Rural Health Continuing Education

STREAM ONE

Project Evaluation Toolkit

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Throughout the Toolkit, relevant Tools for each section are identified in a green box.

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From the CPMC Chair

Welcome to the RHCE Project Evaluation Toolkit.

This set of documents delivers on a recommendation from the 2012 RHCE Program Evaluation to develop a toolkit for the use of Specialist Medical Colleges to guide projects in evaluation design, data collection, data review and reporting.

The Committee of Presidents of Medical Colleges (CPMC) and the Rural Health Continuing Education (RHCE) program aim to support Colleges to provide accessible, high quality and effective continuing professional development (CPD), education and training to their Fellows working in rural Australia.

The Toolkit will help deliver consistency across RHCE project documents, from project applications and service agreements, to data collection tools, to reports and ultimately future evaluations.

For project managers working at Colleges, the Toolkit will guide the development, collection and reporting of project data. It will help ensure that the key questions are asked of project participants, that reporting is easier, and that the value of the project is articulated to the RHCE Program Management Unit (PMU) and the Department of Health.

The Toolkit will also help the RHCE PMU by ensuring consistent data can be collected across all projects. This will inform future funding rounds, program design and the consolidation of outcomes data. Furthermore, it will provide the Department of Health with high quality information about the overall impact, reach and sustainability of the RHCE Program.

Thank you to all who contributed to developing the Toolkit, including project managers across a number of Specialist Medical Colleges, the Department of Health, the RHCE PMU, and the staff at Zest Health Strategies.

I hope you find the RHCE Project Evaluation Toolkit a helpful and worthwhile resource.

Professor Michael Hollands

CPMC Chair

1. How to use the Toolkit

The Toolkit's purpose

This Toolkit was developed specifically for staff of Australian Specialist Medical Colleges who are implementing projects funded by the RHCE Stream One Program. It is structured to provide broad evaluation knowledge up front, before providing suggestions for how to evaluate the short, medium and long-term objectives of RHCE projects.

The Toolkit has been designed to be as practical as possible, to help College staff determine the extent to which their projects are making a difference to healthcare provision in rural and remote Australia. It includes suggestions for assessing project impacts on the quality of clinical care and retention of medical specialists (core objectives of the RHCE Program).

Hopefully the Toolkit also imparts some enthusiasm about evaluation, by busting some jargon and outlining how helpful evaluation can be for developing and improving projects.

Navigating the Toolkit

A range of templates and tools are provided (with links throughout the Toolkit) to help you plan and conduct your RHCE evaluation. Each evaluation will not need all of these. Below is a list of Toolkit sections and tools which are relevant to different stages of your project evaluation.

You may find it more helpful to skip to certain sections, depending on your evaluation experience, and where your project is up to. Tools and templates, identified in green boxes are included to help you design, collect data and report on evaluation.

Table 1: Using the Toolkit at different project stages

Project stage	Toolkit section	Tools
Funding application Project planning Evaluation planning	Section 2: Introducing evaluation Section 3: Privacy and ethics considerations Section 5: Evaluating the longer-term impacts of your project Section 6: Evaluating different types of RHCE projects	Tool 1: Developing a logic model Tool 2: Key evaluation questions and data collection options
Project implementation – data collection and reports	Section 4: Documenting RHCE project activities, outputs and short-term outcomes	Tool 3: Progress and final report template Tool 4: Participant registration template Tool 5: Project survey examples. Tool 6: Tips for running focus groups
Project implementation to completion – evaluating longer term impacts	Section 5: Evaluating the longer-term impacts of your project Section 6: Evaluating different types of RHCE projects Section 7: Reporting	Tool 3: Progress and final report template Tool 5: Project survey examples

Note: there are many other evaluation tools available, that you may find useful as you develop your evaluation knowledge and experience. See the links in Section 8.

2. Introducing evaluation

What is evaluation and why do it?

What is evaluation?

Project evaluation is about collecting relevant data to find out the degree to which a project is making, or has made, a difference.

Evaluation is:

"The systematic collection of information about the activities, characteristics, and results of programs to make judgments about the program, improve or further develop program effectiveness, inform decisions about future programming, and/or increase understanding."

(Michael Quinn Patton, a well-respected evaluation expert, Utilization-Focused Evaluation, 2008)

Evaluation is not an objective science, as it involves using judgement to make assessments about projects for a particular purpose. These assessments must be clearly justified and supported by strong evidence.

Differences between monitoring and evaluation

'Evaluation' and 'monitoring' are often used interchangeably (e.g. 'monitoring and evaluation (M&E) frameworks').

Monitoring is:

- Documenting day-to-day project activities and outcomes, often with project accountability in mind.

Evaluation involves:

- assessing the value or worth of activities and outcomes
- making a judgment about how successful a project has been
- examining how the project could be improved.

Good quality monitoring data is usually required for a good evaluation. However, evaluation usually needs more than monitoring data alone.

This Toolkit uses the term 'evaluation' to cover both and includes a strong focus on obtaining good monitoring data.

To find out more, read what the experts have to say about the difference between monitoring and evaluation at: http://genuineevaluation.com/monitoring-and-evaluation-lets-get-crystal-clear-on-the-difference/.

Why evaluate and who uses the findings?

Understanding evaluation involves understanding why it is done (Table 2) and who uses the findings (Tables 3 and 4). Different stakeholders may contribute data to an evaluation and want to make use of the evaluation findings in different ways. Therefore, it is important to think about the end user while planning your evaluation.

Table 2: Why evaluate?

Project accountability	Lessons for improvement	Overall quality or value assessments
• Account for funds spent • Meet requirements of funders • Monitor progress towards project goals • Identify project achievements or successes (and any key gaps in these) • Help decide whether to initiate or continue a particular project (informing funding decisions) • Justify the need for further funding and support	• Find opportunities for continuous quality improvement • Learn how to improve planning and delivery of existing or similar programs, projects or policies • Inform choices and approaches to future projects • Find out about the effects (intended and unintended) of a project for a range of stakeholders	• Find out about the quality of a particular project • Find out how valuable or worthwhile the project has been for participants, those meant to ultimately benefit from the project and other relevant stakeholders • Make sure effective projects can continue. • Minimise waste on ineffective projects

Table 3: Who uses the findings (any evaluation)?

Stakeholder group	Role in project being evaluated
Decision makers	Can make decisions about the project's future (Department of Health, CPMC, RHCE PMC and PMU)
Project leads	Plan and implement project (current or future) (Specialist Medical Colleges)
Project participants and intended beneficiaries	Take part in or the project (rural specialists) and/or are intended to benefit (rural specialists, rural patients and communities)

Table 4: RHCE Stakeholders and use of evaluation findings

Who has an interest in the Project?	Reason for interest	Potential use of evaluation findings
Decision makers		
The Australian Government, Department of Health	Funders of the entire RHCE Program	Inform future funding decisions about RHCE and other relevant programs
Committee of Presidents of Medical Colleges (CPMC)	Contractually responsible for administering the RHCE Program	Inform future approaches to program design and administration; evidence to support future funding applications
Program Management Committee (PMC) and Program Management Unit (PMU)	RHCE Program administrators	Inform future approaches to program design and administration
Project leads		
Senior Executive-level staff of Australian Specialist Medical Colleges	Responsible for RHCE-funded projects; implementers of specialist registration and Continuing Professional Development	Provide learning information for improving or continuing projects and initiating new projects in future
Specialist Medical College staff	Managers and coordinators of projects funded by the RHCE Program	Provide learning information for improving or continuing projects
Project participants and intended beneficiaries		
Medical specialists living and working in rural/remote Australia	Seekers of professional development in order to provide high quality health care in these areas	Inform decisions about whether to take part in a future project activity
Australian health services in rural/remote Australia	Services seek to provide access to high quality health care in these areas	Assist management in deciding whether the CPD activity is worth their staff attending
Patients, carers and community living in rural/remote Australia	Require access to high quality health care in these areas	Inform patients, carers and community about the most up-to-date training that their local medical specialists have completed
Other health professionals living and working in rural/remote Australia	Work with medical specialists in multidisciplinary team settings to provide high quality health care in these areas	Learn from multidisciplinary team (MDT) project activities and processes that have been implemented in similar areas

Overview of approaches to evaluation

Types of evaluation

Evaluation approaches can be grouped into two overarching categories: formative and summative.

Formative evaluation asks the question: how can the project be improved?

Summative evaluation asks the question: should the project be continued?

Formative evaluations focus primarily on learning and providing information for project improvement, and include

- **needs assessment**: to determine who needs the project, how great the need is, and what might work to meet the need
- **implementation** evaluation: to monitor how the project was delivered and fidelity of the project delivery
- **process** evaluation: to investigate the process of delivering the project, including alternative delivery methods.

Note: projects can occasionally be implemented differently from how they were originally planned, due to ongoing monitoring and improvement, appropriate responsiveness to stakeholders, changing contexts etc. If a project was implemented differently from how it was planned, appropriate reasons for this need to be captured as part of an evaluation. Substantial changes affecting project budget or outputs need to be approved by the RHCE Program Management Unit.

Summative evaluations assess whether or not a project should be continued, and include:

- **outcome** evaluation: to investigate the extent to which the project activities and outputs caused changes (see Table 4, page 7, for more information)
- **impact** evaluation: to assess the overall or net effects – intended or unintended – of the project as a whole
- **cost-benefit analysis**: to address questions of efficiency by measuring outcomes in terms of their dollar costs.[1, 2]

[1] Adapted from the Web Centre for Social Research Methods website. Accessible at http://www.socialresearchmethods.net/kb/intreval.php

[2] Adapted from Patton, Michael Quinn, Practical Evaluation, SAGE Publications, 1982.

