

EVALUATION OF CLINICAL PRACTICE IMPROVEMENT TRAINING PROGRAM

Funding Source: Institute for Clinical Excellence

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Duration: 2002

Description: Between June and August 2002 the Centre conducted twelve studies to address the nine tasks set out in the Institute's *Brief to Consultants* in order to provide a triangulated evaluation of the CPITP. In addition, the Centre conducted a brief literature review of some core ideas about CPI, adult learning and innovation processes as a way of contextualising the evaluation. Three main findings from these literature streams are shown in table 1.

TABLE 1: Main findings from literature streams

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| <ol style="list-style-type: none">1. The CPI literature lends support for programs like CPITP as initiatives to develop a cadre of managers and clinicians in CPI techniques and approaches2. There are well defined principles of teaching and learning, and a range of suggestions drawn from the educational literature that can be used to inform future curriculum development and teaching and learning within CPTIP3. Recent work on innovation and organisational change has illuminated how CPITP projects might be designed, led, supported and evaluated. |
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Nine tasks which the Institute briefed the Centre to work on are exhibited in table 2.

TABLE 2: Evaluation tasks

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| <ol style="list-style-type: none">1. The extent to which the CPI courses conducted to date met their stated aim and objectives and have met the interests of all key stakeholders2. The satisfaction of course participants with the content and conduct of the courses and their own level of achievement3. The satisfaction of Faculty members with course organisation, resources and achievements4. The immediate and longer term program outcomes in terms of the number of quality improvement projects initiated and completed, the actual improvements in clinical practice achieved and any resulting organisational and/or cultural change at the local level5. The lessons learned along the way and their implications for the content and format of future courses, including selection of participants, choice of CPI projects and tools, and resource requirements6. The return on investment and the recommended 'life' of the CPI Training Program |
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| <p>7. Comparison with similar programs conducted both in Australia and overseas</p> <p>8. Make recommendations on future management and development of the CPITP, including sustainability of the Program</p> <p>9. Provide suggestions for follow-up to the CPI courses, including ongoing support for course participants to achieve sustained improvement in clinical practice in their own workplace settings.</p> |
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The Centre responded to the Institute’s brief by designing twelve studies it proposed to conduct in order to adduce evidence on which to base the evaluation findings (table 3).

TABLE 3: Evaluation studies

Study #1	Interview a range of key stakeholders
Study #2	Administer a survey questionnaire to all participants of CPITP courses 1-6
Study #3	Interview Faculty members
Study #4	Conduct an observational evaluation of CPITP 6, held on 21-26 July 2002
Study #5	Examine project outcomes from the survey questionnaire
Study #6	Briefly document two CPI projects
Study #7	Consult with selected project leaders
Study #8	Document and classify the range of projects undertaken
Study #9	Investigate the return on investment of the CPITP: case studies
Study #10	Examine the return on investment of the CPITP: questionnaire analysis
Study #11	Compare CPITP to similar national and international educational programs
Study #12	Conduct a telephone follow-up of CPITP participants.

Key findings emerging from these studies are presented in table 4.

TABLE 4: Key findings from the Centre’s studies

<ol style="list-style-type: none"> 1. Generally high levels of support for CPITP were found 2. System-wide views are that CPITP is valuable 3. Educational benefits of CPITP are considerable 4. Strong ratings for CPITP educational effectiveness were found 5. The program’s ongoing success rests on the credibility, expertise and future commitment of Faculty 6. An effective governance framework for the program needs to be developed 7. The linkages between CPITP courses and projects, and the strategic needs of Area administrations and NSW Health, could be strengthened 8. Further work is needed to develop an extensive cohort of clinicians and managers trained in CPI 9. Project support structures need to be further developed
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Outcome: An evaluation monograph was produced and accepted by the ICE Board. The Centre’s evaluation process was further refined as an outcome of this project