CONDUCTING AN EVALUATION: STEPS FOR TELESAFE CLINICIANS

The Purpose of Evaluation

Evaluations allow for an intentional opportunity to assess a program's efficiency and impact. The Centers for Disease Control and Prevention (CDC) has identified four general purposes for program evaluation:

1. **Gain insight** | *example*: identify potential barriers to implanting the program
2. **Change practice** | *example*: make a midcourse adjustment to patient care, based on evaluation findings
3. **Assess effects** | *example*: compare the quality of evidence collected before and after the program
4. **Affect participants** | *example*: implement organizational changes that make the teleSAFE program more efficient for clinicians

Evaluation findings may not only identify areas for improvement but also identify successful approaches and positive impacts. These findings can, in turn, benefit stakeholder conversations about further expansion and sustainability.

Evaluation is not a one-size-fits-all activity, and the approach should be tailored based on program goals, resources, and abilities. A successful evaluation of a teleSAFE program will help ensure that the program is patient-centered, trauma-informed, and based on best practice standards for sexual assault medical forensic examination and treatment[1].

Developing Evaluation Questions

The beginning of any evaluation starts with defining project goals, objectives, and evaluation questions. The goals should be big picture, and the objectives should be measurable.

- *Example goal:* Enhance teleSAFE services to increase the availability of comprehensive medical forensic sexual assault care in the community.
- *Example objective:* teleSAFE services will be offered to 100% of patients seeking medical forensic exams (MFEs) from the on-site practitioner.

Evaluation questions are designed to determine whether project goals and objectives are being accomplished. Evaluation questions can focus on the process (whether the program is being implemented as intended) *or* the outcomes (how much of a difference the program made for participants, patients, and staff).

- *Example evaluation process questions:* How many patients seeking MFEs were *offered* teleSAFE services? How many patients *received* MFEs through teleSAFE services?
- *Example evaluation outcome question:* Has the number of comprehensive MFEs provided in the community increased since the initiation of the teleSAFE program?

[1] The current Snapshots are intended for a clinician audience. A comprehensive review on conducting evaluation in a teleSAFE context can be found in IAFN's *TeleSAFE Evaluation Handbook*.

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Identifying Participants

Write out each of the evaluation questions, and identify which perspectives are necessary to answer each question. If, for example, you are interested in learning how easy the technology was to use, you will want to hear from those who use the technology (e.g., spoke clinicians and teleSAFE providers). Those not using the technology directly (e.g., advocates, victims) will not need to share their perspectives. Although it may be nice to learn about their thoughts on the technology, that information is not *necessary* to answer the evaluation question. Thus, collecting this information will (1) make data analysis unwieldy, (2) increase the burden on participants, and (3) fail to be victim-centered and trauma-informed. Other questions, however, may require perspectives from multiple individuals.

Developing and Using Data Collection Tools

Let the evaluation questions inform the type of data collection tools used.

- First, identify which evaluation questions can be answered with already-collected data, like hospital records or agency metrics, as this is often the lowest-burden data collection method for participants (i.e., they don't have to do anything!).
- Next, identify which questions could be answered via quantitative methods (e.g., brief surveys, checklists) because these are lower-burden data collection methods.
- Third, identify which questions require qualitative methods (e.g., longer surveys with open-ended questions).
- Finally, identify which questions need to be answered via multiple methods (e.g., patients receive a survey and teleSAFEs complete a checklist).

For surveys, consider the preference for paper-and-pencil methods or online web surveys. These methods may differ given the stakeholder completing the survey. For example, on-site practitioners may be more likely to fill out a paper-and-pencil survey immediately after an exam; however, the evaluation team would need (1) to identify a place for the surveys to be safely stored and (2) to identify a way to pick up the surveys regularly or have the surveys regularly mailed in a confidential way. Other stakeholders, like advocates or survivors, may be more likely to complete a web-based survey; however, the evaluation team would need to consider secure and confidential ways to host this information online.

Analyzing Data

Prepare your data for analysis by reviewing all data to check for data entry errors and to ensure accuracy, consistency, and that all data are de-identified.

Once the data are verified, begin by analyzing data sources independently of one another (e.g., review all surveys, then review all checklists). It is often tempting to explore all facets of the data; however, it is best to target the analysis to answer the evaluation questions. If time allows, continue to review data for additional exploratory themes.

Upon completion of independent analyses, a set of findings will have been developed that can be compared across data sources. Synthesize findings to answer all evaluation questions and develop key themes, recommendations, and best practices.

Using the Findings

Review the answers to the evaluation questions. For example, were programmatic goals met? If so, document what works well about the program and should continue in the future. If there is still room for improvement, as there often is, identify lessons learned. Based on the findings, provide recommendations for future practice and suggestions for implementation. The findings can also be used to create dissemination materials about the program (e.g., a fact sheet) and/or to apply for future grant funding.

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