Note: the suggested approaches to evaluating RHCE projects in this Toolkit focus mainly on contributing to an outcomes evaluation (summative).

Evaluation questions

A small number (up to 5 or 6) of **key evaluation questions** should be answered by an evaluation. These questions are usually set by those who most want to use the evaluation results. The questions should guide everything about the evaluation, including:

- what data are collected
- how data are collected (methods, participants)
- how data are analysed
- how findings are reported.

Foundations for key evaluation questions

Evaluation questions often consider one or more of the following:

1. What did we do? (Did we do what we said we would do? And if not, why?)
2. What did we learn? (What did we learn about what worked and what didn't work?)
3. What difference did we make?
4. What could we do differently?
5. How do we make it even better next time? [3,4]

The most useful question to bear in mind for an outcome evaluation is 'What difference did we make?'

Reporting what you did is helpful, but the focus should be the difference you made as a result of your project.

[3] A Simple Guide to Evaluation, Department of Health and Human Services Tasmania. Accessible at http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0003/91920/Fact_sheet_5_A_simple_guide_to_evaluation.pdf

[4] The Health Communication Unit, Centre for Health Promotion, University of Toronto. Evaluating Health Promotion Programs. 2007 http://www.thcu.ca/resource_db/pubs/107465116.pdf

Applying this to your RHCE project

Key steps for starting your RHCE project evaluation could include the following:

- Identify **why** you want to evaluate, **who** will use the evaluation findings and **how** findings will be used. If the answers to these all relate to contractual requirements only, consider how you could also make the evaluation useful and valuable for your project, Specialist Medical College and other stakeholders.
- Adapt the RHCE stakeholder table (Table 3, page 6) to your project.
- Develop some evaluation questions (ideally that link to project objectives), using Tool 2: Key evaluation questions and data collection options.

Note: keeping your evaluation realistic may be easier than you think. Read on for information about providing good quality activity reporting and planning an evaluation of longer-term outcomes.

Tools

- Tool 1: Developing a logic model
- Tool 2: Key evaluation questions and data collection options
- Tool 3: Progress and final report template

3. Privacy and ethics considerations

All evaluation data obtained, including participant details and de-identified data, should be managed in line with your College's policies and procedures regarding data management and privacy considerations. These are likely to address the following:

- safe, secure data storage that protects against theft, misuse, damage or loss
- password-protection of and limited access to any files containing participant names and other identifying information (including IP address, if obtained through online survey)
- evidence of informed consent for contribution to data, including consent to the purpose or use of that data
- no sharing of personal information with a third party, unless explicit permission is provided.

Note 1: each College will need to decide whether to obtain approval from a Human Research Ethics Committee for the evaluation. This may take several weeks or months and should be explored early in your project.

Note 2: Specialist Medical Colleges are bound by the Australian Privacy Principles (APPs). The APPs can be accessed at http://www.oaic.gov.au/privacy/privacy-resources/privacy-fact-sheets/other/privacy-fact-sheet-17-australian-privacy-principles

Further information can be sought from the Office of the Australian Information Commissioner on 1300 363 992 or at enquiries@oaic.gov.au

4. Documenting RHCE project activities, outputs and short-term outcomes

Role of activity reporting in evaluation

All Colleges are required to provide regular Progress Reports on RHCE-funded project activities undertaken. This type of reporting is part of activity 'monitoring', which is an essential component of evaluation. It also fulfils the project accountability function of evaluation.

Activity reporting using monitoring data is an essential element of evaluation. However, good evaluations build on and enhance monitoring data in order to make an assessment of the quality or value of these activities.

Gathering baseline and progress data, and progress reporting

If possible, it is useful to gather baseline data (before project activity begins) from project participants and the broader target population, such as patients, as well as after project activity to measure any changes. These changes are likely to be in short-term outcomes, such as increased knowledge, skills and awareness.

It may be more practical and accurate to ask participants about new knowledge, skills and awareness gained from a CPD activity retrospectively. This may mean that a higher number of project participants provide a complete and comprehensive response after the project activity has taken place, rather than having fewer participants complete both pre- and post-evaluation questionnaires. In addition, it is worth considering whether the pre-activity survey truly reflects pre-activity knowledge, or whether participants actually 'won't know what they don't know' until after completing the project activity. The most suitable method for gathering this information will depend on the participants, activity and the measurement approach.

Activity and short-term outcome data (if available) will be required for each progress report. This information will be important to build on for the final report, when longer-term changes may have been captured.

Tools

- Tool 3: Progress and final report template
- Tool 4: Participant registration template
- Tool 5: Project survey examples

Relevant RHCE Program objectives (1–3)

Three of the RHCE Program objectives (Table 5) focus on delivery of project activities and the processes used. Evaluating the extent to which these objectives have been met requires activity monitoring data and some additional short-term outcome evaluation data. Table 6 (page 15) summarises the type of information required to answer the evaluation question of

"To what extent did the project achieve x objective?"

Table 5: Suggested activity monitoring and short-term outcomes data for RHCE program objectives 1–3

RHCE objectives	Activity monitoring	Short-term outcomes data to consider
1. Identify, develop and deliver suitable Continuing Professional Development (CPD) and Multidisciplinary Team (MDT) activities and peer support programs to medical specialists in rural and remote areas of Australia[5]	Reporting of activities undertaken, outputs and reach • activity examples: processes to develop education resources or design education sessions • output examples: education resources produced, number of education sessions delivered • reach examples: number and proportion of target population attending education session and/or benefiting from colleagues taking part in an initiative; *must* specify specialty and RA classification of those reached and evidence of reach	Explore the extent to which intended short-term outcomes were achieved, such as changes in awareness, knowledge and skills of activity participants Also ask: to what extent did the activities *cause* the short-term outcomes
2. Encourage increased collaboration between stakeholder groups and foster MDT-based education and joint continuing education projects	Reporting of activities undertaken and outputs that show enhanced collaboration between stakeholder groups (e.g. MDT-based education activities and joint continuing education projects)	Outcomes data to include evidence of ongoing collaboration, such as jointly used protocols for patient care or evidence of MDT-based approaches to service delivery
3. Assist in building inter-College and stakeholder capacity to deliver these activities	Reporting of activities undertaken and outputs that show increased inter-College and stakeholder capacity	Outcomes data to include evidence of changes in capacity, such as through development of transferable infrastructure and resources or through demonstrated transferability of experience to new activities

[5] This objective combines 3 original RHCE objectives.

Some project leads may choose to extend their evaluation of objectives 1–3. For example, evaluations could address other questions of interest, such as:

"How valuable or worthwhile were these activities?"

or

"What were the barriers, enablers and critical success factors that made the difference between successful and disappointing delivery of activities?"

Additional data will be required to address such questions. This may be as simple as:

- interviewing some of the key people involved, such as project Working Group members, project staff and lead clinicians
- and interviewing those intended to benefit from the project, such as specialists in rural areas (project participants and non-participants), their patients and/or possibly representatives of their health services and their colleagues.

RHCE Program definitions

Detailed, appropriate reporting of activities and short-term outcomes requires a shared understanding of key definitions within the RHCE Program, outlined in Table 5 (page 13).

Specialist Medical Colleges are required to demonstrate that project activities are being delivered within the remit of the RHCE Program and are reaching the intended audiences. However, inclusion of additional participants (e.g. trainees in rural areas) and flow-on activities are also of interest and should be included in reports, along with a rationale.

Table 6: Definitions of RHCE Program terminology and implications for reporting

RHCE terminology	Definition[6]	Implications for reporting
Specialist	A Fellow of a Specialist Medical College (excluding General Practitioners) Note that Overseas Trained Specialists (OTS), Registrars and Trainees are not included in the definition of 'Specialist' although they (and others) may participate in RHCE projects	Participant data to record specialty and distinguish between Fellow, OTS, Registrar/Trainee and other participants (e.g. Hospitalist, Intern, Nurse) See Tool 3
Rural	Defined according to the Australian Standard Geographical Classification - Remoteness Areas (ASGC-RA) criteria as RA2-RA5 RHCE Project Guidelines specify the requirement that specialists taking part in RHCE project activity must work in a rural area of Australia	Participant data to include postcode of where specialists work Check, using (ASGC-RA), to clarify RA of each participant
Continuing Professional Development (CPD)	This is defined as learning activities that: • build networks • implement learning in participants' usual working environment • foster collaboration • reduce professional isolation Activities may include, but are not limited to: • up-skilling or re-skilling in areas of clinical practice • journal clubs / case discussions • clinical audit • peer review and Quality Assurance • practice review • interactive tutorials • virtual meetings Education should, wherever possible, be delivered in the participants' own working environment and local areas	Include clear description of activities and purpose

[6] CPMC. RHCE Stream One Guidelines for Accessing Project Funding, Round One-July 2010.

Table 6 continued

RHCE terminology	Definition	Implications for reporting
Peer support	Support from doctors of the same specialisation, whether through a formal program, or informal contact Peer reviews, peer-based online forums, or workshops where peers can meet are all types of activities that reduce professional isolation and are important to RHCE	Peer support activities within your RHCE project should be included in reports
Multi-Disciplinary Team' (MDT) activities and MDT-based education	MDT-based education refers to activities that bring together different disciplines (priority) and/or different specialists with a focus on the delivery of additional skills and systems to health professionals that are likely to result in improved team based care arrangements MDT activities foster collaboration with specialists of different Colleges and include opportunities for inter-professional learning to build links and support multi-disciplinary teams (i.e. nursing, allied health, Aboriginal and Torres Strait Islander Health Workers, GPs etc.) involved with specialist service delivery	Participant data to record speciality/discipline of participants Activity reports to include description of MDT-based processes and interaction within the CPD activity
Stakeholder capacity	The ability and scope for a person, group or organisation to be involved in, develop or deliver CPD, MDT-based education, or to perform any other action relating to the RHCE Program For example, the capacity for a College to coordinate practice audits once protocols and procedures have been developed, or the development of a sustainable cross-College platform for sharing CPD information and resources	Effect of increased stakeholder capacity on sustainability of RHCE projects or scope of project reach

5. Evaluating the longer term impacts of your project

Why evaluate impacts?

