

# Map-enabled experiential review: Enhancing the relevance of evaluation at the program delivery coalface

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# Today's presentation

- The driver for new evaluation approaches
- What is map-enabled experiential review (MEER)?
- Case study: Evaluation of a multi-site program
- Potential applications of the MEER approach



# Indicators in an evaluation context

Indicators are the centrepiece of evaluation frameworks.  
BUT...

- Not everything that is important can be measured by an indicator.
- Not everything that can be measured by an indicator is important.



# Map-enabled experiential review

## Assessment

(in the context of quality improvement or evaluation)  
that is mediated by an interactive  
graphical representation of the program,  
project or process that is being assessed.



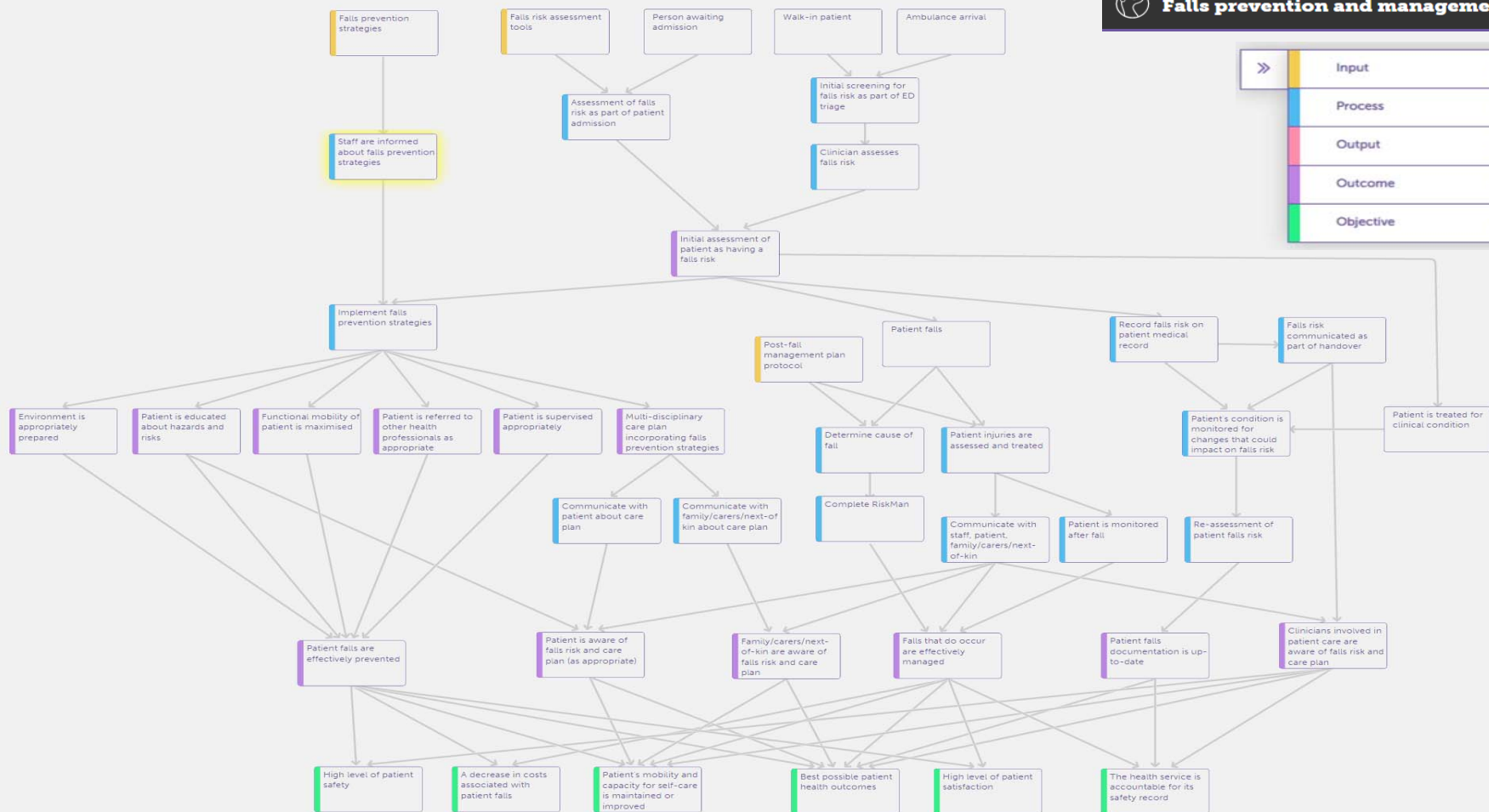
# Program logic maps

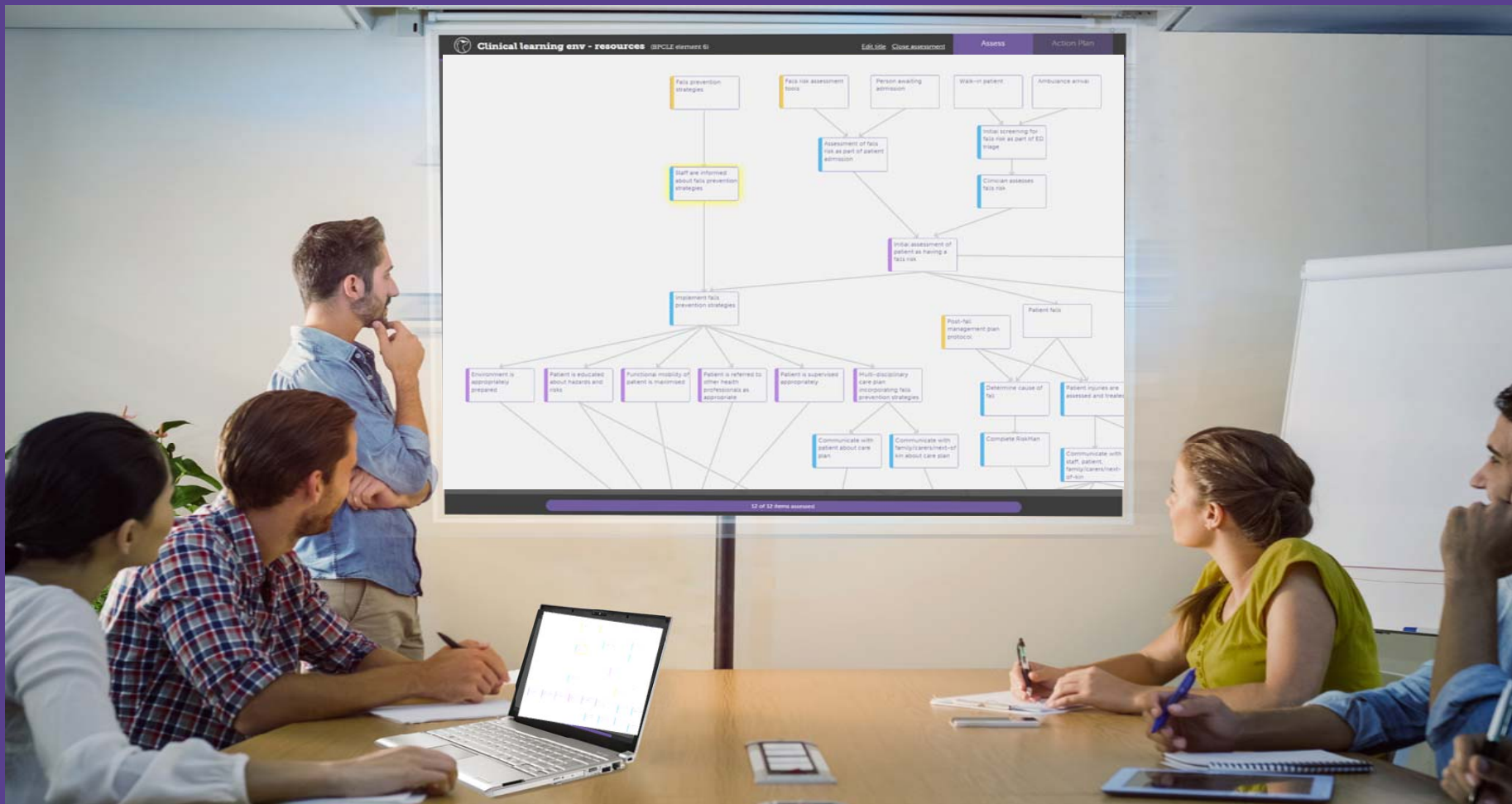
- A model of how a program is expected to work
  - Describes the relationships between inputs, activities, outputs/outcomes and objectives
  - Reveals assumptions about the system
- A tool for program managers
  - The foundations of program planning
- A tool for program evaluators
  - Identification of evaluation questions and indicators
  - A tool for conducting evaluations



