



**Assessment & Learning in Practice Settings (ALPS)
Evaluation Strategy**

A Centre for Excellence in Teaching & Learning

**ALPS Monitoring & Evaluation Group
July 2007**

ALPS Evaluation Strategy

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1. Introduction

This document outlines the means by which the progress made and achievements of the ALPS programme will be captured and evaluated. In doing so, the document sets out a framework for collecting and analysing evidence and disseminating the intelligence generated so as to inform future developments. This will be achieved by systematically collecting the evidence that determines the extent to which the ALPS programme has achieved its aims and outcomes as set out in the ALPS Strategic Plan.

The ALPS Evaluation Strategy is intended as a dynamic document and will be revised as evaluation exercises and feedback are received.

2. Background

ALPS (Assessment and Learning in Practice Settings) Centre for Excellence in Teaching and Learning (CETL) is a HEFCE funded regional consortium of distinctly excellent collaborating Higher Education Institution (HEI) partners jointly committed to enhancing the student learning experience by stimulating and supporting innovation in the delivery of learning and teaching.

Mission

Building on existing strengths across the partnership, ALPS aims ***to ensure that students graduating from courses in health and social care are fully equipped to perform confidently and competently at the start of their professional careers*** so improving the standards of care

The ALPS collaboration includes the Universities of Bradford, Huddersfield and Leeds, and Leeds Metropolitan University and York St John University working in collaboration with the NHS Yorkshire & the Humber, which provides practice network links across the region. The range of HEFCE and NHS funded courses offered by the 5 partners involved in ALPS are shown in table 1. ALPS is in consultation with the professional and regulatory bodies representing these 16 health and social care (H&SC) professions to achieve its aims.

Course	Bradford	Huddersfield	Leeds	Leeds Met	York St John	Total
Audiology			100			100
Clinical Physiology			45			45
Dentistry			300			300
Dietetics				190		190
Diagnostic Radiography	90		165			255
Medicine	120		1400			1520
Midwifery	84	105	110			299
Nursing	638	660	1200	346		2844
Occupational Therapy	20	20		20	410	470
Operating Department Practice		180				180
Optometry	332					332
Pharmacy	832					832
Physiotherapy	158	120		163	180	621
Podiatry		120				120
Social work	210	195	120	188		713
Speech and Language Therapy				126		126
Total	2484	1400	3440	1033	590	8947

Table 1: Health & Social Care undergraduate/pre-registration courses involved in ALPS. Total number of students (2004).

The ALPS collaboration is firmly committed to the implementation of new models of working such as those described in the Department of Health's Education and Commissioning

Strategy (West Yorkshire Workforce Development Confederation [WYWDC] 2003) and Practice Placement Strategy (WYWDC 2004). In particular, ALPS will enhance the reliability and validity of assessments of service user-centred professional competence in existing work-based settings. Many of the competences required at graduation are shared across all H&SC professionals. ALPS will draw together uniprofessional expertise in workplace H&SC assessment by looking for commonality of purpose and sharing of scarce resources to assess common outcomes.

The central goal of ALPS is to increase the reliability and validity of assessment and learning in practice settings across pre-registration health and social care education and thus raise the status of practice assessors. By fulfilling these strategic aims ALPS aims to have identified common competences both across and within the 16 disciplines involved in the programme, generated practice or work-based assessment tools that may be used by different assessors from both within and outside of the students' own discipline to assess generic professional skills and supported distance learning and assessment with the innovative use of mobile technology.

Who will benefit from ALPS?

Students will benefit from increased frequency and range of assessments in practice, supported by the latest mobile technologies. Interprofessional and multiprofessional learning and assessment will greatly enhance students' understanding and experience of working in practice.

Staff in the partner HEIs will have their excellent practice recognised and rewarded, and have the opportunity to progress their careers via scholarship and pedagogic research. NHS staff who support and assess students in practice placements will benefit from improved support and training.

Service Users will be an integral part of practice assessment. Building on established networks of service-users and carers to develop user-assessments and to incorporate their views and knowledge and experience into ALPS materials.