The potential of a project to contribute to specific health issues (long-term objectives), such as those articulated in Federal and/or jurisdiction policies, is a key factor to monitor and evaluate. The RHCE Program goal is to make a difference for health and healthcare provision in rural and remote Australia, and the two specific longer term objectives are:

- **Objective 4:** to assist in the retention of medical specialists in rural and remote practice
- **Objective 5:** to enhance the delivery of quality clinical care in rural and remote Australia.

Progress reports are a valuable source of monitoring data, but outcome data are required to demonstrate any difference a project makes (or is likely to make) to health and healthcare provision in rural/remote Australia. This Toolkit provides some suggestions for how to break an evaluation down into manageable pieces and to start to evaluate longer term objectives (outcomes and impacts).

Evaluating project contribution to the retention of medical specialists in rural and remote practice

A longer term objective of the RHCE Program is to assist in the retention of medical specialists in rural and remote practice.

Medical specialists' decisions to leave or remain in rural/remote practice are varied and complex, being influenced by many personal and professional considerations. Therefore, it is challenging to assess one project's contribution to the retention of medical specialists. Following the steps below will help.

The first two steps (or similar approach) may have been used already at the project planning stage.

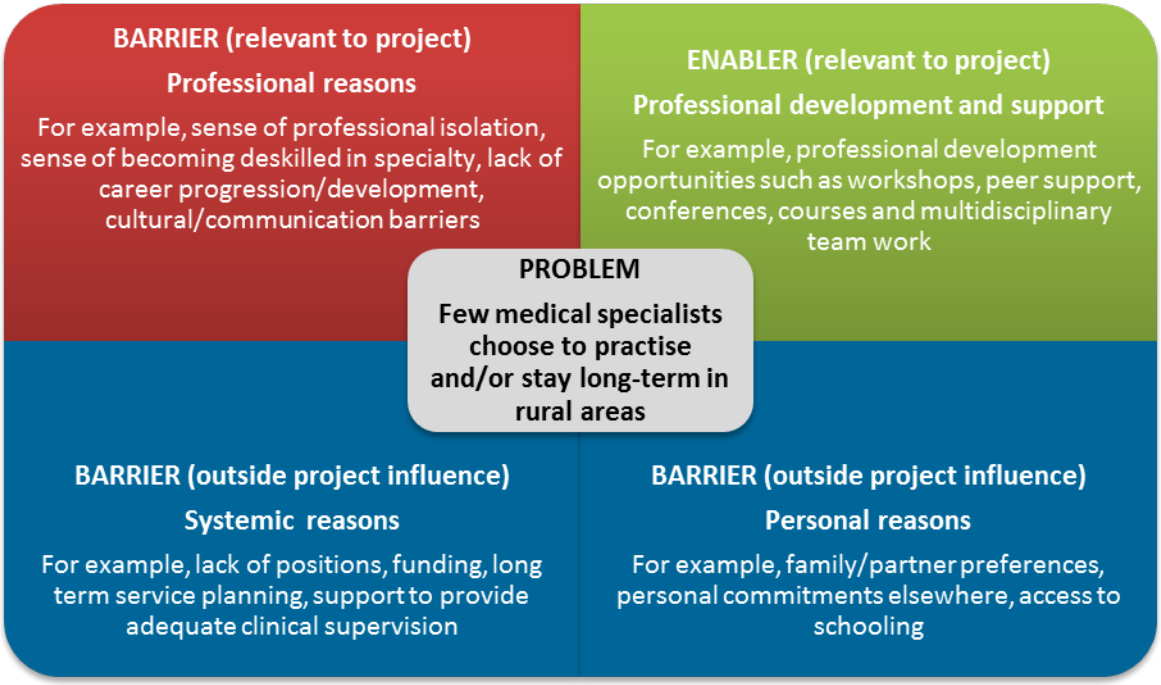
1. Map where your project fits in the range of factors affecting retention.

Outline the broad range of contributors to medical specialists leaving rural/remote practice, such as in Figure 1 (page 18). Maps may vary by medical specialty and/or by region.

Note which of the contributors in your map are targeted by your project.

Note: this process acknowledges that specialists leave rural/remote practice for many reasons that are part of the context, but outside the control of the project (blue quadrants). Using the red and green quadrants can help to pinpoint the professional support elements which RHCE projects target, and therefore can help to identify measurable project contributions to staff retention.

Figure 1. Barriers and enablers to medical specialists living and working in rural areas.



2. Explain how your project contributes towards assisting retention.

Develop a theory of change or logic model that explains how your project will help contribute to the retention of medical specialists, such as in Figure 2. This expands on step one, but explains how project activities are likely to help overcome specific barriers to retention (using evidence where possible, either published research or other data such as member surveys).

Figure 2. Example of a theory of change describing how a project contributes to retention of medical specialists in rural areas

3. Define your evaluation question.

The evaluation question might be:

'To what extent has this project contributed to retaining medical specialists living and working in rural and remote areas (or specific definition area in which the project has taken place)?'

An alternative option is:

'How effective is this project as a method for assisting with retention of medical specialists in rural and remote areas? What would work better?'

4. Collect and analyse data that evaluates the project's contribution.

Measuring the number of medical specialists who stay to work in rural and remote areas, and the extent to which a project may have contributed to this, are both very helpful for evaluation for the longer term impact of RHCE projects.

Tools

- Tool 1: Developing a logic model
- Tool 2: Key evaluation questions and data collection options
- Tool 3: Progress and final report template
- Tool 5: Project survey examples

Evaluating project contribution to quality clinical care in rural and remote Australia

A longer term objective of the RHCE program is to enhance the delivery of quality clinical care in rural and remote Australia.

The delivery of quality clinical care is an important but complex issue. The contribution of one project to enhancing delivery of quality care may vary, but any contribution is important to measure.

Follow the steps below to help to evaluate contribution to enhancing delivery of quality clinical care.

1. Map where your project fits in relation to the range of factors affecting delivery of quality clinical care.

The first step in the mapping process is to define the aspect of delivery of quality clinical care being targeted by the project. Some RHCE projects aim to improve quality of clinical care in a targeted disease or care area, such as Smoking Cessation (RACP) and Echocardiography and Ultrasound Training (CICM). Other projects address quality of care that is relevant across the health system, such as the Indigenous Health and Cultural Competency Online Portal (RACS).

Your map may include a wide range of factors across the health care continuum (from prevention through to follow-up). It is likely to include a wide range of systemic, patient and other factors in addition to those that may be within the control of individual clinicians.

Useful resources for developing your map include:

- the Australian Quality and Safety Framework http://www.safetyandquality.gov.au/wp-content/uploads/2012/04/Australian-SandQ-Framework1.pdf
- research and other evidence (such as anecdotal or advisory committee evidence) you have about your project and the rural/remote context.

Note: some of the above information is likely to have been prepared during the project funding submission or planning phases.

2. Articulate how your project will contribute towards enhancing delivery of quality clinical care in rural and remote Australia.

Develop a theory of change or logic model that explains how your project will help contribute to improving delivery of quality clinical care. This will articulate how project activities will help overcome specific barriers to delivery of quality clinical care.

For example, for the PROMPT project, a theory of change model might look like (see Figure 3 below).

Figure 3. Example of a potential theory of change for PROMPT

3. Define your evaluation question.

The evaluation question is likely to be a variation on a question such as:

'To what extent has this project contributed to enhancing quality of clinical care delivery in rural and remote areas?'

Tailor the evaluation question to your project by specifying the elements of clinical care delivery being addressed.

4. Collect and analyse data that evaluates the project contribution.

Measuring changes in the delivery of quality clinical care, and the extent to which a project may have contributed to this, are both important to evaluate the longer term impact of RHCE projects.

In the short term, it is likely to be most realistic to focus on measurement of project contributions to the skills and practice of individual specialists, hospital-based systems and teamwork or other factors directly targeted by the project.

If possible, the longer term tracking of patient outcomes (e.g. changes in outcomes in obstetric emergencies over time) is ideal for demonstrating enhanced delivery of quality clinical care.

Note: see Section 8 for suggestions for overcoming challenges in obtaining longer term evaluation data, which are likely to apply across the range of project types.

Tools

- Tool 1: Developing a logic model
- Tool 2: Key evaluation questions and data collection options
- Tool 3: Progress and final report template

6. Evaluating different types of RHCE projects

Range of RHCE projects

The current range of RHCE-funded projects can be categorised as follows.

Table 7. Range of RHCE projects

Project type	Examples
Online	Online information portals Indigenous Health and Cultural Competency Online Portal (RACS) Podcasts Indigenous Health course (ANZCA) Videos Navigating Communication (CICM) Interactive online educational resources Management Essentials (RANZCR)
Workshops, courses and forums	Face-to-face workshops Echocardiography and Ultrasound Training in Alice Springs Hospital (CICM) Videoconference/web-conference sessions National Management and Leadership Peer Review Group for Clinical Managers (RACMA) Resources to run workshops The Critically Obstructed Airway (RACP) Train the trainer courses PROMPT (RANZCOG)
Audits and peer review	Audit data collection tools for self-assessment Rural Procedural Audit (RACS) Practice visit coordination Practice Visit Coordination (RANZCP)
Other	Other projects that develop and deliver CPD activities for rural practice, such as: Educational DVDs Indigenous Patients in Critical Care (CICM) CPD needs assessments Formal Needs Assessment (ACSP) Poster symposia Special Interest Group Poster Symposium (ANZCA)

Evaluation challenges and solutions

There are potential challenges in undertaking worthwhile evaluations for such a variety of RHCE projects. However, challenges and potential solutions could apply across many projects of the same type. Table 8, on the following page, outlines potential solutions and opportunities for a number of challenges experienced to date.