# Falls prevention and management

Input	>
Process	>
Output	>
Outcome	>
Objective	>




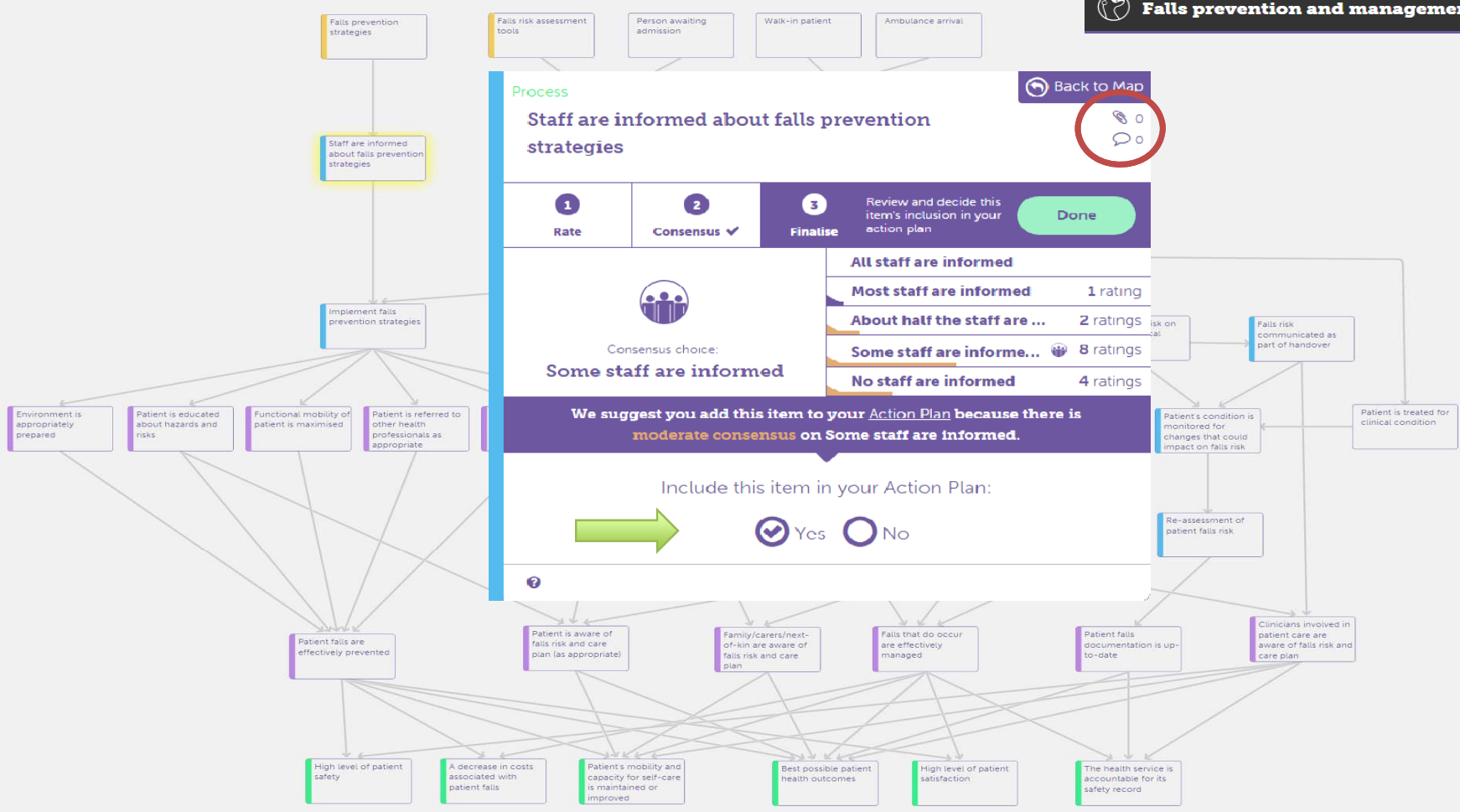


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Process

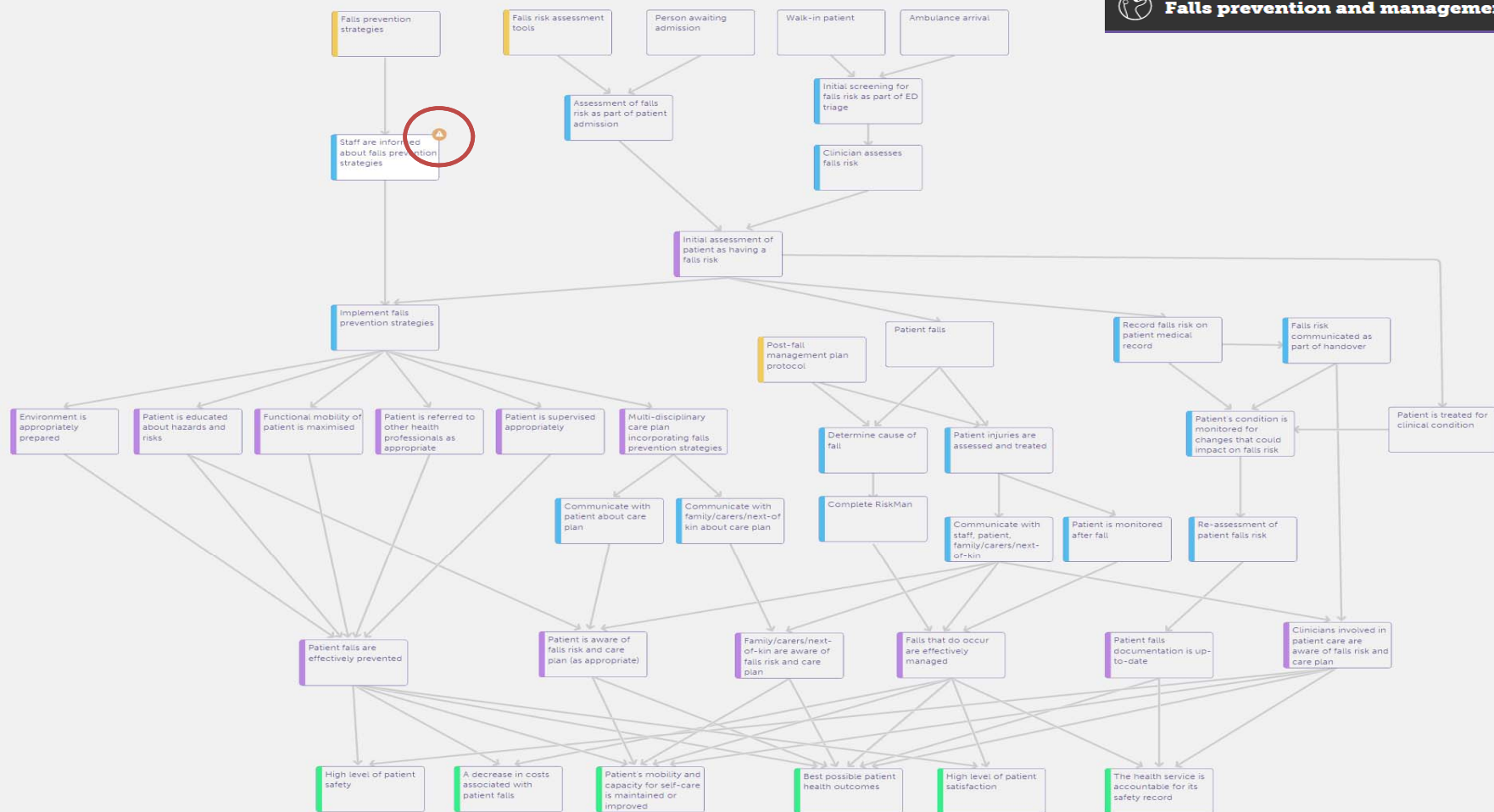
**Staff are informed about falls prevention strategies**

1 Rate	2 Consensus ✓	3 Finalise	
		Review and decide this item's inclusion in your action plan <a href="#">Done</a>	
		<b>All staff are informed</b> <b>Most staff are informed</b> 1 rating <b>About half the staff are ...</b> 2 ratings <b>Some staff are informe...</b> 8 ratings <b>No staff are informed</b> 4 ratings	
Consensus choice: <b>Some staff are informed</b>			
<b>We suggest you add this item to your Action Plan because there is moderate consensus on Some staff are informed.</b>			
Include this item in your Action Plan: <div>  <input checked="" type="radio"/> Yes <input type="radio"/> No         </div>			