3. Purpose of evaluation

The principal purpose of the ALPS Evaluation Strategy and framework is to enable ALPS to measure the extent to which its six strategic aims and related outcomes have been achieved. As such the ALPS Evaluation Strategy adopts an outcomes-based approach – the outcomes effectively describe what success will look like for ALPS if the strategic aims are realised and the legacy that ALPS will leave behind.

The key principles underpinning the ALPS Evaluation Strategy are as follows:

- Evaluation should be an ongoing part of planning and development
- Evaluation should involve all stakeholders and be relevant to them
- Evaluation should be part of learning and sharing successes and difficulties

ALPS strategic aims & outcomes

Strategic aims:	Outcomes:
A1. To develop and improve assessment and thereby learning in practice settings for all health & social care students	Health & social care graduates are confident and competent at the start of their professional careers
A2. To develop the competence of people who support and assess health and social care students in practice settings	Health & social care professionals are competent as scholarly assessors and in the application of ALPS methods in assessing professional competences
A3. To enhance the role of service-users and carers in assessment and learning in practice settings	Increased participation and engagement of service users and carers in the process of practice-based competence assessment
A4. To develop effective project management, evaluation and partnership working	The aspirations of the ALPS programme are realised Enhanced capacity and capability of partners to work together and provide the basis for future collaborative action
A5. To research and disseminate assessment practice	Health & social care professionals have a better understanding of how to assess professional competence & contribute to changes in professional cultures
A6. To respond to and influence national and international policy and culture in assessment	A vibrant, sustainable and multi-disciplinary community of practice that positively contributes to changes in professional culture

The ALPS Evaluation Strategy has been informed by the guidance from HEFCE on the evaluation of CETLs: *Centres for Excellence in Teaching & Learning (CETLs): approaches to evaluation* (November 2006)

<http://www.hefce.ac.uk/learning/tinits/cetl/evaluation/CETLguide.doc>

The scope, design and implementation of the ALPS Evaluation Strategy will enable the realities of practice on the ground to be conveyed to stakeholders and inform programme developments. The evaluation will take account of the complexity of the learning and teaching process and of how excellence is viewed and disseminated. The evaluation will also examine both the intended and unintended consequence of the programme.

4. Evidence and data gathering

As noted above the strategic aims and outcomes of ALPS provide the substantive focus for the ALPS Evaluation Strategy and framework. Evidence, both qualitative and quantitative, will be collated and analysed in order to make an assessment of progress towards achieving the programme level outcomes. The table below outlines the range of evidence that will be collated by the Monitoring & Evaluation Group supported by the partner sites.

Outcomes:	Suggested evidence base:	
	Qualitative	Quantitative
Health & social care graduates are confident and competent at the start of their professional careers	<ul style="list-style-type: none"> Stakeholder perceptions (students on feelings of competence and competence, employer feedback, SU&Cs feedback) 	<ul style="list-style-type: none"> Baseline and monitoring of student confidence and competence (BORG/Research Group) LT&A resources available (e.g. competency maps, literature review, assessment tools) Assessment methods/practices identified and branded ALPS (e.g. assessment tools via mobiles) Virtual assessment environment available across five partners
Health & social care professionals are competent as scholarly assessors and in the application of ALPS methods in assessing professional competences	<ul style="list-style-type: none"> Stakeholder perceptions (views/feelings of assessors related to confidence in assessing professional competence) Nature of involvement of assessors in innovative assessment work Responses from different communities (practice assessors, SU&Cs, students) to availability of small grants, collaboration in projects, working alongside other professional groups Nature and extent of relationships established with PSRBs Extent of added value from ALPS as opposed to existing preparation for assessors/mentors 	<ul style="list-style-type: none"> Number of assessors using ALPS resources Resources/processes available Number of assessors receiving ALPS training and updates to achieve common assessment approach Increased numbers of IP assessors ALPS staff appointed Partner reward mechanisms in place PSIGs functioning & embedding activities into core work
Increased participation and engagement of service users and carers in the process of practice-based competence assessment	<ul style="list-style-type: none"> Nature and extent of dissemination occurring across SU&C groups Nature and extent of partner involvement in SU&C networks 	<ul style="list-style-type: none"> Number of SU&Cs as assessors using ALPS resources/processes Number of SU&Cs working with partners Audit of existing practice available SU&C Working Group established SU&Cs feedback on competency maps Register/s of SU&Cs available to work with ALPS/partners is available