Table 8: Key evaluation challenges and solutions, by project type

Project type	Possible challenges you may face	Potential solutions and opportunities	Sample data collection tools
All project types	Focus group (to provide qualitative feedback) – specialists too busy to meet and/or not in the same location	Carefully consider group participants. A large group of busy participants may be unable to agree on a time Plan meetings well in advance if possible Focus groups may work best within contained settings e.g. individual hospital settings Contact members separately and invite to very brief interview by telephone	Tool 6. Tips for running focus groups
Online	Not enough time between launch of materials and Final Report due date to collect sufficient usage data	Building evaluation timing into the project period, catering for delays Continue to keep CPMC up to date with project progress and alert them to any delays as soon as possible	Tool 3: Progress and final report template
Online	Online resource is open-access and no data are collected about access to it	Require minimum registration data to access (core reportable data such data for RA and discipline/college) Use Google Analytics to assess individual's completion rates of courses Include pop-up request to provide evaluation feedback, either immediately or at a later date	Tool 4: Participant registration template Getting Started with Google Analytics
Online	No access to data about CPD point applications (if available) for the activity from those outside own College	Analyse and report on own members' applications for CPD points Request similar data from relevant Colleges and start planning this with other Colleges early in the project	College CPD application forms
Online	Feedback options at the end of each module not completed by users	Require feedback for module completion and CPD point allocation Consider additional incentives for completion	Tool 5: Project survey examples
Audit and Peer Review	Participants do not complete or return questionnaires	Build in incentives. Such as the final CPD point being linked to return of questionnaire Ensure questionnaires are easy to complete (ie online, without needing to print, scan or mail) Note there are many free or relatively cheap, easy to use programs for developing and sending out online surveys	Tool 5: Project survey examples
Face-to-face worksh ops	Participants attend a workshop but do not provide sufficient registration information	Require minimum registration data before participants can attend a workshop or other activity, particularly if apply for CPD points Check registration data on the day of workshops and follow-up with individual participants to obtain missing details	Tool 4: Participant registration template

7. Reporting

Clear and consistent reporting should be facilitated by using this Toolkit and Tool 3: Progress and final report template. It is also hoped that by using Tool 3 all the way through a project, the requirement for repeating information at each progress reporting stage, and at final reporting stage, will be diminished.

Tool

- Tool 3: Progress and final report template

8. Find out more about evaluation

Links to key online evaluation resources

- Better Evaluation website, which is a central hub for a range of useful evaluation information, tools and resources, developed by an international collaboration.
- NSW Government Evaluation website.
- LinkedIn evaluation forums, for example American Evaluation Association and Australian Market and Social Research Society.
- Australasian Evaluation Society.

Appendix I: Evaluation jargon buster

The jumble of evaluation jargon can make evaluation seem overwhelming. Have you ever been discouraged from evaluating a project because of words like this?

These words describe:

- different types of evaluation
- elements of evaluation projects
- and methods or techniques for data collection and analysis.

Some are important to know, however others are most relevant for those who want to specialise in specific evaluation methodologies.

Table 9, on the following page, is a jargon-buster for some really common evaluation jargon. Understanding these terms should help you to find evaluation more relevant to your project.

Table 9. Core elements of an evaluation (and of a project)[7]

Evaluation element	Definition	Notes and examples
Inputs	Resources needed to deliver a project	Includes budget, staff, venues and equipment, such as videoconferencing facilities, computers.
Activities	Actions carried out to produce the project output	For example designing and/or delivering a training module, setting up a peer review structure
Outputs	The tangible products produced by the project activities and used by project participants	For example, training sessions, supporting materials produced, number and description of participants who attended sessions Outputs are under the ***direct control*** of the organisation delivering the project
Note: outputs are not indicators of success of a project. For example, delivering a training module is an output, however this does not mean that the participants understood and acted upon the information provided.		
Reach	People outside the project team who benefit from the project	This might include medical specialists based in rural or remote areas of Australia, other Specialist Medical Colleges, other health professional staff (nursing, allied health, Aboriginal and Torres Strait Islander Health Workers), as well as patients living in rural communities
Outcomes	What changes as a result of activities and outputs	Short Term: such as change in attitudes, knowledge and/or skills of participants Medium-Long Term: for example sustained, positive change in behaviour or practice
Organisations delivering a project can **influence** outcomes but do not have direct **control** over long-term outcomes. Outcomes can be short-term (**direct influence**), medium-term or long-term (**indirect influence**).[8]		
Impacts	The longer-term effects of the project, often seen some time after a project has ended	For example, improvement in patient care and experience (improved quality of clinical care)
Confusingly, occasionally the terms 'impacts' and 'outcomes' are used the other way around, with 'outcomes' meaning longer-term effects and 'impacts' referring to shorter term effects.		

[7] Informed by OECD, Glossary of Key Terms in Evaluation and Results-Based Management, 2002, and OECD, Management for Development Results - Principles in Action: Sourcebook on Emerging Good Practices, 2006. Available at: www.oecd.org/publications/.

[8] For more information on spheres of influence, look at this short video by Steve Montague of Performance Management Network: http://www.youtube.com/watch?v=9CfFMRoBwh4

Table 9 continued

Evaluation element	Definition	Notes and examples
Indicators	Information which shows measurable progress towards achieving outcomes and/or impacts	For example, participants use updated clinical protocols as a result of a RHCE training session Note the combined use of several indicators, or indicators with additional data, provides much stronger information than a single indicator
Theory of change	A planning tool for projects and evaluations Outlines the theory for *how* and *why* project activities and approach are likely to achieve desired outcomes within the project context	For example, evidence or theory for how regular mentoring sessions will reduce sense of professional isolation and build professional capacity, and thereby reduce likelihood that staff will leave rural/remote areas for professional reasons
Logic model	A planning tool for projects and evaluations Visual representation for how project activities will achieve project outcomes in the short, medium and long term	A diagram that represents the steps articulated in the theory of change example above. See Tool 1: Developing a logic model

RHCE-specific terms are defined on pages 15-16.

Tool 1: Developing a logic model

Develop a simple logic model for your project, based on the one on the next page.

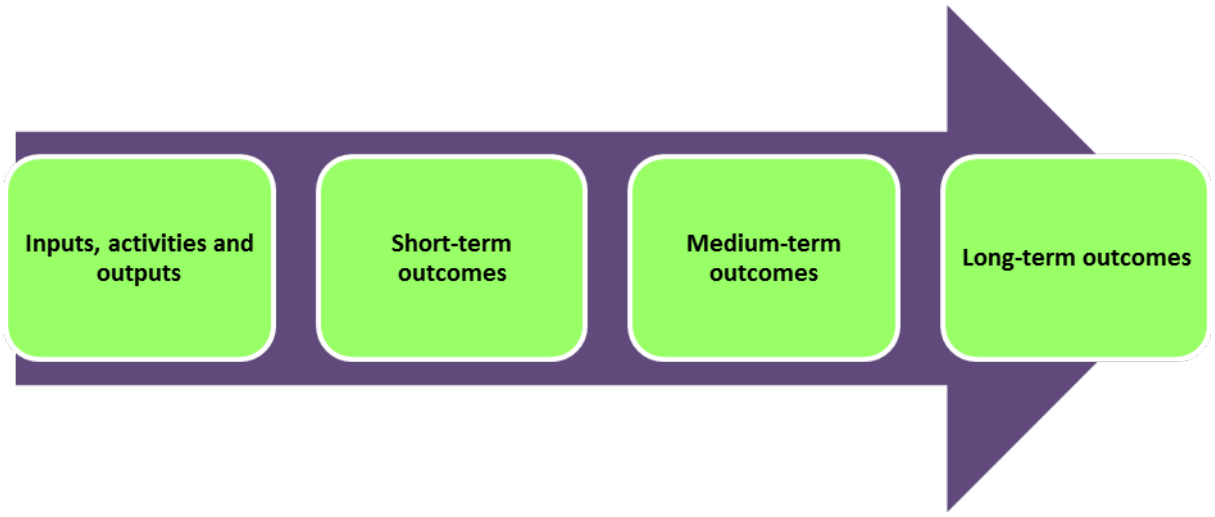
This can help you to articulate what will be produced, and how and what the project will achieve in the short-, medium- and long-term.

