

[The Program] Pre-Orientation Evaluation Plan

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*EDU A011B: Evaluation for Continuous Improvement
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INTRODUCTION:

The following proposal outlines an evaluation plan for [Program name removed for privacy]. The plan was developed by graduate students at the Harvard Graduate School of Education between January and March of 2018 in collaboration with the founders of the program, past participants, leaders, and faculty advisors. The report describes the structure of the organization, the mission and values of the program, the stakeholders, the purpose of the evaluation, the theory of change, the logic model, evaluation questions, and data collection methods.

ORGANIZATION DESCRIPTION:

[The Program] is an immersive, place-based pre-orientation program for incoming [students at a University]. The annual four-day learning experience aims to introduce incoming students to the history, culture and vitality of the surrounding [local] neighborhood, while building personal and professional connections around themes of social justice in medicine and community health. Founded by two [of the University's] students, the program remains primarily student-run, with leadership transferred each year to program participants who reconstruct the experience for the following class. The program is housed within the [University's] health group receiving financial support and faculty advising from the larger organization. [The Program] derives its name from [another program]. [The Program] provides [specific] courses and community health engagement opportunities for students during their first summer.

[Group] Organizational Chart:

[Chart Removed]

PROGRAM BACKGROUND:

In 2015, with funding from the [Source], two second-year medical students, [], created and piloted [the Program] with a group of 16 participants. After a successful first year, the program has seen tremendous growth, reaching 55 participants in 2017. Entering its fourth year, [the Program] has become a fixture in the [local] community, as a part of a wider initiative to strengthen [the University's] work with the surrounding community.

[The Program] has grown alongside the vibrant [local] community for over 200 years. The [local] neighborhood is home to a large immigrant population with unique cultural assets and specific health needs. In a 2011 public health article, [the author] wrote of [the area], "Most of the residents are poor, Spanish-speaking immigrants who face socioeconomic and health disparities compared to residents of other parts of [the area]. Consequently, taking the residents' culture, language, and health literacy into account plays an important role in efforts to meet health needs and reduce health disparities in this community"

Despite [the] many community collaborations, the founders of [the Program] felt a disconnect between the student experience and the people of [the area]. Before [the Program], there was no information about the [local] community presented during orientation, nor was the unique patient population [the University] serves a focus of any curricular lectures. Despite these gaps, students demonstrated an immense desire to learn from and engage with this community. In a survey conducted by the founders in 2014, 72% of first-year medical students stated a desire to learn more about the [local] community. Admissions statistics from the same year showed the incoming class to be the first in [the University's] history to list working with the [local] patient population as their number one reason for choosing [the University] over comparable schools. It was from these clear and documented needs that [the Program] was born. [Source]

PROGRAM DESCRIPTION AND STRUCTURE:

[The Program] is predicated on an experiential, hands-on approach to community engagement in the hope of providing a deep yet pragmatic understanding of the complexities of working with immigrant and underserved communities. A core feature of [the Program] is its position in the earliest moments of medical and dental school. As such, it encourages students to view community members as their first professors while they explore the broader theme of social justice in medicine. These formative experiences aim to inspire and nourish curiosity that will drive students to learn from their patients in all stages of their careers and shape the institutions they are part of. [Source]

The program is advertised to students during interviews and after admission through email and revisit events. Students submit a brief essay application over the summer. Thus far the program has been able to accept all applicants. Participants arrive to school during the first week of August, prior to regular student orientation to participate in [the Program]. During the four-day program, student participate in: tours of the neighborhood led by community members and a local historian; visits to community organizations; lectures and discussions on social determinants of health, history, immigration and social justice; reflection through group conversation and personal blog posts; and trips to cultural events and local restaurants. Students are also assigned a summer reading book [about the local community], which chronicles the history of [the area] from colonization to contemporary gentrification. Student leaders alter the schedule of activities each year based on participant feedback, as well as lecturer and community partner availability.