<p>The aspirations of the ALPS programme are realised</p> <p>Enhanced capacity and capability of partners to work together and provide the basis for future collaborative action</p>	<ul style="list-style-type: none"> • Stakeholder perceptions on the nature and extent of collaboration and partnership arrangements • Management and PSIGs functioning • Nature of ALPS/partners involvement in networks, committees and working groups • Quality of responses from ALPS/partners to consultations 	<ul style="list-style-type: none"> • Monitoring & revisions of Strategic & Operational Plans • Financial planning and management information • Number of collaborative submissions, e.g. conference papers, research grant applications, etc • Numbers of research papers submitted/accepted • ALPS membership representative of stakeholders • MEG establish evaluative framework
<p>Health & social care professionals have a better understanding of how to assess professional competence & contribute to changes in professional cultures</p>	<ul style="list-style-type: none"> • ALPS practices adopted by health & social care practitioners • Nature and extent of recognition given to health & social care professionals • Nature of contribution made by ALPS Fellows/team to pedagogic research 	<ul style="list-style-type: none"> • Number of collaborative submissions, e.g. conference papers • Numbers of research papers and citations • Number of conference presentations and workshops • Research Group implements research strategy and manages outputs (papers, conference presentations, posters and workshops)
<p>A vibrant, sustainable and multi-disciplinary community of practice that positively contributes to changes in professional culture</p>	<ul style="list-style-type: none"> • Stakeholder perceptions on the strength of the network • Conference materials/publications that cite the work of ALPS • What are the different/new ways of working/learning provided by ALPS 	<ul style="list-style-type: none"> • Number of citations of membership/authorship in professional and academic literature • Number of invitations to respond to consultations received • Number of ALPS/partners members of influential committees/agencies • Number of research outputs submitted/accepted

Data will be gathered in a way that is mindful of data protection, confidentiality and ethical guidelines. Where possible, existing data sources will be utilised. Where data is not immediately available, a decision will be made by the Monitoring & Evaluation Group and/or within partner sites as to how best to source the data required. In some instances, the data required may exist but it has not been disseminated (i.e. a large piece of work or summary report may be based upon more detailed information that has not been published).

Much of the data will be collated by the Core Team (supported by the Monitoring & Evaluation Group and Research Group) through the well-established monitoring mechanisms. These include:

- partner evaluation exercise (6 monthly against Operational Plan)
- partner case studies based on ALPS activities and their impact
- dissemination and research log detailing presentations, published papers, workshops, etc. delivered

- ALPS Management Group reports of activity
- Programme’s Manager’s annual, 6 monthly and ad hoc reports of activity, for Advisory Board, Joint Management Group and Risk Assessment Group

Additionally, the Monitoring & Evaluation Group will support partner sites and the Research Group in collating robust evidence so as to facilitate an assessment of impact and added value. Such evidence is likely to be highly qualitative in nature and will be heavily reliant on gathering stakeholder perceptions (see table above). Appropriate mechanisms will be deployed by the partner sites in collating such evidence – examples of different techniques and their relative strengths and weaknesses are provided below.

Technique	Strengths	Weaknesses
Face to face interviews	<ul style="list-style-type: none"> • Easy to establish rapport • Follow up interesting comments • Useful for canvassing views 	<ul style="list-style-type: none"> • Time consuming • Expensive
Telephone Interviews	<ul style="list-style-type: none"> • Less time consuming than face to face 	<ul style="list-style-type: none"> • More difficult to establish rapport
Focus groups	<ul style="list-style-type: none"> • Debate generated between individuals within the group • Quick way of picking up several views 	<ul style="list-style-type: none"> • Time to arrange them • Individuals may not discuss sensitive issues
Postal/email survey	<ul style="list-style-type: none"> • Cost effective way of accessing large numbers of views 	<ul style="list-style-type: none"> • Often have low response rate • Impossible to follow up interesting responses
Telephone survey	<ul style="list-style-type: none"> • Easier to control variables in sample 	<ul style="list-style-type: none"> • Not everyone is contactable by telephone
Web based survey	<ul style="list-style-type: none"> • Cost effective way of accessing large numbers of views • Automatic analysis of quantitative results 	<ul style="list-style-type: none"> • Often have low response rate • Impersonal • Lacks personal approach • Fails to engage • Web survey “fatigue”

The Research Group is specifically responsible for identifying studies that need to be completed in order to provide evidence of the validity and reliability of ALPS deliverables. The detailed Research Strategy and the Terms of Reference for the e-Valuation and Baselines and Outcomes Research Working Groups (appendix a) will support the data collation exercise outlined above.