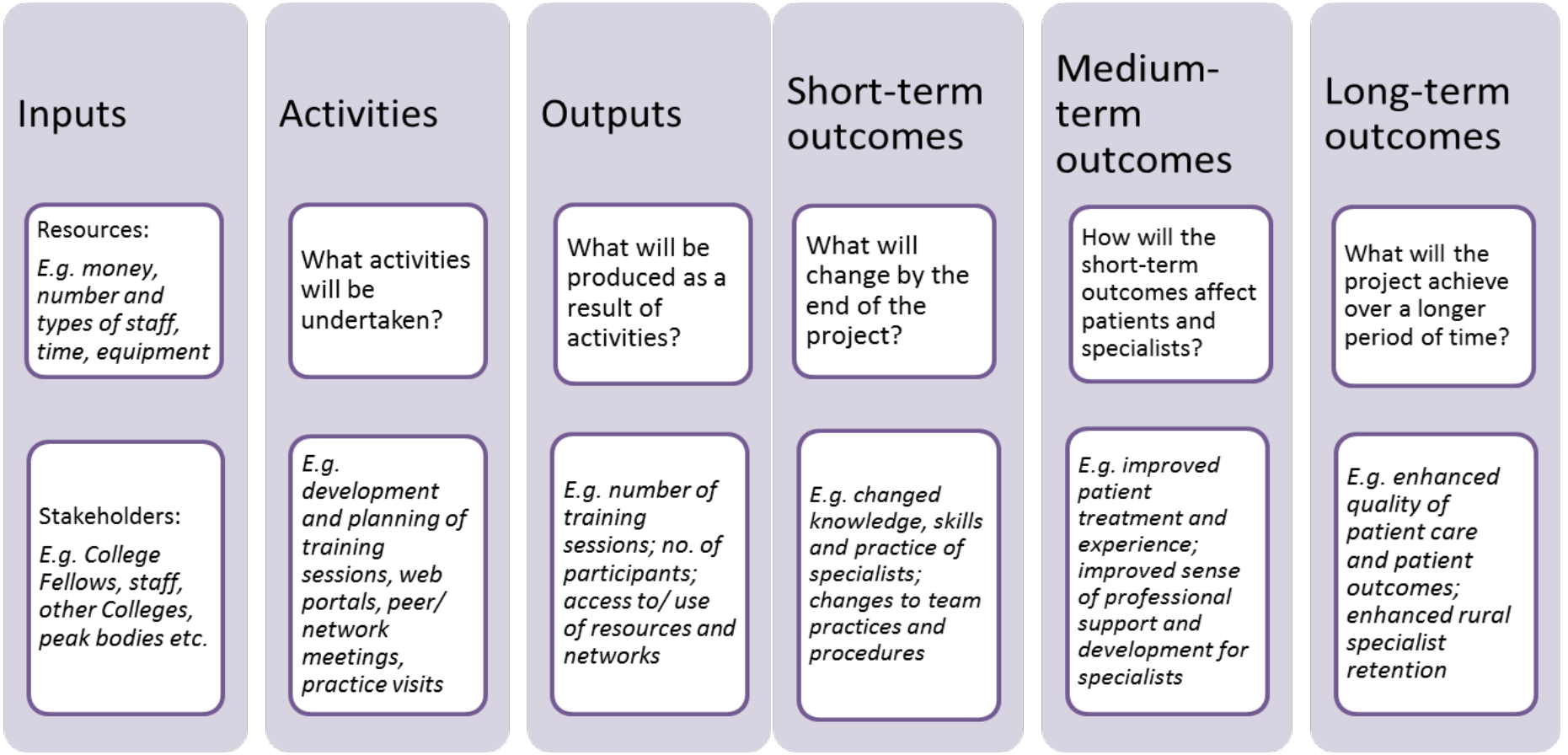
Logic models can also be called:

- program logic
- theory of change
- model of change
- outcome map.

Ideally a logic model is developed at the beginning of the project. However, it is helpful to develop and review at any stage because it can guide project activities as they are implemented and also guide evaluation approach.

The logic model on page two can also be represented by the template below, as demonstrated in Toolkit section 4: Evaluating the longer term impacts of your project.





For more information on logic models, see:

- the Better Evaluation website http://betterevaluation.org/plan/define/develop_logic_model.

Tool 2: Key evaluation questions and data collection options

Data collection approaches	Type of information obtained	Relevant Toolkit sections and tools
Question: To what extent are medical specialists staying in regional and rural areas (across membership or in specific regions)?		
• Broad membership surveys, particularly useful if repeated at intervals over time (e.g. every 2 or 3 years; could be incorporated into other membership data collection activities undertaken by the College) • Targeted surveys of specialists living and working in regions in which project was active (Use the logic model tool to help target questions)	Understanding of the target population, such as: • proportion of membership living in regional/rural areas • proportion of membership working in regional/rural areas • patterns of retention in regional/rural areas over time • specialists' intentions to remain in regional/rural areas over time • reasons for staying/leaving (including intentions) in regional/rural areas	Toolkit section 4: Documenting RHCE project activities, outputs and short-term outcomes Toolkit section 5: Evaluating the longer-term impacts of your project Tool 4: Participant registration template Tool 5: Project survey examples
Question: To what extent has the project contributed to retention of medical specialists in regional and rural areas?		
• Use logic model to define measurable indicators of the project's contribution • Project participant surveys, preferably some time after project activities (so that progress towards longer term outcomes can be measured) • Telephone interviews with select project participants to supplement survey data with depth and understanding	Understanding of any changes that participants may attribute to project activities, such as: • changes in the measures identified in logic model step 2 that influence staff retention, e.g. developments in knowledge/skills that contribute to professional satisfaction, changes in sense of professional isolation, or sense of professional satisfaction • intentions to remain in regional/rural areas and any changes in these over time • reasons for intentions to remain/leave regional/rural areas over time	Toolkit section 4: Documenting RHCE project activities, outputs and short-term outcomes Toolkit section 5: Evaluating the longer-term impacts of your project Tool 1: Developing a logic model

Data collection approaches	Type of information obtained	Relevant **Toolkit sections** and **tools**
Question: To what extent has quality of clinical care delivery changed?		
• Targeted surveys of specialists living and working in regions in which project was active • Analysis over time of clinical outcome data collected by hospitals or practices (Use the logic model tool to help target questions)	Understanding of the target clinical outcomes and broad changes, such as: • improvements in participant skills, in line with new and best practice • improvements and/or efficiencies in data collected, reduced information gaps in regional and remote areas	Toolkit section 4: Documenting RHCE project activities, outputs and short-term outcomes Toolkit section 5: Evaluating the longer-term impacts of your project Tool 5: Project survey examples
Question: To what extent has the project contributed to enhanced delivery of quality clinical care?		
• Use logic model to define measurable indicators of the project contribution • Project participant surveys, preferably some time after project activities (longer term outcomes) • Knowledge tests (pre- and) post- intervention • Telephone interviews with select project participants to supplement survey data with depth and understanding • Map targeted clinical procedures in participating services (before and after project) using interviews, observation, policy documents and other available approaches to map changes in delivery of clinical care	Understanding of any changes that participants may attribute to project activities, such as: • changes in the measures identified in logic model step 2 that influence quality of care, e.g. systemic, policy or procedural changes within hospital, changes in own clinical skills, changes in clinical skills of others in team • demonstrated changes in knowledge and awareness as a result of the project • evidence for changes in clinical care procedures	Toolkit section 5: Evaluating the longer-term impacts of your project Tool 1: Developing a logic model Tool 5: Project survey examples

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Tool 3: Progress and final report template

Instructions

1. The Progress and Final Reports will only be accepted in the format of this proforma.
2. Due Date: **<INSERT>**
3. An electronic copy of the report is to be submitted by the due date to:

   RHCE Program Manager at admin@ruralspecialist.org.au
4. Any materials that cannot be submitted electronically can be sent to the following address:

   RHCE Program Manager
   145 Macquarie St
   Sydney NSW 2000
5. All Projects require an individual report. Do not consolidate multiple projects into one report.
6. The **Abstract** is a summary of the information contained in the main body of the Report. It is requested that you limit the abstract to one page.
7. For further Information contact the RHCE Program Manager on (02) 9256 5419 or at admin@ruralspecialist.org.au

Project Name & Number		
College		
Project Coordinator		
Project Coordinator contact details	Phone	Email

A. Planning

1. Abstract

(Please limit to no more than one page)

1. **<u>Introduction</u> – briefly describe the project and its objectives.**
    a. Sustainability: which aspects of the project will continue after project funding has ended and how will associated costs (if any) be met?

2. **<u>Methods</u> – briefly describe the processes undertaken to achieve the objectives and the methods used to evaluate the project.**

3. **<u>Results</u> – provide a summary of the outcomes and results.**
    a. Vignettes: include one or two quotes about the project from participants from the project evaluation.

4. **<u>Conclusions</u> – include summary of discussion and recommendations.**

2. Project information

2.1 Why is the project needed?

(What problem / gap has been identified, and why this project is appropriate to address it)

2.2 Briefly describe your project using the table below (refer to Tool 1. Developing a logic model).

Note that activities (identified in the first column) need to:

1. Identify, develop and deliver suitable CPD, MDT or peer support programs to medical specialists in ASGC-RA2-5;
2. Encourage increased collaboration between stakeholder groups and foster MDT-based education and joint CPD projects in ASGC-RA2-5; and/or
3. Assist in building inter-College and stakeholder capacity to deliver CPD, MDT and peer support activities in ASGC-RA2-5.

What activities will be undertaken?	**What outputs will be produced as a result of the activities?**	**What will have changed by the end of the project (short-term outcomes)?**	**How will the project outcomes affect specialists and patients (medium-term outcomes)?**	**What RHCE Program (long-term) objectives are being addressed?** Choose one or both of the objectives used in the example below
Example – Development and delivery of an online module on improving communication skills	*e.g – an online module with 2 hours video and interactive content*	*e.g – improved knowledge and skill set to work in multidisciplinary teams*	*e.g – improved sense of professional support and development for specialists in ASGC-RA 2-5. Improved patient experience through more effective multidisciplinary teams.*	*Assist in the retention of medical specialists in rural and remote practice* *Enhance the delivery of quality clinical care in rural and remote Australia*

2.3 Which elements of your project will be sustainable and continue past the life of the project?

For example, will specific tools be produced that can be used by others, will capacity be built to train future participants, etc?

2.4 Please provide a description of any marketing and communication strategies used, including how this project engaged with other specialty groups and Colleges where appropriate.