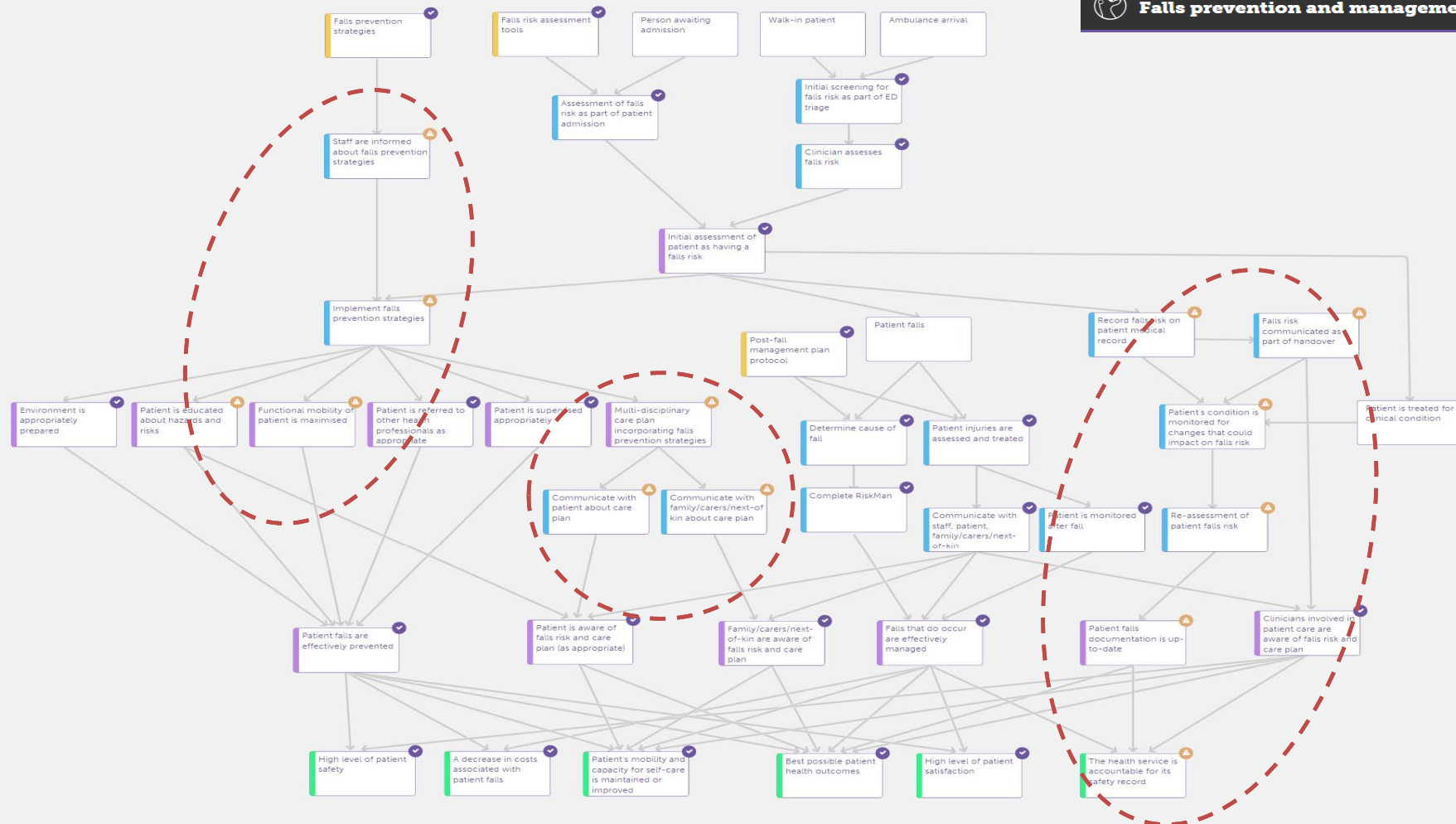




# Falls prevention and management



# Falls prevention and management



# Case study:

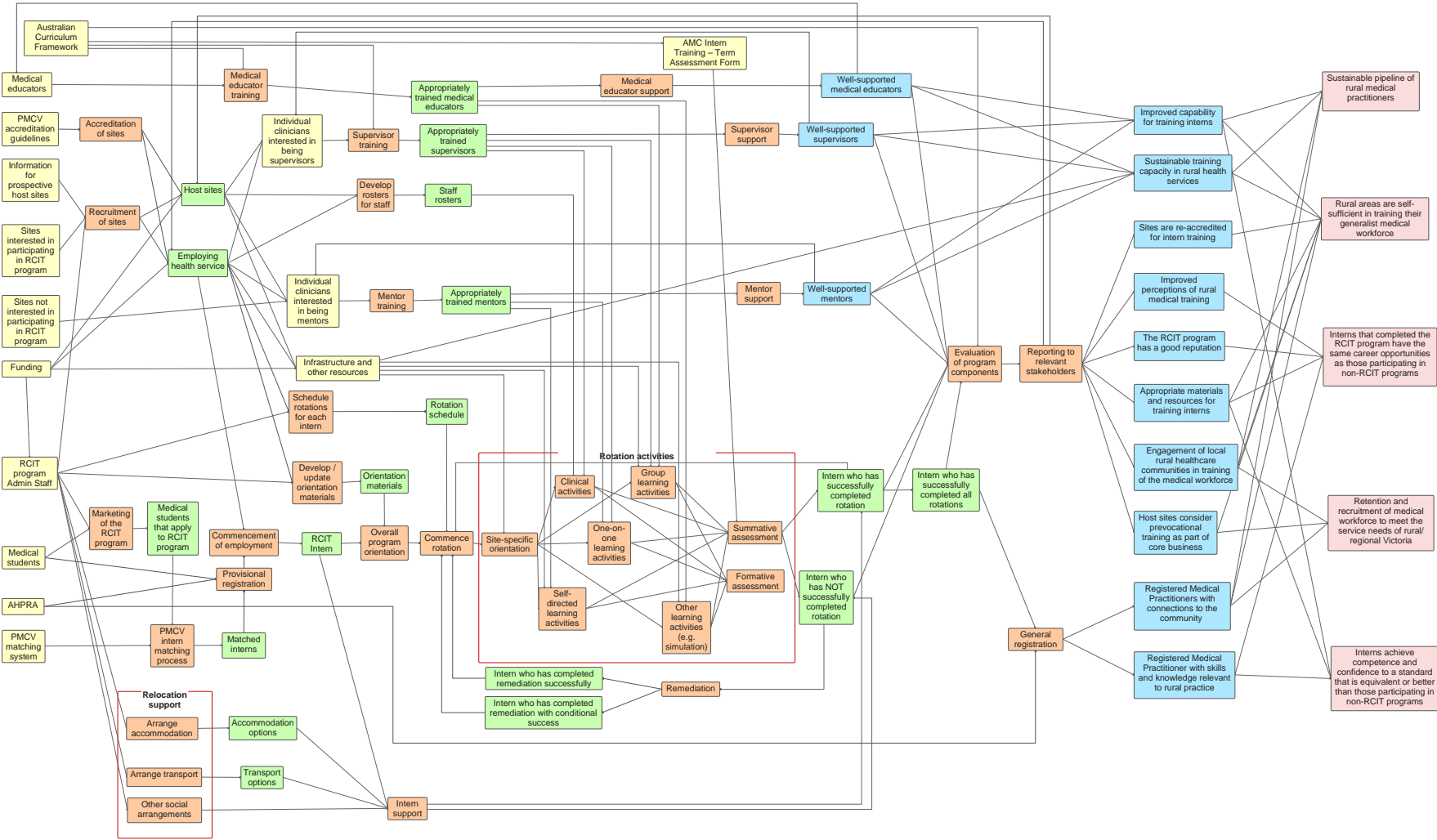
## Evaluation of the RCIT program

- Rural Community Intern Training (RCIT) program
  - A program run by the Victorian Dept of Health & Human Services
  - Five sites across regional Victoria
  - Includes compulsory community-based rotations for medical interns, principally in GP clinics
