation is, in itself, a part of history and takes place within an historical context. For example, the New Zealand midwifery/maternity services referred to above, have a long and recent history of restructuring. Small community unit developments have also taken place within an important time frame in the evolution of professional autonomy for New Zealand midwives (Conroy 2000; Hunter 2000; Papps & Olssen 1997). The timing of the Maternity Services project was considered to be appropriate initially, although with the passage of time the purpose and need became less clear for some stakeholders, and its acceptability less certain for them.

On reflection, a speedier submission of the report before the (unplanned) management change

may have eased the tensions that arose for the researchers with the dissemination process. The *tone* of a written report also has a timeliness aspect. Suggestions and recommendations rely to some extent on the timing of their presentation in order to be acceptable. It may take time for ideas to 'seep into people's consciousness and alter the way that issues are framed and alternatives designed' (Weiss 1999, p. 471).

### Attitude, appearance

*Attitude* and *appearance* has something to do with the evaluator's skills in the process and how well they are able to represent participants' views honestly, while maintaining their own integrity and values. How can evaluators take into consideration public concerns and interests? The impressions that the findings might have on an individual's or an organisation's public persona may be sensitive and predetermine the acceptability of findings. What does it mean, therefore, to have the findings from an evaluation in the public arena? Information may be commercially sensitive and restricted. In the Maternity Services study, for example, financial cost-effectiveness data was limited and kept confidential to the DHB. It is possible for an evaluation report to affect reputations. Scriven and Kramer (1994) suggest there could be litigation risks for evaluators in some circumstances.

Furthermore, acceptance of critique may depend on whether feedback has a critical *tone* or *appearance*, and whether the evaluator has the skills and sensitivity to provide a judgement without being judgemental.

### Numbers

*Numbers* refers to the importance of statistical correctness, accuracy, validity and reliability. Minimising bias provides generalisability and acceptance of outcomes from the use of certain measurement tools or instruments. Yet evaluation is concerned with issues 'beyond the numbers game', as recorded in Hamilton et al.'s, (1977) seminal text. In evaluation there can be a relationship between quality and quantity and concerns about *numbers* can relate equally to qualitative aspects of a study. For example, the thoroughness or comprehensiveness of social data can be accepted by using strategies such as 'theoretical sampling' (from the methodology of grounded theory). This means analysing enough data, or interviewing enough people, to satisfy theoretical or practical conclusions, and to achieve this, key informants are selected by purposive sampling.

### Critique

*Critique* of scientific reports can follow a systematic, logical sequence, based on the nature of scientific enquiry (Rees 1994). Numerous authors have moved to find criteria for critiquing qualitative research, and initially these were based on

quantitative paradigms. Emden and Sandelowski (1998, 1999) outline these issues and challenge the appropriateness of generic critiquing guidelines or frameworks in qualitative research. They argue that a case-by-case approach for deciding which criteria, if any, could be used to determine the 'goodness' of qualitative study.

Questions that concern those being asked to accept an evaluation report could relate to the competence of the evaluator, the approaches used in the process and the clarity, accuracy and auditability of findings. Although a practical evaluation study undertaken for utility purposes may be brief compared, for example, with work undertaken for

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an academic thesis that emphasises methodological competence, I believe, there needs to be a brief but adequate description of methods, to support the acceptance of the outcomes and final report.

In addition, decisions about change or innovations in policy directions might be more likely to be received positively, if people who are being asked to make changes are reassured that the evidence is sound and applied rigorously. Weiss (1986) found, for example, that studies rated high in methodological quality were judged significantly more useful by decision-makers. So, in the Maternity Services example, there was more confidence shown by some stakeholders because the suggestions and recommendations relating to midwifery clinical practice, had a sound basis in evidence.

### Excellence

By what standards should an evaluation be judged, and for whom is it acceptable? Four well-known standards for *excellence* in evaluation practice include utility, feasibility, accuracy and propriety. Cronbach (1980) described how these standards, written by the Joint Committee on Standards for Educational Evaluation evolved, observing that not all standards may be reached and the 'best' programme evaluation might be one which has a positive effect on the programme. In fact, he claims, that standards relating to conducting an evaluation a certain way may not be as important as those related to the consequences of an evaluation.