PROGRAM STAKEHOLDERS:

Stakeholder	Description	Interest in Evaluation
Student Leaders Past & Present	Annually 2-3 rising second-year [University] dental and medical school students	Student leaders are the principle stakeholders, interested in demonstrating effectiveness of the program, improving the experience, and justifying continued funding. They are also interested in whether the program should expand or become integrated into the formal curriculum.
Program Participants	A total of 106 medical and dental students who have participated in the pre-orientation program over the 3 cycles of the program	Participants are invested in improving the program for future students. Some program participants go on to become program leaders.
[The] University	The hosting institution for the pre-orientation, medical and dental programs	[The University] is interested in how this program contributes to student participation in research, service learning, and other extra-curricular activities within the surrounding community, as well as how the program may improve community relations.
IFAP & Faculty Advisor	[Another Program] is the global health group at [the University] which provides funding for [the Program] and is directed by the Dean of Admissions. [The Program's] faculty advisor also directs the summer program housed under [the Program].	As the funder of the program, [the funder] is interested in justifying donor money by demonstrating the impact [the Program] has on student work to improve community and public health. The faculty advisor is interested in the quality of the program content and its ability to strengthen community connections and build on the success and reputation of [the Program].
Community Groups	Local organizations partnered with during [the Program]. Past partners have included: - [List]	With only 3 cycles of the program, current community connections are limited. Accordingly, their concerns are not well understood. This is an important area to consider in the future with a developmental evaluation approach.

EVALUATION PURPOSE AND THEORY-BASED APPROACH:

[The Program] has grown dramatically since its inception in 2014. In its third iteration this past summer, the number of participants was 55, up from 16 in its first offering. Given the growth that the program has experienced each year, its founders wanted to conduct an evaluation of the program to ensure this growth occurs in an intentional direction. Although the founders were able to articulate the underlying issues that the program sought to address, they lacked a clearly defined theory of change that the growth could be assessed against. The purpose of this evaluation is to articulate a theory of change and a related logic model, then to develop an evaluation guide to assess whether this theory and model are holding true. The evaluation utilizes a theory-based, formative approach that will be clarified in detail below.

The first step in a theory-based approach to evaluation is to establish the theory of change (Weiss 1995). Defining the theory of change that underlies a program allows the stakeholders to explicitly state reasons for how and why a program should function. According to Weiss, the founder of theory-based evaluation, “Theories represent the stories that people tell about how problems arise and how they can be solved” (Weiss, pp. 72). Interviews with [the Program] leaders presented themes in which the problems of health disparities and lack of local community voice in medicine could be solved if medical and dental students at [the University] participated in a pre-orientation experience that provided them with knowledge of the community context, a social justice perspective, and a supportive community of peers.

An important finding made during the evaluation process was the need for separate theories of change that underlie the roles of the major stakeholders: students, institution, and the [local] community. While the beginning and endpoint are the same, the program believes that each stakeholder engages in a different process by which they reach that endpoint (refer to page 8). The current evaluation focuses on the student component of the theory of change. This choice was made

based on the needs expressed by the program's founders to better understand the impact of the program on students. The remainder of the evaluation plan will focus on the student stakeholders, although it is likely that the reflection and investigation required in implementing the evaluation plan will also create a foundation for exploring the roles of the community and the institution.

An essential component of theory-based evaluation is the clarification and investigation of assumptions that underlie the theory of change. The assumptions are what need to happen in order for the theory of change to occur. The connection between the program and the desired outcomes, that students will dedicate themselves to working with, and advocating for, the local underserved community, and that their actions will ultimately address health disparities, assumes that:

1. Students who participate are interested in learning about the local community and engaging with community health.
2. An intensive pre-orientation experience is sufficient to influence student mindset and actions in professional school and beyond.
3. Teaching about the local community, social determinants of health, and social justice in medicine is important for ameliorating health disparities.