- Is the project a collaborative project with other Specialist Medical Colleges? If so, state the nature of the collaboration, including the role of each College.
- List any other project stakeholders.
- Outline project communication strategy.

Note: RHCE project events can be advertised on the RHCE website at *Events :: Rural Health Continuing Education*. Contact the RHCE PMU at *admin@ruralspecialist.org.au* for further information.

2.5 Will or has this project been the subject of a conference abstract, conference presentation or publication? If so, please specify?

2.6 How has progress of this project been fed back to the College(s) involved?

B. Progress

3. ACTIVITIES AND OUTPUTS

3.1 Provide an overview of each project activity delivered, including: type of activity (e.g. workshop), mode of delivery (e.g. teleconference) and/or outputs (e.g. paper-based or online resources) and the activity participants (including supporting details and caveats where required). Refer to Table 1 for examples.

Type of activity	Mode of delivery	Output(s)	Date of event	Participants	
				No. participants (& sites if relevant)	No. with main work location in ASGC-RA2–5
Examples:					
Tutorial	*Video conferencing*		*1 March 2014*	*60 (15 sites)*	*50 (14 sites)*
Education resource	*Online*	*Online training module*	*Launched/ live September 2013*	*253 downloads Sep 2013–June 2014*	*Unknown total; 75% (n=26) of survey respondents from RA2–5*

Table 1

Type of activity		Mode of delivery	Output
• Tutorials • Workshops • Virtual meetings • Peer review • Clinical audit • Journal club • Case discussions • Practice review	• Grand rounds • Clinical skills training • Practice management • Education resource • Other (please specify)	• Teleconferencing • Videoconferencing • Online • Visits • Other (please specify)	• City-based face-to-face workshop • Rural-based face-to-face workshop • Paper-based resources • Online-based resources • CD-ROM • Other (please specify)

4. PARTICIPATION

4.1 Please report on project participants using the table below (can copy/paste from Tool 4. *Participant database*).

Participant ID	CPD activity	Activity date	Activity location	Number of CPD points gained	College member	Position	Fellow (F) OTS (O) Registrar/ S.Trainee (R)	Occupation H / I / N / A / Other (specify)	Main Work location	Work post code	Work RA rating

C. Evaluation

5. EVALUATION

5.1 State your key evaluation questions for this project, along with data collection methods and any results to date (refer to Tool 2: Key evaluation questions and data collection options).

Key evaluation question	Data collection method	Results to date (progress towards short- and medium-term outcomes)
For example, to what extent are medical specialists staying in regional and rural areas	*For example, targeted survey of specialists living and working in regions in which project was active*	*For example, results show that X number of specialists stay and X number leave rural areas, and qualitative survey questions explore potential reasons for this*
For example, to what extent has the project contributed to retention of medical specialists in regional and rural areas?	*For example, participant interviews*	*For example, reported changes in measures that influence staff retention, e.g. developments in knowledge/skills that contribute to professional satisfaction, reduced sense of professional isolation, or sense of professional satisfaction (qualitative)* *Include quotes to add to 'Vignettes' section in Abstract*
For example, to what extent has quality of clinical care delivery changed?	*For example, targeted surveys of specialists working in regions where the project was active* *Analysis over time of clinical outcomes data collected by hospitals or practices*	*For example, specialists report improved skills in line with new and best practice* *Improved clinical practice, in line with clinical guidelines*
For example, to what extent has the project contributed to enhanced delivery of quality clinical care?	*For example, logic model, hospital clinical guidelines, participant interviews and surveys*	*For example, improvements in hospital policies, and procedures, enhancements in clinical skills which have led to improved clinical care procedures for patients*

5.2 Please provide details outlining the link between the project short- and medium-term outcomes, and longer-term RHCE Program objectives (refer to Tool 1: *Developing a logic model*).

6. DISCUSSION

6.1 Reflect on and describe your project

Specifically:

- what has gone well with the project
- is there anything that could be done differently in future
- what were the barriers and enablers to planning, implementation and evaluation
- what were the challenges and limitations of your evaluation approach?

Please give examples.

7. RECOMMENDATIONS

Building on the points raised in the discussion (section 6), please provide a comment on each of the questions below.

Question	Comment
How likely is it that this project, or a similar project, could continue past the end of project funding?	
How will the resources developed as part of this project continue to be used?	
What has your College adopted from this project (or is considering adopting) with regards to the future delivery of education and CPD to Fellows, trainees or IMGs?	
Could the model used in this project be adapted for another College, setting or clinical context?	
Which evaluation techniques should be used when evaluating similar projects?	
Is there any other information relevant to the planning, implementation and/or evaluation of this project that would be useful for other Colleges?	

8. FINANCIAL REPORTING

8.1 Please attach a financial statement outlining budget items and expenditure for the Entire Project Period (From your Finance Department).

Project Period <DATE of Service Agreement Execution> to <Project Period End Date>.

Trigger for payment	All payments as per Service Agreement	Amount received (GST excl.)
On signing of Service Agreement		$
On submission of progress report 1		$
On submission of progress report 2		$
On submission of progress report 3		$
On submission of final report		
Total revenue		**$**

Line item as per Service Agreement	Budget as per Service Agreement (GST excl.)	Expenditure to date (GST excl.)
Staffing costs		$
Operating costs		$
Travel costs		$
Financial audit		$
Other (please specify)		$
Total expenditure		**$**
Unspent funds		**$**

8.2 RHCE Projects require independent audited financial report at the end of each financial year and at the end of the project. Check Item D in the Schedule of your Service Agreement to determine if one is required with the submission of this report. If so, the audited financial report must include:

a) a certificate of compliance

b) an audited statement of receipts and expenditure covering the Project which includes a definitive statement as to whether the financial accounts are true and fair, and a statement of the balance of the Participant's bank account to which the Funds have been paid.

9. ATTACHMENTS

9.1 Please list and attach any promotional material produced for this Project, for example:

- project resources developed (i.e. audit forms, workshop session tools)
- project planning tools, such as project logic or theory of change
- evaluation instruments such as surveys, evaluation forms
- conference abstracts
- newsletters/flyers
- web pages
- any media articles concerning the project.

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Tool 4: Participant Registration for Activity: _____

Title	First name	Surname	E-mail	Position	College(s)	Membership status *Fellow* *OTS* *Registrar/Specialist Trainee* *Other (please specify)*	Occupation *Hospitalist/CMO* *Intern/Resident* *Nurse/Midwife* *Allied Heatlh* *Other (please specify)*	Main Work Location	Main work postcode
Dr	*AN*	*Other*	*an.other@abc.com*	*Paediatric surgeon*	*RACS*	*Fellow*	*Hospitalist/CMO*	*Dubbo*	*NSW 2830*

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Tool 5: Project Survey Examples

This tool aims to help Specialist Medical Colleges to design surveys to evaluate their RHCE projects. It includes:

- an overview of the key steps for developing a survey
- tips for designing a survey
- sample survey questions.

The sample survey questions can be used as a basis for designing surveys. Questions will need to be adapted according to the purpose of the survey and to suit the details of the relevant project, activity, College and target audience. Note that the order of questions will also need to be adapted and it may make sense to combine questions from different sections in this Tool.

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Key steps to develop a survey

1. **Identify the survey purpose.** For example, clearly articulate why you are doing it and how and when the survey responses will be used.
2. **Identify the target audience.** Who will be invited to complete the survey and what will motivate them to complete it? For example, are you surveying participants of a specific activity, or are you surveying all specialists invited to take part in the activity? How will these differences affect the survey questions and the conclusions you can draw from responses?
3. **Design your survey**. Develop clear, unambiguous questions and articulate how each question relates to your overall purpose. Remove any questions that don't relate to the overall purpose. Make sure the order of questions makes sense for the respondent (it may differ from the order of sample questions in this Tool).
4. **Plan your analysis**. Identify how you are going to analyse each question, what you are likely to be able to say about the results, and how you will use this information. Remove any questions without a clear plan for interpretation and use of findings.
5. **Plan your survey dissemination and communication strategy**. How are you going to identify and contact potential respondents? How are you going to encourage them to complete your survey? Will you use incentives?
6. **Input your survey into the online survey tool** you're using (or format into paper-based if this is a more appropriate method for your survey). Choose a tool that is easy to use (for survey designers and respondents) and provides easy access to results for analysis. It may be worth upgrading from free versions of the online tools in order to access additional design and analysis features. Will an upgrade clearly improve the quality of data you can report? It may be considered a legitimate expense for your RHCE project budget.
7. **Test your survey**, firstly with colleagues and then with representatives of your target audience. Testing makes sure that: questions make sense and are not ambiguous; the language is appropriate for the audience; the survey doesn't take too long to complete; and that all of the links and logic (e.g. those who respond 'yes' are asked for more details, while those who respond 'no' go straight to the next question) work. Give your testers a few questions to fill in while completing your survey.
8. **Finalise your survey and disseminate** it to your target audience. Select the timing of dissemination so that it's less likely to get lost the large volume of communications they receive.
9. **Send reminders**. You may choose to target your reminders, depending on response patterns observed, and you may send reminders on different days and times to help maximise response rates.
10. **Check the responses so you can troubleshoot**. For example, negative comments or a high discontinuation rate may indicate a problem with the survey. Alternatively, a particular segment of your target group may be over or under-represented.
11. **Close the survey and analyse results**. Most 'free' online survey tools require a (small) subscription in order to download the results for analysis.
12. **Communicate with your target audience**. Let respondents and others know about the survey findings and how they are being used to help inform the work that your College is doing.