5. Data analysis

The analysis of the data gathered against the framework outlined above and the assessment of progress towards achieving the expected outcomes of ALPS will be guided by a series of key evaluative questions, as follows.

- What happened? And why?
- What worked well? What worked less well? And why?
- What were the issues, challenges and sensitivities?
 - Were all the opportunities realised?
- What was achieved?
- Were there any unexpected outcomes?
- What has been the impact? And, on whom?
 - What has changed?
- What has been learnt?
 - How and in what ways has this learning been shared?

- How has the learning been fed into (and embedded in) the planning and quality improvement of the initiative and its programmes of activity?
- What will be done about it?

The Monitoring & Evaluation Group supported by the Core Team will play a key role in the analysis and the ‘triangulation’ of different sources of evidence that will enable an assessment of progress from the baseline established at the time of preparing the ALPS business plan.

The aims, outcomes and successes achieved by the ALPS programme are articulated in the Strategic and Operational Plans, and activities to achieve these outcomes are therefore the focus of ALPS dissemination. ALPS activities are therefore directed at delivering an outcome. For that reason evaluation and dissemination are an integral part of each activity and are considered in the planning and implementation stages. Evaluation of the specific outcomes therefore provide the basis for evaluating the impact of the dissemination activity. The Dissemination and Impact Group, supported by the Core Team, support the work of all partners, Management and Working Groups.

Evaluation lenses

In answering the key evaluative questions consideration will be given to a number of cross-cutting areas of interest (or lines of enquiry). These lenses will provide a specific focus to the evaluation and have been informed by HEFCE’s *Centres for Excellence in Teaching and Learning (CETLs): approaches to evaluation* document.

A brief indication of what is meant by each lens is provided below.

1. **Student learning experience** – benefit to students, extent to which the learning experience has been enhanced
2. **Pedagogical approaches** – defining and identifying excellence, design, delivery and assessment, pedagogic research and scholarship, link between pedagogic scholarship and learning and teaching ‘on the ground’, capacity and scope to engage in further pedagogic research, dissemination and take-up of good practice
3. **Partnerships** – extent to which there is a shared and contemporary rationale for what is proposed, extent to which there is a shared understanding of the purpose and priorities for the initiative, partnership building and legacies
4. **Process of change** – conceptual and actual starting points, distance travelled, barriers and enablers, critical success factors, role and contribution of the Professional, Statutory & Regulatory Bodies, and the Higher Education Academy
5. **Reward and recognition** – incentivising individuals and teams, promotion and career progression
6. **Policy** – wider institutional influence on learning and teaching strategies, subject level, professional bodies, added value of excellence to strategic positioning of the institutions involved (e.g. contribution to student recruitment)

Additionally the operational effectiveness of ALPS will be given due consideration in line with strategic aim four and related outcomes:

- *To develop effective project management, evaluation and partnership working*

Assessing Impact

The reach and level of impact can be mapped at different phases of the ALPS programme's development and implementation. The grid below demonstrates the potential level of impact on a wide range of stakeholders. The evidence collated will inform the assessment of impact.

Level and reach of the impact of ALPS

Level of impact	Reach of impact								
	Partner Site Implementation Groups (cross-cutting and partner sites)	Other academic and support staff	Students	Practice assessors	Service users & carers	Senior managers (partner universities)	Senior managers (Strategic Health Authority)	Other organisations (NHS Trusts, Local Authorities, voluntary sector, private health and social care)	Policy makers (PSRBs) and funding bodies
Raised awareness and increased understanding									
Positive action taken									
Enhanced capacity and capability									
Strategic and sustainable									

6. Reporting and dissemination

Reporting

Reporting is an important feature of ALPS because of the complex nature of the collaboration (appendix b).