The evaluation will focus on testing the first two of these key assumptions as a means to determine whether or not the theory of change is appropriate and the program is successful in achieving its goals. The third assumption will be able tested at a time in the future given the time needed in order for the impact on health disparities to potentially occur. Thus, the purpose of the evaluation is to assess why students choose to participate in the program and the nature of their experience, and how this participation influences their experiences in school and beyond. The evaluation questions and data collection methods discussed in the following sections will focus on addressing these key components of the theory of change.

[Theory of Change Chart removed]

[The Program's] Student Logic Model

Resources	Activities	Outputs	Short-term & Long-term Outcomes	Impact	CJ
People:	Preprogram: <ul style="list-style-type: none">• Leaders:<ul style="list-style-type: none">- Recruit and select participants- Assign summer reading- Conduct or test survey of knowledge and attitudes• Leaders facilitate:<ul style="list-style-type: none">- Check in- Ice breakers- Regular reflection- Meals at local restaurants Program: <ul style="list-style-type: none">• Leaders facilitate:<ul style="list-style-type: none">- Visits to community organizations- Patient panels- Faculty lectures- Or other activities selected by leaders.• Local historian leads:<ul style="list-style-type: none">- Neighborhood tour and discussion of summer reading• Faculty host lectures on:<ul style="list-style-type: none">- Linguistic competence- Social determinants of health- Responsible community research- Community health initiatives- Or other topics selected by leaders• Students:<ul style="list-style-type: none">- Participate in activities- Write blog posts about the experience	Post-Program: <ul style="list-style-type: none">• Number of student participants• Number of community organization visits• Number of faculty lectures• Opportunities to interact with community members• Number of local restaurant meals• Hours of structured reflection• Neighborhood history tour completed• Number of blog posts• Student-led tours with FCM completed• Improvement on post-test assessment of student knowledge and attitudes about the community• Feedback on program activities from evaluation survey	Medical/Dental School (1-1 Years) <ul style="list-style-type: none">• Students will participate in community health activities during their time at [the University]• Students will apply their new knowledge to clinical care and curricular topics• Students will feel comfortable, confident, supported and connected to the institution and each other• Students will become community and change ambassadors committed to program values (e.g., host events, educate peers, leadership positions, etc.) Residency/Career (4L6 Years) <ul style="list-style-type: none">• Participants will orient career choices towards serving underserved populations• Participants will devote time to learning about and engaging with the local community in their future roles• Participants will utilize their knowledge and experience with social determinants of health to better serve underserved populations• Participants will continue to feel supported by their [Program's] community Institutional Level (4L6 Years) <ul style="list-style-type: none">• Work done by participants while at [the University] will contribute to an improved community relationship and greater focus on social mission in activities and curriculum.	Beyond <ul style="list-style-type: none">• More providers will be dedicated to working with underserved communities.• There will be more physician and dentist leaders in advocacy, education, and research around themes of social justice in medicine• There will be a reduction in health disparities and an increased voice of the local community in the practice and teaching of medicine	
Operational Resources:					
Development Resources:					
				Assumptions	
				1) Students who participate are interested in learning about the local community and engaging with community health.	
				2) A pre-orientation experience is sufficient to influence student mindset and actions in professional school and beyond.	
				3) Teaching about the local community, social determinants of health, and social justice in medicine is important for ameliorating health disparities.	

PROPOSED EVALUATION APPROACH:

Currently, the Program leaders collect pre- and post-surveys of the participating students that focus on participant experience, as well as knowledge and attitudes before and after the program. Thus, such surveying practices are already embedded in the organization's functioning. These questionnaires are not explicitly tied to specific organizational goals, however, and there is no structure in place to aid student leaders in analysis, dissemination, and use of this data. Furthermore, there are currently no additional evaluation practices in place.