Tips for survey design

- Include a welcome page (first page) with a brief description of the survey purpose, importance, target audience and how long it is likely to take to complete. Considerations regarding privacy and confidentiality may be included.
- Keep the survey short and direct. Aim for a maximum of 10 questions that take no longer than 5-10 minutes to complete in total.
- Keep questions simple and jargon-free wherever possible.
- Carefully consider which questions you make compulsory, because too many compulsory questions will deter people from completing the survey.
- Include a mix of closed questions (where respondents have to choose from a selection of possible answers) and open questions (where respondents can write whatever they would like to).
- To work out response options for closed questions, it may be helpful to talk with or interview a couple of specialists to find out the range of possible responses. These can be further tested during pilot testing.
- Always include a non-committal response option for closed questions, such as ‘don’t know’, ‘not applicable’ or ‘other’.
- Avoid leading or biased questions.
- Avoid double-barrelled questions.
- Ensure response parameters match all possible response options (e.g. postcodes are a set of four numbers between 0000 and 9999).
- Consider including some optional comment boxes throughout. This can help encourage respondents to complete the survey by allowing them to clarify their responses or articulate any frustrations they may have with the survey structure.
- Remember to thank respondents for completing the survey (usually the last page of the survey). Consider letting respondents know how they can find out about the results.
- Consider offering an incentive to complete the survey, such as linking the final CPD point to survey completion.

Sample survey questions

1. Demographics – 'about you' questions

Most surveys ask respondents to provide some demographic information about themselves. The detail required and the placement of these questions will depend on the purpose and target audience of your survey.

In general, it is best to limit the number and detail of personal questions. If some detail is essential for screening participants or for analysis (such as specialty and RA location), then it is suitable to ask these key details at the beginning. Save any further details for the end of the survey, so that you don't deter people from completing the survey.

Screening question examples

You may want to make sure, right at the start, that your survey is reaching the right respondents. In this case you may want to ask a question to screen out those whose responses will be excluded from analysis.

For example, you may want to make sure that you are only surveying people working in rural and remote areas and ask the following as your first question.

1.1	**Which of the following best describes where you live and work (please select one only)**				
	I live AND work in a rural/ regional/ remote area most or all of the time	**I live in a metropolitan area but work in a rural/ regional/ remote area most or all of the time**	**I live in a rural/ regional/ remote area, but work in a metropolitan area most or all of the time**	**I live and work in a metropolitan area most or all of the time**	**Other (please specify)**
	⇩	⇩	⇩	⇩	⇩
	Take to next survey question	Take to next survey question (depends on survey inclusion criteria)	Take to end page stating 'Thank you for your interest. This survey is designed for medical specialists undertaking most or all of their work in rural/ regional/remote areas of Australia.' If you'd like to make comment about this issue please feel free to here (insert comment box).		Consider taking to next survey question, given unknown relevance. Check responses early on to check use of this option and adjust pathway if needed

Alternatively, you may want to target both College Fellows and trainees, but ask them some slightly different questions. In this case, the screening question can be used to determine the 'path' of questions asked. Note that online survey tools allow these paths to diverge and converge throughout the survey (so some questions can be the same and some can be different).

1.2	**Which of the following best describes you**			
	Fellow of x College	**Trainee of x College (basic or advanced)**	**Medical student**	**Other (please specify)**
	Take to question path for fellows	Take to question path for trainees	Take to an end page (if this is the desired path)	Take to an end page (if this is the desired path) Check for use of this option and adjust pathway if needed

Demographic question examples

The demographic data you collect will depend on the purpose of the survey and those likely to receive it. Additional questions you may wish to ask (or adapt to suit your purposes) are listed below.

1.3	**Which of the following best describes your profession**			
	Medical specialist or trainee	**Nurse or midwife**	**Allied health professional**	**Other (please specify)**
	Take to an additional, tailored question about the specific College, if required	Take to an additional, tailored question for details if required	Take to an additional, tailored question for details if required	

1.4	**Which of the following Specialist Medical Colleges are you a fellow or trainee of?**					
	Insert drop-down menu listing all Colleges Allow for selection of more than one College Include an 'Other, please specify' option					
1.5	**What is/are the postcode(s) for your primary place(s) of work?** **If you have more than one primary place of work, please list in order, starting with the place in which you spend the most time**					
					Workplace in which most time is spent	
					Workplace in which second most (or equal) time is spent	
					Workplace in which third most (or equal) time is spent	
1.6	**What is the postcode for your primary place of residence?** **If you have more than one primary place of residence, please list in order, starting with the place in which you spend the most time**					
					Residence in which most time is spent	
					Residence in which second most (or equal) time is spent	

2. RHCE project activities, outputs and short-term outcomes

Participation in activities

A survey of all fellows (or of all fellows based in rural areas) might be the best option for understanding participation in projects and activities, particularly for open, online resources that do not require participant registration to access and benefit from them. Sample questions for adaptation to the project context and survey purpose are provided below. Such a survey might be used to find out:

- who is aware of a particular project, activity, or resource
- the degree to which that type of project, activity, or resource is valued
- whether or not they have accessed that project, activity or resource and why
- user feedback on the project, activity, resource.

2.1	**Before today, which of the following CPD activities for x specialists were you aware of during 2013–2014? (tick all that apply)**				
	Insert details of activity e.g. workshops about x (topic) for x (target audience), held in x (location)	**Insert details of activity e.g. online learning course about x**	**Insert details of activity e.g. x (title) audit run by x (college), involving x (details)**	**None of these**	**Other (please specify)**
2.2	**Which of the following CPD activities for x specialists did you take part in during 2013–2014? (tick all that apply)** ***(ensure response options include details of the key relevant CPD activities available for rural specialists, including those outside your project)***				
	Insert details of activity e.g. workshops about x (topic) for x (target audience), held in x (location)	**Insert details of activity e.g. online learning course about x**	**Insert details of activity e.g. x (title) audit run by x (college), involving x (details)**	**None**	**Other (please specify)**

Questions to ask those who were not aware of your project activities and/or did not take part

You may be interested to find out how specialists find out about CPD activities.

2.3	**In general, how do you usually find out about available CPD activities? (tick all that apply)** ***(adapt response options to your audience)***			
	Checking the x College website	**Email updates/ newsletters from x College**	**Notifications from local hospital, Local Health District or network**	**Other (please specify)**

You may be interested in barriers to participation, for example by asking some questions of respondents who said they were aware of a particular activity but did not participate.

2.4	**Thinking about x activity (with description), why haven't you taken part so far? (tick all that apply)** ***(adapt response options to your audience, project and barriers you're interested in exploring and addressing)***				
	Haven't had the time	**It wasn't held at a convenient time or location**	**The topic isn't of interest to me**	**The website isn't user-friendly or needs too much bandwidth**	**Other (please specify)**

Questions to ask all

You may choose to provide details about your activities and ask whether these would have been of interest or of value (for those who were not aware). Asking these questions may have an additional benefit of promoting future participation in these activities.

2.5	**One of the CPD activities offered in your area involved (insert details). In general, how valuable is this type of activity (e.g. workshop, online course, audit) as a CPD activity for specialists in rural areas?**				
	Highly valuable	**Moderately valuable**	**A little valuable**	**Not at all valuable**	**Unsure/ can't say**
2.6	**In your opinion, what are the most valuable CPD activities for specialists in rural areas? Why? Comments [open ended]**				

Questions to ask those who took part in your project activities

You may wish to seek specific feedback about the activity from those who took part in it.

2.7	**Overall, how would you rate the x activity *(e.g. workshop, online course, audit)* in terms of its value in contributing to your CPD as an x specialist?**				
	Highly valuable	**Moderately valuable**	**A little valuable**	**Not at all valuable**	**Unsure/ can't say**
2.8	**How valuable were each of the following aspects of the activity *(insert sub-questions with details that you're interested in measuring; examples include: specific knowledge/skills content; teaching style; networking opportunities)***				
	Highly valuable	**Moderately valuable**	**A little valuable**	**Not at all valuable**	**Unsure/ can't say**
2.9	**How could the activity have been improved? Comments [open ended]**				

Awareness, attitudes and knowledge

Surveys to measure changes in awareness, attitudes and knowledge may be used to measure short-term outcomes, or as a proxy for longer-term outcomes in some cases. Such surveys might be repeated at specified intervals in order to track any changes over time, or a survey may be done once only, asking respondents about any changes caused by the project activities. Each approach has benefits and limitations, such as those outlined in Table 1.

Table 1: Benefits and limitations of repeatable vs single surveys

Repeatable survey, tracking changes over time		**Single survey, undertaken after project/activity completion**	
Benefits of repeatable survey	**Limitations**	**Benefits**	**Limitations**
• Responses to carefully constructed questions may be able to demonstrate a change over time • Able to add extra questions in subsequent surveys (to incorporate some benefits of single survey)	• More specialised analysis skills required to interpret data • Higher costs to repeat • Challenging to encourage busy specialists to complete the same survey more than once • May result in findings of static or lower knowledge over time (despite possible real improvements), as participants learn more about what they don't know	• Lower cost • Likely to have higher response rate for a single survey compared with two or more • Only ask participants questions once, so reduces frustration or drop-out rate part-way through the survey • Able to ask participants to reflect on changes and explore the extent to which changes could be attributed to their participation in a specific activity or event	• Less able to track population changes over time, particularly in relation to awareness

Questions asked in relation to awareness, attitudes and knowledge will differ significantly by project and survey purpose. The general examples provided are intended to help start your survey design. For example, if trying to understand attitudes to a particular issue, you may ask questions like those below.