- Partner representatives provide written or oral reports to ALPS Management and Working Groups on activity within their own partner HEI and ALPS Partner Site Implementation Group. These Groups meet at intervals of normally one to two months
- Similarly reports from these Groups on ALPS' work and progress are discussed and implemented at PSIG meetings. These Groups meet at intervals of normally one to two months
- Partner Leads and Chairs of ALPS Management and Working Groups report quarterly to the ALPS Joint Management Group. Reports consist of activity and key action points. The Joint Management Board review, comment on and provide advice to the Partner Leads and Chairs who are present at the meeting
- The Programme Manager provides an annual report of activity against operational objectives and milestones and key action points. Interim six monthly reports are provided to update the Advisory Board. Reports on specific activities, of a strategic nature, are provided to the Board for their contribution and external perspective at intervals of six months

The Interim Evaluation Report will be written and submitted to HEFCE by the end of July 2007. This report will focus on the setting up of ALPS and in particular how the collaboration has been established. The descriptive and development work will be described and will report on the reach that ALPS has achieved. Evidence of impact on such activities will be provided.

The Final Evaluation Report will be provided at the end of five years (2010) and will provide evidence of changes in learning and assessment strategies and practices across the 5 partners and 16 ALPS-related professions. The changes in professional and institutional culture will be reported on and examples of good practice will be provided.

ALPS also intends to produce evidence of impact through research papers, presentations workshops, changes to organisational policies and reports.

The various media used by ALPS to report and disseminate good practice will be aimed at a variety of audience. These will include all ALPS stakeholders including:

- HEFCE
- ALPS HEI partners
- Practice colleagues
- Professional, Statutory and Regulatory Bodies
- Service Users and Carers
- Students

The content and method of dissemination will ideally be tailored to each audience. However, consideration of who are the highest priority recipients will influence the style and detail. This will be achieved by including supporting material in technical appendices.

The Final Evaluation Report will be signed off by both the ALPS Joint Management Group and Chair of the Monitoring and Evaluation Group

Final Evaluation Report (*proposed structure*)

Section	Heading	Content
1.	Background & purpose	Rationale for & context of project
2.	Approach	Methodology used Explanation of terminology adopted
3.	Key findings	Headline conclusions
4.	Impact by objective	Discussion of progress against each objective, using both qualitative & quantitative data
5.	Overall impact	Value for money, added value, taking into account other factors that will have an impact on outcomes achieved
6.	Learning points	Examples of good practice & errors to avoid
7.	Conclusions & recommendations	Including recommendations for other key players
	Appendices	Research instruments Supporting data

Dissemination

The ALPS Dissemination & Impact Group have developed both a strategy and implementation plan for dissemination. The Group is currently working on an evaluation plan of how to measure the impact (of dissemination) of both the strategy and implementation plan. The aim of dissemination (awareness, understanding and action) underpins the content and dissemination method for whichever stakeholder group is being considered. Different ALPS stakeholders will be at different levels of awareness throughout the programme. This is particularly important in the first stages of ALPS as we develop the tools and processes for enhanced assessment. Whilst it is important to include all stakeholder views from an early stage, there needs to be a balance between this and overloading stakeholders with information too early and of seemingly little relevance.

The Dissemination and Impact Group members consist of partner representatives and members of the Core Team. Dissemination activity is undertaken at an operational level through partners (academic and practice colleagues, students, service users and carers, professional networks, etc) and at a strategic level by the Core Team (NHS national and local, regional service users and carer networks, professional and statutory body networks, learning and teaching networks, etc). All ALPS Management Groups consider dissemination as part of their meeting agendas and implement activity through partners and the Core Team.

Feedback from stakeholders is collected through partner colleagues (academic) and the various networks in which ALPS participates. The content of feedback is considered and is referred to the relevant part of ALPS (usually the Chair of a Management or Working Group) for action.