The proposed evaluation plan detailed below leverages and builds upon this existing organizational capacity for evaluation. Based on the specific goals and intended outcomes of [the Program], detailed above in the program theory of change and logic model, we propose an evaluation centered on the following four evaluation questions. We further specify suggested evaluation tools, and a suggested cyclical timeline for carrying out evaluation procedures. Please see Appendix A for the "Data Collection Methods" table and Appendix B for the "Suggested Data Collection Timeline" figure, both of which summarize the information provided below.

Evaluation Question #1: Why did students choose to participate or not participate in the program?

This question will help program leaders build an understanding of what motivates participants to apply for the program, and, in turn, what they are hoping to get out of the experience. Equally important will be to ask the same questions of entering students who choose not to apply for the program. Involving this additional group of stakeholders will illuminate possible barriers to participation. These barriers might be related to non-participants' specific interests and motivations, or may be external structural or logistical blockades to participation. We propose that leaders answer these questions in two ways:

1. Online Pre-Survey: Program leaders could conduct an online survey of all incoming medical and dental students that addresses these questions. The survey could be administered in early

August, before [the Program] begins. Given that program leaders already administer a pre-survey to all incoming participants, updating this survey and expanding administration to non-participants should not overwhelm existing organizational capacity.

2. Review Participant Applications: Each participant submits an application for the program that includes a short personal essay, and these documents might provide useful insight into specific participant interests, and what they are hoping to get out the program. Program leaders could review the applications of incoming participants with an eye towards understanding specific participant demographics and motivations.

Ultimately the answers to this evaluation question will allow program leaders to improve upon existing recruitment materials to optimize program inclusivity.

Evaluation Question #2: How did participants experience the program?

This question will allow program leaders to understand which aspects of the program participants connected to most and least strongly, and participant satisfaction with their experience in the program. We propose that the leaders answer these questions using three methods:

1. Post-Program Online Survey: Like the pre-program survey described above, program leaders could distribute a second online survey to participants on the last day of the program. Questions in this survey will address participant impressions of specific program activities and suggestions for which activities should be continued, altered, or removed for upcoming program iterations.
2. Participant Focus Group: On the final day of the program participants could be invited to participate in a focus group to reflect on their experience and provide feedback to program leaders. This focus group would cover similar topics to the proposed post-program survey, but allow for more in depth understanding of participant perspectives. The focus group and survey would complement one another as the survey would allow inclusion of a broad range of participant voices, while the focus group would provide depth from a smaller group.

3. **Review of Participant Blog Posts:** Over the course of the program, participants are required to create blog posts reflecting on their experiences in program activities. These are posted to the program's community blog. These blog posts have the potential to serve as a rich source of information about participant experiences in and perceptions of program activities. We propose that in the week following the program, program leaders review these blog posts to measure participant satisfaction with their program experience, and whether participants were having the intended experience in various activities.

This information will allow program leaders to improve program design and delivery for future years.

Evaluation Question 3: To what extent, if at all, do students gain knowledge, skills, tools and community from participating in [the Program]?

This question aims to develop an understanding of what participants gain from the program, if anything. Program leaders hope that they will have gained knowledge of the context of care in the local community, a social justice and health advocacy perspective, and a supportive community of peers. To answer the question, we propose the following evaluation strategies:

1. **Pre- and Post-Program Online Surveys:** Additional questions could be added to the participant pre- and post-program surveys, suggested above, to address this evaluation question.

Specifically, the survey could include some questions that test participants' knowledge of the context of care in the local community and questions that query participants' understanding of social determinants of health. Including the same questions on the pre- and post-program surveys will allow program leaders to evaluate for change in knowledge and perspective from before to after the program.

2. **Participant Focus Group:** A focus group taking place on the final day of the program, as suggested above, could also be used to explore this evaluation question in greater depth.

Specifically, a focus group could be used to develop an understanding of nuanced issues that

might be difficult to ascertain from a survey alone, such as how participants plan to use program content as they enter dental or medical school, and the nature of various relationships formed during the program.