- Evaluation Framework
  - Program logic model developed with stakeholder input
  - 17 evaluation questions across the five program objectives
  - 30 indicators, including 21 *high priority* indicators



Rural Community Intern Training (RCIT) Program

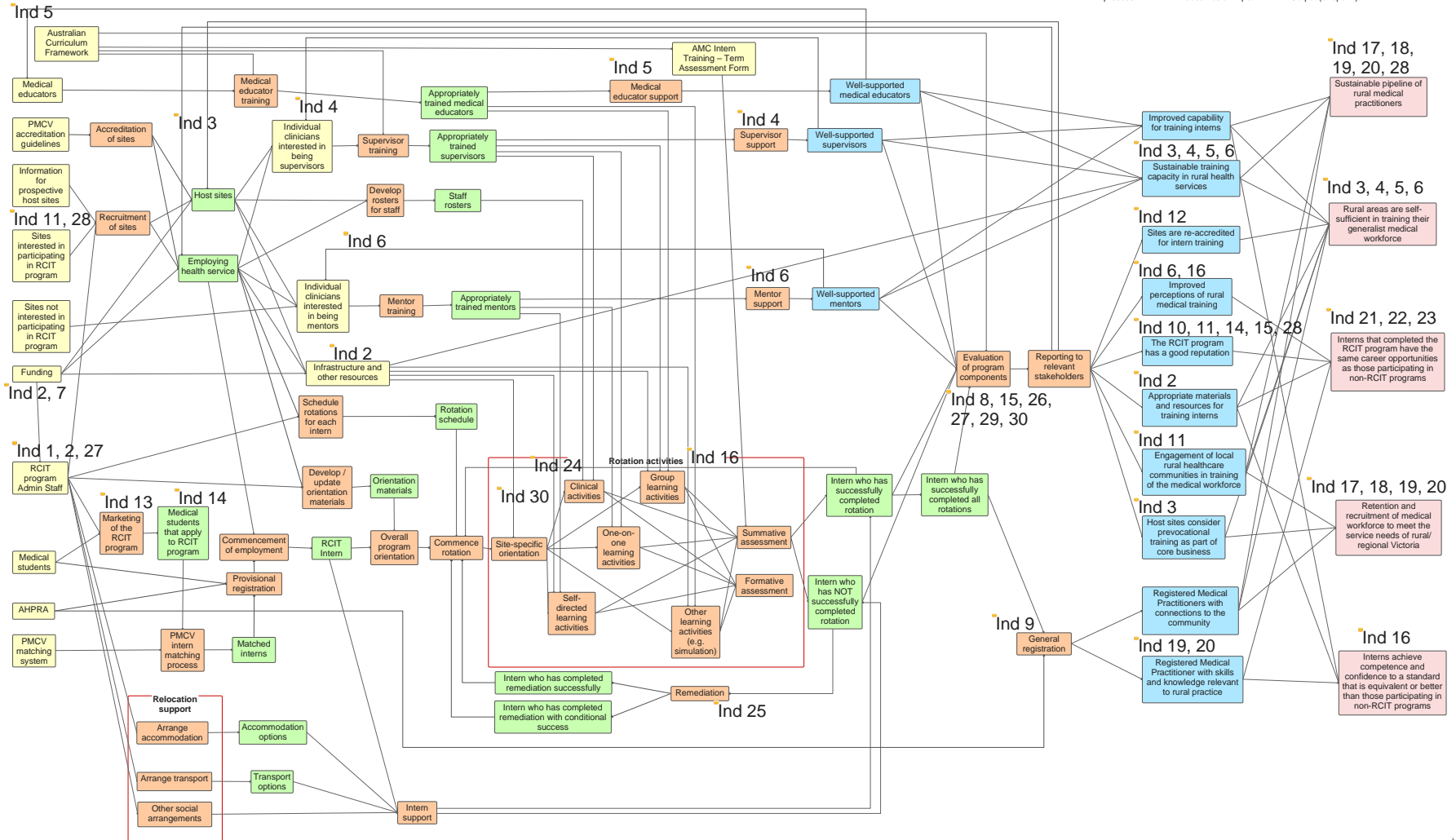
LEGEND  
= Input = Activity or process = Output that becomes an input = Outcome or Output (endpoint) = Objective