Target audience	Method of dissemination
Academic colleagues	<ul style="list-style-type: none"> • Updates (oral & written) at PSIGs • ALPS Bulletin • Website • Workshop, conference presentations, research publications • HEI newsletters • Professional publications & networks
Practice colleagues	<ul style="list-style-type: none"> • ALPS Bulletin • Practice Learning Facilitator & link academic colleague network • Website • Workshop, conference presentations, research

	<ul style="list-style-type: none"> publications • Trust newsletters • Professional publications & networks
Students	<ul style="list-style-type: none"> • Academic staff • Student newspapers • Website • Practice staff
Service users and carers	<ul style="list-style-type: none"> • HEI/service user & carer shared networks • Service user & carer networks • Patient & Public Involvement networks, publications & projects
Funding agencies	<ul style="list-style-type: none"> • Annual Monitoring Statement (through host HEI) • Interim Evaluation Report • Final Evaluation Report • Website
Policy makers	<ul style="list-style-type: none"> • Consultation meetings • ALPS Bulletin • Website • Professional publications & networks

7. Roles and Responsibilities

ALPS Partners (May 2007)

Partner	Contact	Role (institutional & ALPS)
Bradford	Steve Milner	PSIG Lead Head of Division of Radiography, Associate Dean (Learning & Teaching), School of Health Studies
	Chris Dearnley	Partner Lead Learning & Teaching Fellow, Division of Health Care Studies
Huddersfield	Janet Hargreaves	Partner Lead Associate Dean, Learning & Teaching School Human & Health Sciences
Leeds	Margaret Lascelles	Partner Lead Senior Nursing Lecturer, School of Healthcare Studies
Leeds Metropolitan	Ieuan Ellis	Partner Lead Associate Dean and Professor of Healthcare Education, Faculty of Health
York St John	Peter Gray	Head of Programme for Occupational Therapy, School of Professional Health Studies
NHS Yorkshire & the Humber	Kath Hinchliff	Head of Education Commissioning

ALPS Core Team (May 2007)

Director	Trudie Roberts
Programme Manager	Trish Walker
Learning Development Officer	Clare Smith
Research Officer	Viktoria Sargent
Educational Development Officer	Ceri Coulby
Project Officer	Nancy Davies
Programme Assistant	Rosemary Porter
Mobile Technologies Consultant	Gareth Frith

8. Glossary

ALPS	Assessment & Learning in Practice Settings
BORG	Baselines & Outcomes Research Working Group
CETL	Centre for Excellence in Teaching & Learning
H&SC	Health and Social Care
HEI	Higher Education Institution
IP	Inter-Professional
LT&A	Learning, Teaching & Assessment
MEG	Monitoring & Evaluation Group
PSIGs	Partner Site Implementation Groups
PSRBs	Professional, Statutory & Regulatory Bodies
SU&Cs	Service Users and Carers

**ALPS Baselines & Outcomes Research Working Group and
e-Valuation Working Group
Terms of Reference**

Baselines and Outcomes Research Working Group

The Baselines and Outcomes Research Working Group will work to the Research Group's Terms of Reference with a particular focus as follows:

1. Baselines & outcomes/reliability & validity: identify mechanisms for measurement of validity and reliability of in-practice assessment
2. Learning & assessment methods: review published research of uni- and inter-professional learning and assessment methods within workplace settings across health and social care disciplines. Develop and improve assessment and learning in practice settings for all health and social care students

e-Valuation Working Group

The e-Valuation Working Group brings together the ALPS Research and IT Groups with the shared aim of developing research of e-learning pertinent to assessment of health & social care students in practice settings.

The e-Valuation Working Group will work to the Research Group's Terms of Reference with a particular focus as follows:

- assessment processes
 - e-learning
 - developing research relationships with mobile technology suppliers
- Develop & review the educational research strategy for ALPS to direct & facilitate immediate, intermediate & long-term activity in & between the partner sites
 - Facilitate the development of fruitful research partnerships with other CETLs & other appropriate research groups locally, nationally & internationally
 - Record & monitor the quality of research activity within the ALPS programme
 - Investigate & disseminate opportunities for research grant funding to which ALPS can link
 - Coordinate & support high quality submissions of research grant applications
 - Support & facilitate the publication of high quality research papers

ALPS Organisation & Reporting Structure