3.1	**In thinking about x issue, which of the following statements do you agree with most*? (note that the different options must be clear and separate, and include the attitude being targeted by your project)***				
	Option 1	**Option 2**	**Option 3**	**Option 4**	**Other (please specify)**
3.2	**In thinking about x issue, to what degree have your attitudes changed over the past (insert timeframe over project/resource availability)?**				
	A lot	**A moderate amount**	**A little**	**Not at all**	**Can't say**
3.3	**How have your attitudes to this changed? Comments [open ended]**				
3.4	**In thinking about x issue, to what degree have the attitudes of your colleagues (specify e.g. other specialists, hospital-wide etc.) changed over the past (insert timeframe over project/resource availability)?**				
	A lot	**A moderate amount**	**A little**	**Not at all**	**Can't say**
3.5	**How have attitudes changed? Comments [open ended]**				

If you are trying to assess changes in knowledge, you may ask some questions that specifically aim to assess respondents' knowledge. These may be similar to assessment questions asked within the CPD activity and will be entirely project- or activity-specific. In addition, you may wish to ask some more general questions (to be adapted).

3.6	**In thinking about x topic/knowledge/skill (insert details), to what degree have your knowledge/skills (insert details) improved over the past (insert timeframe over project/resource availability)?**				
	A lot	**A moderate amount**	**A little**	**Not at all**	**Can't say**
3.7	**To what extent did participation in x project/activity contribute to improvements in your knowledge/skills?**				
	A lot	**A moderate amount**	**A little**	**Not at all**	**Can't say**
3.8	**Please provide any details of examples that demonstrate how you've applied your new knowledge/skills (insert details) in your work. Comments [open ended]**				

3. Staff retention (long-term outcomes)

You may want to ask respondents about their intentions to stay in rural practice.

4.1	**Approximately how long have you been working AND living in a rural area as a medical practitioner?**					
	Less than 12 months	**1–2 years**	**3–5 years**	**6–9 years**	**10 or more years**	**Can't say**

4.2	**In thinking about the future, how likely are you to continue working AND living in a rural area as a medical practitioner, for the next …**	**Very likely**	**Reasonably likely**	**Not at all likely**	**Can't say**
	… 1 year				
	… 2 years				
	… 5 years				
	… 10 or more years				
	Comments [open ended]				

You may want to ask Fellows about the range of factors that contribute to their staying in rural practice, or about the contribution of CPD to this. (See Figure 1 in Chapter 4 of the Toolkit)

4.3	**To what extent are the following issues likely to influence your decision to continue/discontinue working AND living in a rural area as a medical practitioner in the next x years?**	**Very likely**	**Reasonably likely**	**Not at all likely**	**Can't say**
	Imminent retirement from medical practice				
	Family (partner preferences and work opportunities, schooling etc.)				
	Lifestyle				
	Opportunities for career progression				
	Opportunities for professional support and development				
	Proximity to family and friends				
	(Insert additional influencing factors of interest)				
	Comments [open ended]				

4.4	**In thinking about CPD opportunities in general, how useful are they for you as a rural specialist in**	**Very useful**	**Moderately useful**	**A little useful**	**Not at all useful**	**Can't say**
	… helping you to feel connected with other, relevant health professionals/specialists?					
	… developing or progressing your career?					
	… helping you to feel supported in your professional development as an x specialist?					
	… learning important, relevant new knowledge and skills?					
	… building career satisfaction?					
	… encouraging you to continue to live and work in a rural area?					
	Comments [open ended]					
4.5	**Thinking about CPD opportunities in general, how could these change or be improved to better support your professional development and support you to continue to live and work in rural practice? Comments [open ended]**					

You are likely to want to ask questions about your project's contribution to retention of specialists in rural areas.

4.6	**In thinking about x project/activity (insert details), how useful was it in…**	**Very useful**	**Moderately useful**	**A little useful**	**Not at all useful**	**Can't say**
	… helping you to feel connected with other, relevant health professionals/specialists?					
	… developing or progressing your career?					
	… helping you to feel supported in your professional development as an x specialist?					
	… learning important, relevant new knowledge and skills?					
	… encouraging you to continue to live and work in a rural area?					
	Comments [open ended]					
4.7	**How could x project/activity have been improved to better support your professional development and support you to continue to live and work in rural practice? Comments [open ended]**					

4. Quality of care (long-term outcomes)

Assessing the contribution of your project towards enhanced quality of clinical care (and ultimately clinical outcomes) will vary according to the goals of your project. Measuring changes in awareness, attitudes and knowledge (section 3) may provide an important contribution to this.

In addition, you may ask specialists for their views on the impact of the project/activity on quality of care. This can provide very useful data, particularly if respondents provide examples to support their views. However, examples may be more readily obtained via interviews (see section 6).

5.1	**In thinking about x project/activity (insert details), how useful was it for you for…**	**Very useful**	**Moderately useful**	**A little useful**	**Not at all useful**	**Can't say**
	… developing x knowledge (insert relevant details)					
	… learning x skills (insert details)					
	… enhancing patient care in (insert details) in your health service or practice?					
	Comments [open ended]					
5.2	**How could x project/activity have been improved to better support your development of x knowledge/skills/practice (insert details) in order to improve quality of care provided to (insert patient group/ details)? Comments [open ended]**					
5.3	**Please provide any details of examples that demonstrate how your new knowledge/skills/procedures (insert details, depending on the project approach) have resulted in improvements to quality of care outcomes (insert details, depending on project goals)?** **For example, are there any examples in which an adverse event was avoided and this can be attributed to the project (insert details of intervention)? Comments [open ended] Note: Such examples can provide excellent vignettes for Progress Reports.**					

5. Next steps

You may wish to follow-up interesting survey responses with telephone interviews. For example, you may want to find out more details about improvements to quality of care or staff retention, and how your project has contributed to this. These stories may have many benefits, including:

- helping you to understand the barriers, challenges, enablers and success factors for your project in achieving its ultimate goals
- understanding the potential for your project to contribute to overall project goals
- being able to provide concrete, detailed examples of how your project has contributed to overall RHCE project goals (therefore strengthening your evaluation data)
- being able to apply these lessons to future implementation of this and other projects
- being able to use success stories to promote participation in your activity to other specialists/members of your project's target group.

In this case, you might ask respondents to provide contact details if they're happy to take part in a short interview.

<table>
<tr><td rowspan="4">6.1</td><td colspan="4">We would like to speak with a small number of specialists to find out more about their experiences with x (project, knowledge, topic) and how we can improve this for Fellows. Would you be happy to take part in a brief interview by phone to discuss this?</td></tr>
<tr><td>Yes</td><td>No</td><td>Other (please specify)</td><td></td></tr>
<tr><td>⇩</td><td>⇩</td><td colspan="2">⇩</td></tr>
<tr><td>Take to next survey question</td><td>Take to ‘Thank you’ page</td><td colspan="2">Take to page with option to contact the College directly with feedback and then to ‘Thank you’ page</td></tr>
<tr><td rowspan="3">6.2</td><td colspan="3">Please provide your name and preferred contact details.
Note these will be removed from survey responses to ensure your responses remain anonymous. All contact details will be kept on a secure server and password protected.</td></tr>
<tr><td>Name</td><td>Phone</td><td>Email</td></tr>
<tr><td></td><td></td><td></td></tr>
</table>

Pilot testing template

When pilot testing a survey, it is helpful to give your testers a structure for providing feedback to you. Suggested questions for obtaining feedback are outlined below.

No.	Question
1	**How long did it take you to complete the survey?**
	Time started survey:
	Time finished survey:
2	**Please note any comments, issues or difficulties related to any part of the survey (noting the question number in your comments) as you complete it.**
3	**Were any questions unclear, ambiguous or difficult to understand? If yes, please note question number and the relevant part of the question.**
4	**Were any questions inappropriate or inaccurate for the audience? If yes, please note question number and the relevant part of the question.**
5	**Did any questions make you feel irritated or uncomfortable? If yes, please note question number and relevant part of the question.**

6	**For the questions that have answer options to choose from, did you find it difficult to answer any of them because answer options were missing? If yes, which question numbers and what was missing?**
7	**Do you have any additional comments about your overall experience?**

RURAL HEALTH
CONTINUING EDUCATION

STREAM ONE

Tool 6: Focus groups – top tips for facilitation

Your job as facilitator is to enable participants to discuss the topic by:

- keeping the discussion on topic
- encouraging all participants to share their views
- summarising key issues raised in the discussion
- ensuring the group is safe and as enjoyable as possible for participants.

Things to avoid include:

- leading the discussion (e.g. putting words in people's mouths)
- sharing your own views or experiences
- contributing to the discussion.

TOP TIPS…

…for keeping discussion on topic

- Ask all of the key questions (bolded in each section).
- Use the key questions to guide the discussion; use the prompts only if you need to help stimulate or redirect the discussion.
- Use prompts to help clarify questions if participants appear confused or unclear about the question.
- Acknowledge any off-topic issue being discussed (particularly if controversial, upsetting, passionate e.g. *"I hear that this has been an upsetting experience for many of you"*); thank participants for sharing and gently bring them back to the purpose of the group.
- Remind participants of the time and desire to get everyone out on time.

…for encouraging all participants to contribute

- Start with an overview of the expectations for the group before starting with the discussion topic to ensure safe space is created e.g. respect for everyone's views and encourage everyone to participate (suggestions are included in the discussion guide).
- Support shy/quiet people to participate and monitor dominant participants, suggestions include:
    - going around the table to ask each participant their view for one question
    - if a participant is responding with body language but not saying much, try saying: "*I saw you nodding when x was mentioned. What do you think or what has your experience been?"*
    - for a dominant participant try saying: "*Thanks that's very helpful. What do you others think? It's really important that we hear a range of views.*"
- Gently prompt quieter participants by asking them a question or two directly, using their name.