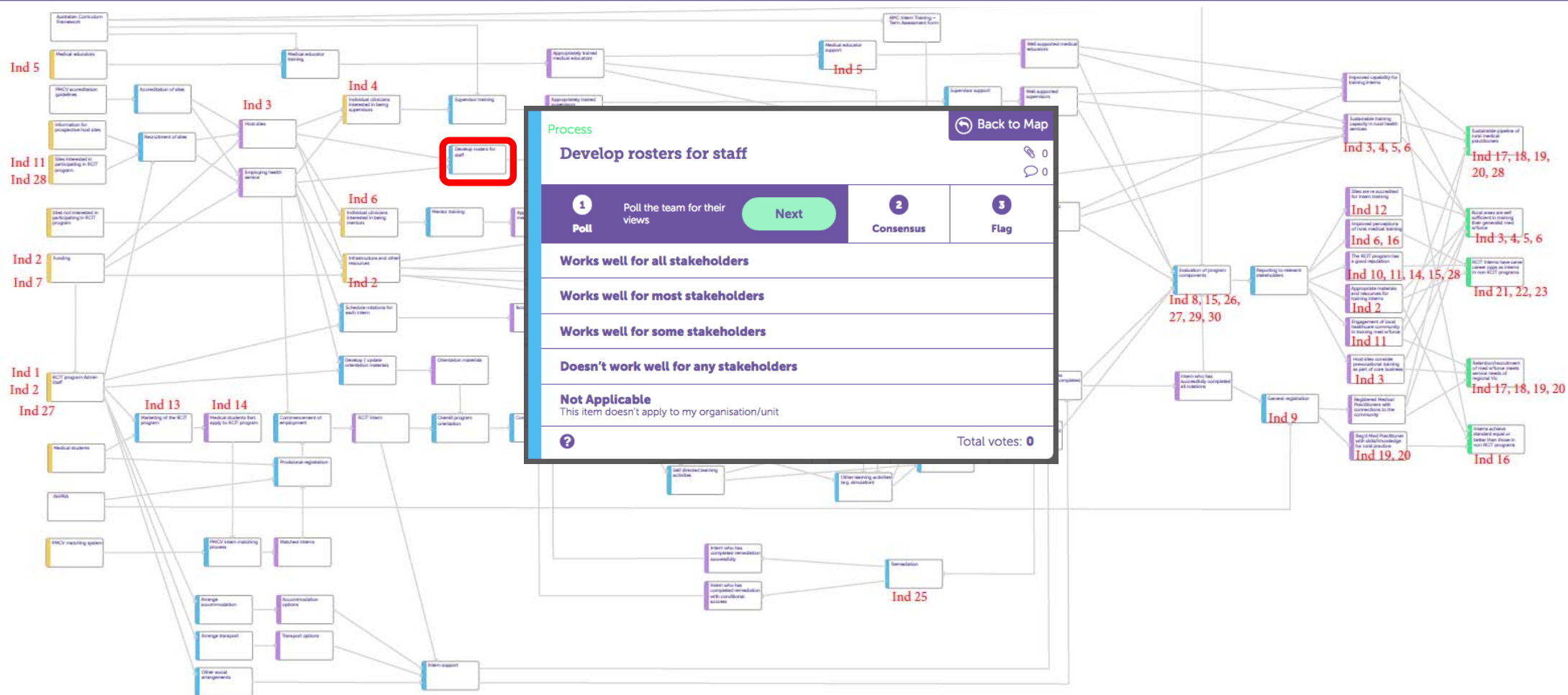


# Rural Community Intern Training (RCIT) Program

## LEGEND

Input
= Activity or process
= Output that becomes an input
= Outcome or Output (endpoint)
= Objective