The information collected in response to this question will allow program leaders to improve upon program content, format, and organization for the subsequent year.

Evaluation Question #4: To what extent, if at all, does participating in [the Program] influence student professional school experience?

This question evaluates how participants are using what they acquired in the program, both during medical school and beyond. Specifically, the program hopes to produce a student body dedicated to actively engaging with the [local] community while in professional school, and with underserved communities in general after graduation. In order to assess whether this goal is being met, we suggest three evaluation strategies, detailed below.

We further suggest that leaders compile a yearly evaluation report in March of each year. After the program concludes, student leaders become immersed in their year of clinical rotations and competing obligations prevent them from dedicating much time to the program. This has a perennial issue in compiling, analyzing, implementing, and passing on evaluation data and institutional knowledge within [the Program]. However, each year in March there is an enrichment week built into the academic calendar with a lighter workload.

1. Graduation Interviews: In March of each year we suggest that program leaders interview graduating program alumni to gain an understanding of in what ways, if at all, the program influenced their subsequent experience in medical or dental school, career choices, and residency selection for after graduation.
2. Review Institutional Records on Extracurricular Activities: The administration keeps records on registered extracurricular organizations and their leadership. This could be reviewed to better

understand what activities program participants engage in after the program with an eye towards whether these choices align with the program's mission.

3. Interviews with Community Members: Leaders could interview community members who participated in the program to learn whether any program participants stayed engaged in their organization during the subsequent year.

The information collected in this piece of the evaluation could be used to focus and improve various aspects of program design and implementation, as well as to demonstrate some degree of programmatic impact.

BUILDING EVALUATIVE CAPACITY:

One of the goals is to build in evaluative capacity within the program design. This will allow for continued improvement and iteration as the program changes and develops. One particular challenge for [the Program] is that student leaders change year to year. Additionally, the student leaders following the year of service are unavailable for questions given clinical responsibilities. We have developed a number of suggestions to improve continued capacity for evaluation given these challenges.

1. Defining Roles Among Student Leaders: Student leaders have a number of roles in developing and implementing the program each year. The position leadership is horizontal, in which leadership roles are shared. However, currently there is no defined evaluation role. We suggest that the [the Program] leaders create a defined evaluation role that one of the leaders will assume for the year. This will allow for built-in evaluative capacity. In addition, the creation of a defined evaluator role will allow that student to develop marketable skills with quality improvement experience.

2. Increasing Accountability Among Student Leaders The current process of choosing student leaders is through an application process. These student leaders are then compensated with a stipend. Currently, there is no required written or evaluative report of activity, outside of program implementation. We suggest working with executive leadership who are funding the stipend and the faculty mentor, to have

a required deliverable. This will instill institutional accountability and ensure the production of a required evaluative report.

3. Faculty Advisor: The faculty advisor role is critical for providing continuity to the student-run organization. Over the past several years, the current advisor has become increasingly more involved with management of the program. As previously mentioned, encouraging the faculty advisor to institute an annual written report requirement from student leaders could help promote evaluative capacity and accountability. However, in thinking about how to support faculty leaders, having defined student roles with identified transition points will assist in the transfer of this knowledge. As the program expands, if the participant numbers continue to double, a second faculty advisor may be beneficial.

4. Knowledge Depository: Currently there is a google drive with a number of documents files and folders. Each year the group has a challenging time accessing documents secondary to the underlying organization of the drive. There are times they will repeat processes or documents because they are unable to find the existing file. Given the turnover of leadership, having an organized knowledge depository becomes important for day to day operations but also for evaluative processes. There are professional sites for organization across space and time like Asana, Basecamp, Evernote Business or Neat Cloud Service. However, these do have an associated cost. Based on this, spending time to organize the google drive with a table of contents or a website that allows for linking would be valuable in ensuring easy access and summative knowledge.

