

NHS Scotland Global Citizenship Conference 2019

“Developing Sustainable Health Partnerships”

1 November 2019

Murrayfield Stadium, Edinburgh

Monitoring and Evaluation in Health Partnerships – Paediatric Epilepsy Training Partnership

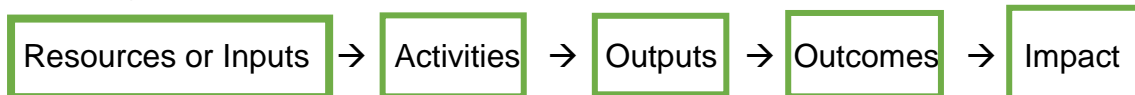
Workshop Outline

Drawing on both a current systematic review on acute paediatric care course evaluation in LMIC and a children’s epilepsy training programme for “high-level” health workers run across Africa, Asia and South America, this session will discuss the variety of course evaluation methods used in short course CPD training. Does measuring outcomes matter? How can we do this simply and pragmatically? What do results tell us?

Note:

Workshop based on the monitoring and evaluation (M&E) of paediatric epilepsy training (PET)

The Logic Model:



Where:

- resources/inputs and activities is the planned work
- outputs, outcomes and impact are the intended results

PET: providing basic epilepsy information for healthcare professionals. Increasingly popular internationally, started off in the UK.

Why do Monitoring and Evaluation?

- Used to assess the performance of projects/institutions/programmes. Monitor activity and output of grant, track progress against original plans, and collect resultant data. Evaluate if data has created expected impact. Use learning to inform next work, and if work should be continued
- There are different types of evaluation, listed on the table on the slides.
- Important to prevent people repeating mistakes, allows others to learn from your experiences.
- Potential for publishing, presenting at academic conferences.
- Important in providing evidence that health partnership work is worthwhile and should continue, there are often issues getting funding etc. and this can provide strong evidence of its beneficial impact and strengthen case to get funding.
- Health partnership model used in training people overseas. They are complex interventions and involve a lot of different people/companies.

- Challenges to be aware of:
 - o A lot of the project team are clinicians who don't have experience in project management – important to keep it simple!
 - o Difficulties in the practicalities of collecting data
 - o There is often heavy rotation of staff – difficulties in following up trained staff if they have rotated round to a different specialty
 - o Be aware of your own limitations – what you can and can't influence
 - o Be prepared to be flexible and open to change if needed
 - o Always justify what you're doing – don't just collect data for the sake of it!

2 types of evaluation mentioned in this workshop:

1. impact evaluation
2. process evaluation

PET in Malawi:

- impact evaluation showed no difference in mortality from status epilepticus
- does this mean the programme was unsuccessful?
 - o Was the programme aimed at the right people?
 - o Are people having status epilepticus in the right place for training to pay off, i.e. is the status occurring in the community (where training is unlikely to benefit the patient) or is it occurring in hospital?
 - o Are those with epilepsy on anti-epileptics

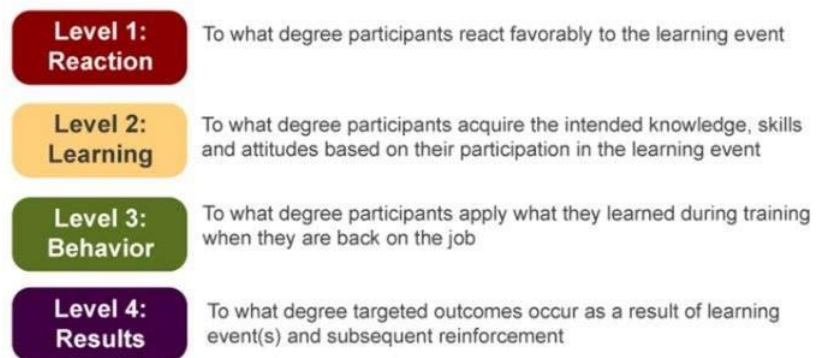
Process Evaluation looks at the programme teaching and how it was carried out rather than the longer-term outcomes:

- Context – who? Where? Enough people trained?
- Content – poorly taught, not suitable
- Participants unable to make changes?

Kirkpatrick Model of Training Evaluation:

- Stage 1: satisfaction
- Stage 2: pre- and post-training knowledge
- Stage 3: questionnaire later (e.g. 3 months later)
- Stage 4: outcomes

THE KIRKPATRICK MODEL



© 2010-2013 Kirkpatrick Partners, LLC. All rights reserved. Used with permission. Visit kirkpatrickpartners.com for more information.

References:

File:Planeamento-1.jpg - Wikimedia Commons [Internet]. Commons.wikimedia.org. 2019 [cited 7 November 2019]. Available from: <https://commons.wikimedia.org/wiki/File:Planeamento-1.jpg>