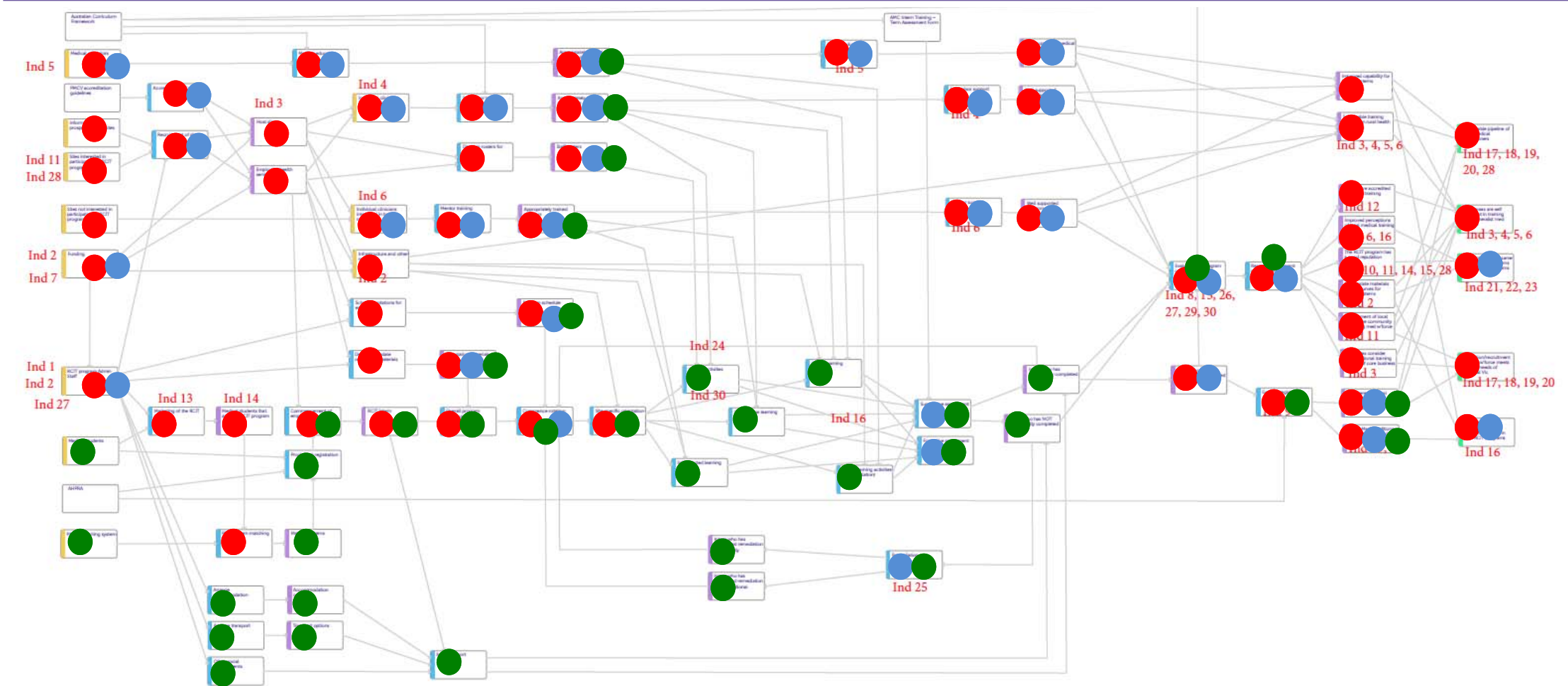
# RCIT Program evaluation

## Methodology

- Collect data against indicators
  - Stakeholder survey
  - Report proforma for site-specific data
  - Data from statewide databases on intern outcomes
- Team-based assessment using MEER
  - Sessions with groups of stakeholders at each program site
  - Follow-up action planning with program administrators
- Data analysis, reporting





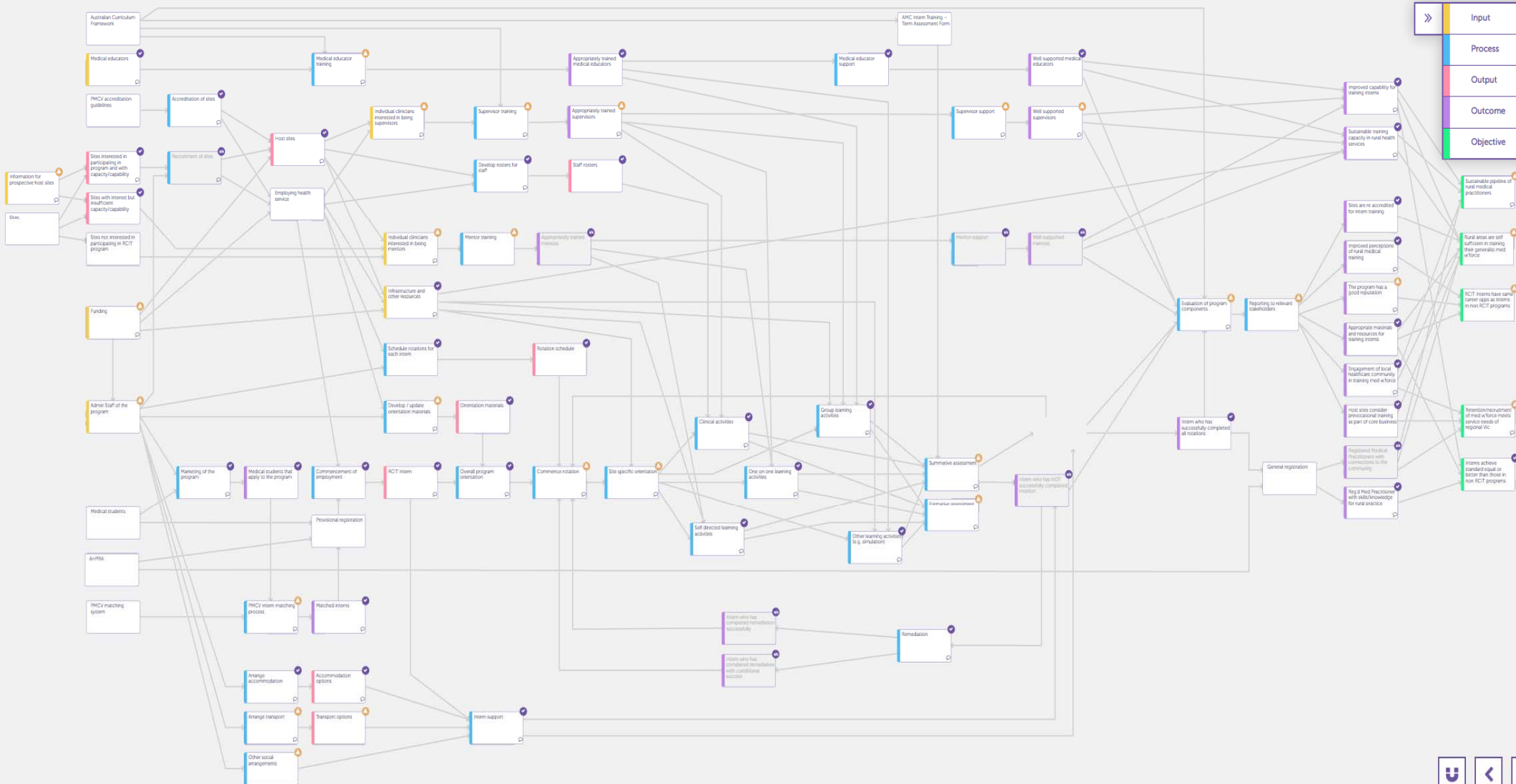


● Program administrators and senior management
 ● Supervisors/Mentors/Medical educators
 ● Interns





Input	>
Process	>
Output	>
Outcome	>
Objective	>



# MEER results: inter-site comparison

## Medical educators

There are more than sufficient numbers  
There are sufficient numbers  
There are insufficient numbers  
There are no interested/available individuals

A B D  
C E

## Medical educator training

Excellent  
Good  
Neither good nor poor  
Poor  
There is no training for medical educators

D  
A  
E  
B

## Sites interested in participating in program and with capacity/capability

There are sufficient numbers  
There are insufficient numbers

A B C E

## Sites with interest but insufficient capacity/capability

None  
Some  
Many

A B  
C

## Appropriately trained medical educators

All are able to meet intern training needs  
Some are able to meet intern training needs  
None are able to meet intern training needs

A B D  
E

## Medical educator support

Excellent  
Good  
Neither good nor poor  
Poor  
There is no support for medical educators

B D  
A E

## Funding

Funding is sufficient  
Funding is not quite sufficient  
Funding is significantly insufficient

A  
C D E  
B

## Admin Staff of the program

There are sufficient full-time equivalents of program staff  
There are insufficient full-time equivalents of program staff