INVOLVEMENT OF STAKEHOLDERS:

Through the development of the current Theory of Change it was revealed that the community engagement perspective was missing. Given that this program was implemented only three years ago, these relationships are in the beginning stages of development. We believe that undergoing a developmental evaluation with a focus on the community perspective will further deepen these relationships and involve these stakeholders throughout the process. The following examples can begin

the process of building these relationships and involvement, in anticipation of a more comprehensive developmental evaluation.

Community Advisor: Student groups are required to have faculty advisors who help navigate processes within the institution. However, this is not true of partner organizations. We think that having a point person within the community will bring forward a missing stakeholder voice to both the coordination of the program and also to the evaluation process. This will help ensure that moving forward the program is benefitting its community partners based on input rather than assumptions.

Semi-Structured Interviews: As outlined in the current evaluative methods, semi-structured interviews serve two purposes. First, the process of semi-structured interviews by students of the community will allow for sustained and ongoing connections between the community and the students. Additionally, the semi-structured interviews will bring community voice to the evaluative process and allow for students to better incorporate the goals of the community into the theory of change. Incorporating these voices will help set the stage for the next steps of evaluation.

CONCLUSION:

The evaluation plan described above enables [the Program] to grow and act with purpose. The goal of the evaluation plan is to ensure that, not only does the program do good in the community but that it, “becomes clear how, why, and when the good is being done” (Weiss pp. 90). [The Program] will be able to utilize the results from the evaluation to reassess their theory of change, build on strengths, and address weaknesses.

REFERENCES

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APPENDIX A: Data Collection Methods – Summary (Based on Guskey, 2009)

Evaluation question	What questions are addressed?	How will information be gathered?	What is measured or assessed?	How will information be used?
(1) Why did students choose to participate or not participate in the program?	<ul style="list-style-type: none"> - What motivates students to participate? - What are internal and external barriers to participation? 	<ul style="list-style-type: none"> - Pre-program online survey of all incoming students - Review applications 	<ul style="list-style-type: none"> - Participant demographic distribution - Participant motivations - Non-participant barriers 	<ul style="list-style-type: none"> - To improve recruitment materials, program inclusivity
(2) How did participants experience the program?	<ul style="list-style-type: none"> - Did they like it? - Which lectures and activities were most/least helpful? - Was their time well spent? - Will it be useful? How? 	<ul style="list-style-type: none"> - Post-program online survey - Focus group - Review participant blog posts 	<ul style="list-style-type: none"> - Initial satisfaction with the experience 	<ul style="list-style-type: none"> - To improve program design and delivery
(3) To what extent, if at all, do students gain knowledge, skills, tools and community from participating in [the Program]?	<ul style="list-style-type: none"> - What is student baseline knowledge? - What knowledge did participants attain, not attain? - Are students prepared to engage with community? - Did program build relationships between participants? 	<ul style="list-style-type: none"> - Pre- and post-program online test - Focus group 	<ul style="list-style-type: none"> - Baseline knowledge of participants and non-participants - New knowledge acquisition - How participants intend to use program content - Strength of relationships developed during program 	<ul style="list-style-type: none"> - To improve program content, format, and organization
(4) To what extent, if at all, does participating in [the Program] influence student professional school experience?	<ul style="list-style-type: none"> - Do participants continue to engage in the community after the program? - What extracurricular activities do participants engage in? - What career choices do participants make? 	<ul style="list-style-type: none"> - Interviews at graduation - Review institutional records on extracurricular activities - Interviews with community members 	<ul style="list-style-type: none"> - Participant longitudinal use of program content skills - Participant engagement in school/local community - Participant career choices 	<ul style="list-style-type: none"> - To focus and improve all aspects of program design, implementation, and follow-up - To demonstrate the overall impact of [the Program]

APPENDIX B: SUGGESTED DATA COLLECTION TIMELINE