In 1995, the American Evaluation Association provided some guiding principles for evaluators that included: systematic enquiry, competence, integrity and honesty, respect for people and responsibilities of evaluators for general and public welfare (Patton 1997, p. 21). Clearly, standards that relate to appropriateness of methodology *and* a concern for democratic citizenry are likely to gain greater acceptance. Where limitations are acknowledged, judgements may be made more fairly in terms of policy and decision-making.

In the case of the *Maternity Services Report*, the limited availability of cost-effectiveness financial information was acknowledged. Without further data, decisions relating to the economic viability of the unit could be unacceptable for some stakeholders.

### Conclusion

This article has drawn from a maternity/midwifery services evaluation in New Zealand, in order to explore issues relating to the purpose of programme evaluation and the dissemination and possible use of a final report. Evaluation participants and stakeholders need to feel included and valued. It is equally important for evaluators to maintain the purpose and integrity of the final outcomes and report. Therefore, it is helpful to consider how the report will be accepted at a number of levels.

The acronym formed from the keyword ACCEPTANCE gives a framework for examining the following aspects: accessibility, audience, criteria, credibility, credentials, communication, ethics, purpose, politics, participants, position, timeliness, tone, attitude, appearance, numbers, critique and excellence of evaluation. The framework is summarised in Table 1 and may be useful for application to other evaluation projects.

ACCEPTANCE relies on a number of considerations, not least the skills, ability and credibility of the evaluator(s), and the criteria or means for making judgements about the programme. A social, political and historical context provides a background for evaluation studies, and there is a constant and complex interplay between ethical concerns, environmental conditions, timeliness of the study, the philosophy and values of the evaluator, and the individuals and community within which evaluation occurs. The quality and excellence of the study or project and its ability to withstand critique, may determine acceptance or rejection of an evaluation purpose and report, the nature of its dissemination, and its ultimate impact on decision-making and policy.

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### Note

- 1 These guidelines are intended to promote discussion of ethical issues in order to improve evaluation theory and practice.

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**TABLE 1: ACCEPTANCE—ACRONYM TO EXPLORE EVALUATION ISSUES**

| ACRONYM: KEY ASPECT |   | DESCRIPTION/QUESTIONS  | HOW THESE MIGHT RELATE TO THIS EVALUATION? |
|---------------------|---|--|--|
| <b>A</b>            | accessibility, audience                   | Evaluator’s access to ‘field’. Who will be involved?<br>Access for audience to read the report<br>Ease of report interpretation and understanding  |  |
| <b>C</b>            | criteria                                  | Whose criteria will be used for making judgements about the programme?<br>What/which criteria will be used?<br>Aims of the evaluation in relation to the criteria  |  |
| <b>C</b>            | credibility, credentials, communication   | Credibility and credentials of evaluator—evaluator’s ability and experience<br>Ability to communicate<br>Credibility of process for participants, methods used<br>Credibility of final report or outcomes of project |  |
| <b>E</b>            | ethics                                    | Ethical principles maintained?<br>Who monitors?<br>Implications for presentations or publishing<br>Who owns material? Intellectual property  |  |
| <b>P</b>            | purpose, politics, participants, position | Whose purpose? What? Why?<br>Important factors in context—political social, cultural<br>Philosophical position and values of evaluator, participants and stakeholders  |  |
| <b>T</b>            | timeliness, tone                          | How does the timing of the evaluation impact?<br>What’s the history?<br>The ‘flavour’ or tone of the project and report  |  |
| <b>A</b>            | attitude, appearance                      | What’s the evaluator’s attitude to the project?<br>How will the outcomes affect others?  |  |
| <b>N</b>            | numbers                                   | Nature of the methodology<br>What methods have been chosen?<br>Are they congruent with the purpose?  |  |
| <b>C</b>            | critique                                  | Will the project be critiqued?<br>Who will critique the process and the findings?<br>Who will critique the final outcomes or report?<br>What are the criteria for ‘rigour’ or ‘goodness’ of the project or study?    |  |
| <b>E</b>            | excellence                                | Are guidelines used? Whose?<br>What principles guide quality?  |  |