A D E  
B C

## Well-supported medical educators

All  
Most  
About half  
Less than half  
None

D  
A B  
E

## Information for prospective host sites

Excellent  
Good  
Neither good nor poor  
Poor  
There is no information

D  
A C  
B E

## Recruitment of sites

Excellent  
Good  
Neither good nor poor  
Poor  
Very poor

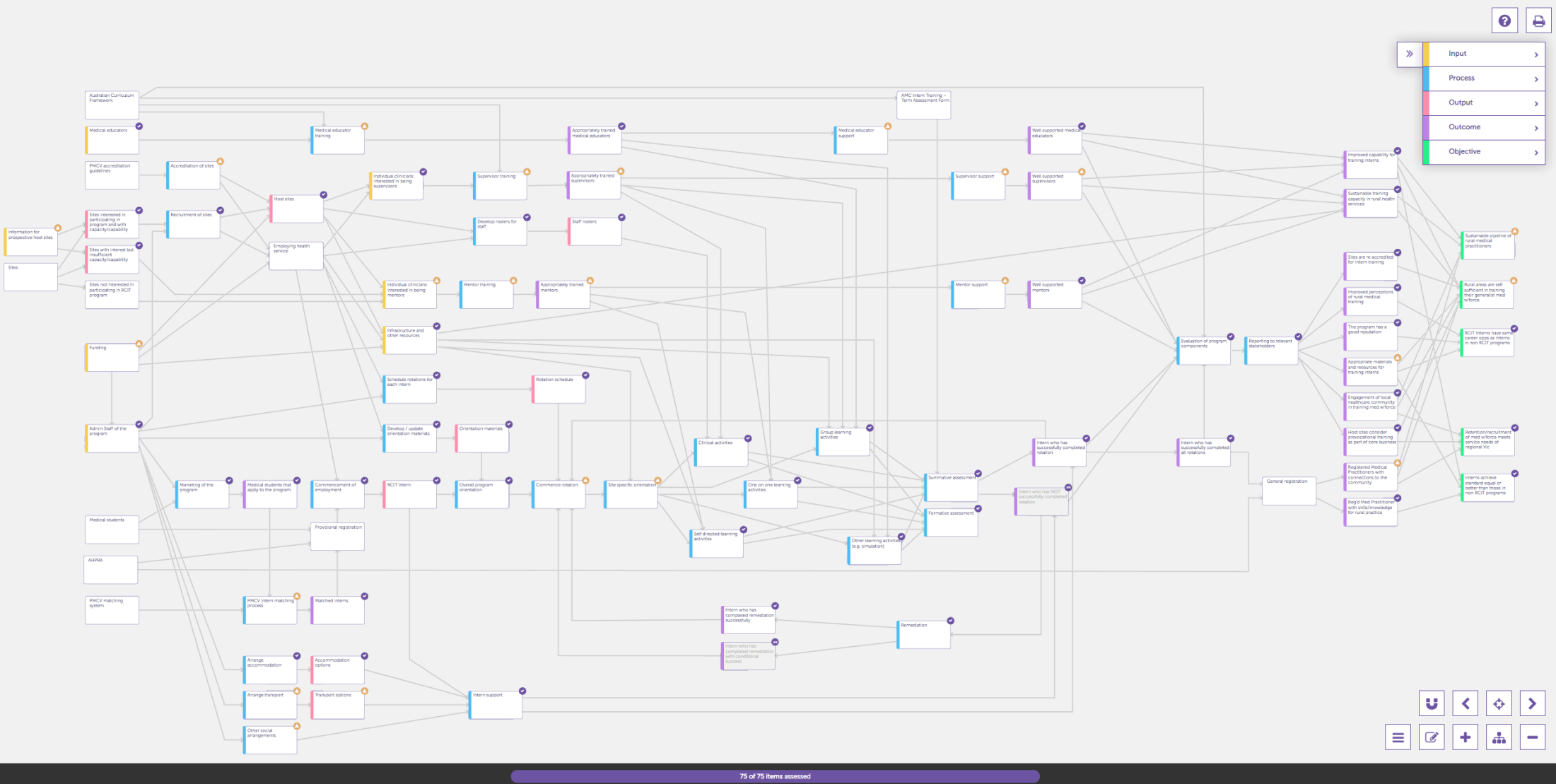
A C  
E

## Accreditation of sites

Straightforward and easy to complete  
Straightforward but time consuming  
Confusing and difficult to complete

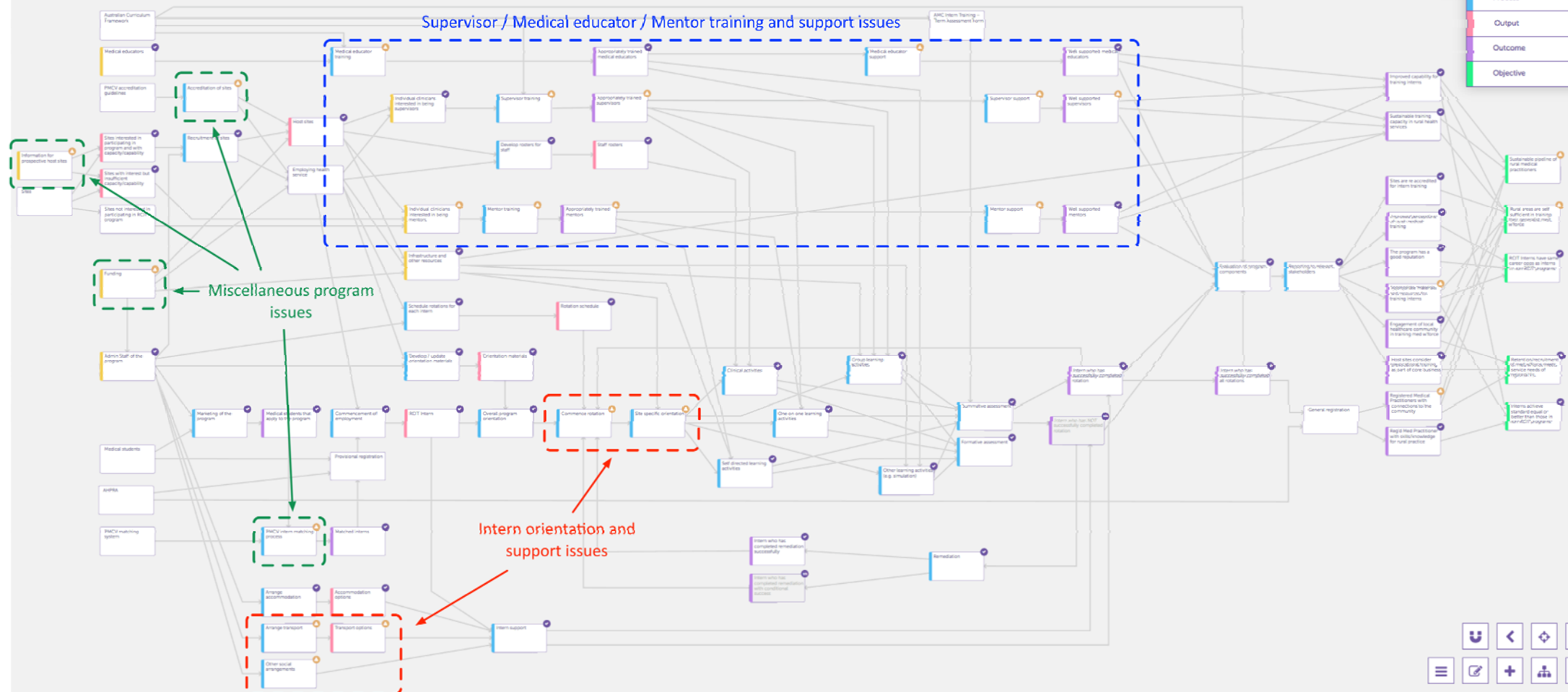
B  
C  
A E







- Input
- Process
- Output
- Outcome
- Objective

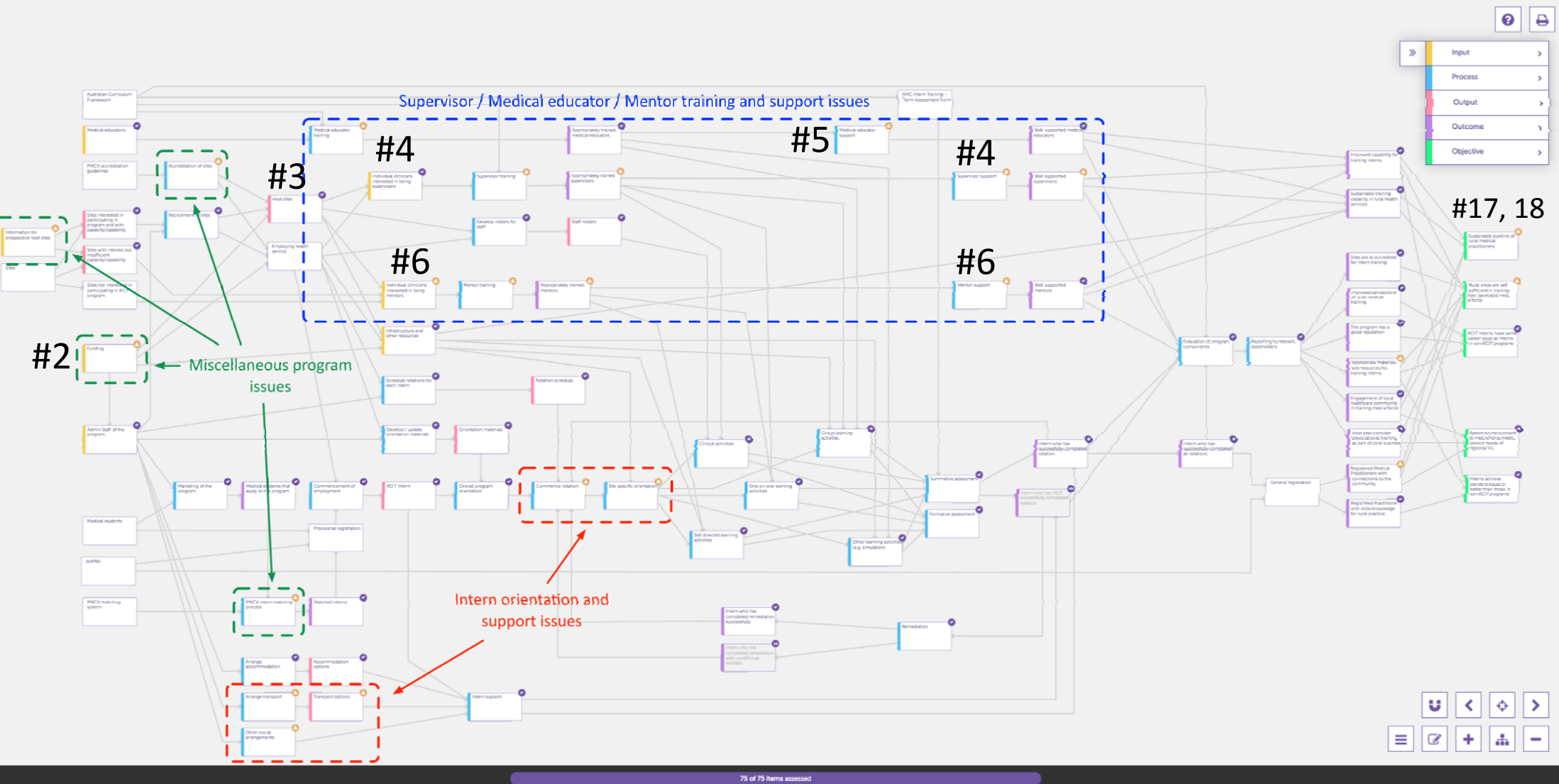


# Indicator results

Ind #	Indicator
1	Stakeholder perceptions of the governance arrangements for the RCIT program
2	RCIT program administrator satisfaction with the resources (funding, infrastructure and staffing) available to deliver the RCIT program
3	Retention rate of host sites
4	Retention rate of supervisors
5	Retention rate of medical educators
6	Retention rate of mentors
9	General registration rates for RCIT interns compared to non-RCIT interns
10	Stakeholder perceptions of the impact of the RCIT program upon practice
15	Preparedness of RCIT interns to recommend the program to other graduates
16	Intern perceptions of the RCIT program in relation to meeting their own learning needs
17	Intern intentions about pursuing rural practice after completing their RCIT intern year
18	Retention of RCIT interns in a rural health service for PGY2 training
21	Rating of the RCIT program as a platform for achieving career objectives
22	Rate of RCIT interns acceptance into one of their top three preferences for PGY2
24	Direct supervision of interns
27	Stakeholder satisfaction with the support received from relevant staff involved in the RCIT program
28	Stakeholder perception of benefit through involvement in the RCIT program
29	Stakeholder satisfaction with their overall experience in the RCIT program
30	Stakeholder perception of the impact of the RCIT program on patient safety in their health service

	Indicator result suggests <b>superior</b> performance is being achieved
	Indicator result suggests <b>moderate</b> performance is being achieved
	Indicator result suggests <b>low-level</b> performance is being achieved





# The value of MEER

- A more holistic evaluation outcome than would have been achieved by indicators alone.
  - Aspects of the program not amenable to indicator measures were assessed.
  - Issues not flagged by indicator results were identified.
- Structured conversations were similar across all program sites.
  - ‘Local’ issues could be distinguished from ‘global’ issues.
- Assessment outcomes fed directly into QI action plans.
- Stakeholders talked about aspects of the program relevant to them, were educated about the program and learned from each other.



# Applications of MEER

- The MEER concept can be applied to any program logic/theory of change/process map (MEERQAT).
- Potential applications
  - Evaluation of program implementation
  - Assess readiness for program implementation
  - Track implementation during program roll-out
  - Compare implementation across program sites
  - Self-assessment against a standard or framework
  - Monitor and improve business processes





# Acknowledgements

- The RCIT program evaluation is being funded by the Victorian Department of Health and Human Services.



- Web development of MEERQAT has been undertaken in collaboration with our partners Common Code.

