



**S.E.A.R.C.H. Program Evaluation,
Research and Development
Blueprint**

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**On Management Ltd.
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1.0 PREAMBLE

SEARCH, the Swift Efficient Application of Research in Community Health, is a program funded and delivered by the Alberta Heritage Foundation for Medical Research, in partnership with the Alberta Health Authorities, University of Alberta and University of Calgary.

SEARCH is a complex program in a complex context, and there is a need to systematically assess and prioritize the enormous range of issues that could potentially be evaluated. The need for an Evaluation Blueprint, to guide the evaluation design and implementation activities over the next 10 years was identified in the course of developing an outcomes- and values-based program framework for SEARCH¹. This blueprint is also intended to provide an overall orientation to subsequent evaluation consultants.

The development of this blueprint has included:

- Assembling as many of the documents related to SEARCH as could be identified and located, coding them as to content and application to evaluation;
- Telephone or Face to Face Interviews with SEARCH Steering Committee members, Evaluation Committee members and other key informants (List in Appendix A);
- Email interviews offered to all core faculty;
- Collation and thematic analysis of input;
- Synthesis of material into elements of the Blueprint and development of the proposed workplan.

SEARCH has been in continuous evolution and development since its inception, and there has been an ongoing commitment to continuous quality improvement, evaluation and also to contributing to the general body of knowledge about capacity building programs such as SEARCH. Therefore, it is difficult to draw distinct lines between program design, evaluation, development and related research. In the spirit of contributing on several fronts, and achieving maximum benefit from evaluation, research and development activities, this document addresses all of these. Thus, it has been titled SEARCH Program Evaluation, Research and Development Blueprint.

This document is a 'work in progress'. Initially written during the summer of 2001, it will serve as a 'blueprint', but will no doubt be updated as time passes. Components which as of September 2001 have already been noted as needing further development include the inventory of documents in appendix, theory of action, and the description of history and context.

¹ The SEARCH Program Framework development began in 2000 as part of a process to clearly articulate the benefits of SEARCH to potential participating organizations, and to translate the learnings from the first two cohorts of SEARCH participants into explicit program design.

2.0 PURPOSE, PRINCIPLES AND DIMENSIONS OF EVALUATION

Many considerations direct what is included within the evaluations of SEARCH, and the ultimate selection of what is actually done must balance of these many, sometimes competing, considerations. Making the purpose, principles and dimensions explicit helps identify the basic material to be considered in making judgements about what will ultimately be covered in the evaluation workplan.

2.1 Purpose of Evaluation

Respondents identified a number of key purposes for the evaluation. They are:

1. To determine if SEARCH fills an unmet need in Alberta.
2. To determine if SEARCH, as delivered, meets its program goals and contributes to the missions of the participating organizations. If not, the evaluation is designed to provide information to improve SEARCH design or implementation.
3. To contribute to determination of whether the SEARCH concept or key attributes are transferable to other settings?
4. To build capacity for research in practice through the design and implementation of the evaluation and research projects.

2.2 Audiences

Usually, evaluations have a client, and in this case the client is clearly AHFMR, as the funder of the Program. However the partnership nature of the Program suggests that evaluation activities need to be designed and conducted in a participative manner. Also, the potential benefit of SEARCH evaluation products to many parties mean that the SEARCH products should be disseminated widely to achieve the goals of SEARCH. Thus, a number of key audiences have been identified (not necessarily in order of priority):

- AHFMR (Board of Trustees and Program Management) will use evaluation findings to improve the program and determine whether to continue or adjust its level of funding;
- Academic institutions (Specific academic faculties) will use evaluation findings in terms of curriculum and academic support to the program;
- Health authorities (Boards, CEOs and Managers) will use evaluation findings to assess whether SEARCH is an effective vehicle for building their internal capacity for evidence-based decision making;
- SEARCH faculty members will use evaluation findings to refine the curriculum and the residential and on-line learning experiences;

- Potential SEARCHers would use the evaluation findings to assist in decisions about whether this is appropriate for their individual needs and interests;
- Past and present SEARCH participants
- Other agencies or institutions considering or operating a program with an element that is similar to a SEARCH Program strategy would use SEARCH evaluation findings as potential benchmarks for their program;
- Private management and policy consultants who are knowledge brokers for their clients;
- Academics in the fields of study that inform the SEARCH theory of action would be interested in evaluation findings since they contribute to the relevant bodies of knowledge.

2.3 Principles of Evaluation

In addition to operating in ways that embody the SEARCH principles (described later in this document), the following principles are proposed for all evaluation activities:

1. The evaluation products should be used to add to the body of knowledge of fields that inform similar programs
2. Evaluations will be designed, planned and implemented by an appropriate balance of knowledgeable insiders and uninvolved but experienced knowledgeable outsiders who are able to view the SEARCH program in context, critically.
3. The evaluation activities should model best practices in evidence-based decision-making related to evaluation and program design.
4. The evaluation activities themselves contribute to SEARCH goals, and are conducted in ways that embody the SEARCH principles

The SEARCH program has been constantly evolving since it was first considered in 1995. Therefore, evaluation is viewed as always being of a formative nature, albeit always keeping in mind the ultimate destination of an evidence based health system, delivering high quality services and improving the health status of Albertans and their physical/social environments². The ultimate end outcomes and impacts of the SEARCH program still require clear articulation and agreement of key stakeholders. These end outcomes will form a key part of the Blueprint in that they will be a common end point for varying streams of evaluation.

² This vision stated in 1996 in conjunction with goals for program.

3.0 CONTEXT FOR THE PROGRAM AND THE EVALUATION

SEARCH is continuously evolving as it develops more understanding of how best to support Alberta's Health System to develop a culture of quality, evidence-based decision-making, supporting R/PHAs, independent practitioners and universities to participate in collaborative networks to do research in practice settings and create important evidence for solving future problems in the health system.

SEARCH is a program with a number of interrelated strategies which act synergistically to be more effective while working with the partners to achieve the desired long-term outcomes (see Figure 3):

3.1 Program Overview

The SEARCH Program is a partnership program to build capacity in the health system for producing and using research evidence to manage health services. This made-in-Alberta program provides a mechanism to help health regions support decisions about health care planning and priorities with sound, logically relevant evidence. The program is built on a team of provincial organizations - Alberta Heritage Foundation for Medical Research, health authorities, universities and government. SEARCH provides an opportunity to develop local expertise for collaborative applied health research and evidence-based decision-making. Since its establishment in 1996, the program has successfully engaged more than twenty health organizations or private practitioners in Alberta through 50 health practitioners around Alberta in the "how-tos" of conducting relevant research, accessing and assessing high quality information, and applying it in decision-making in ways that fit the unique needs and character of the local context.

SEARCH has a variety of strategies to meet its goals. These strategies are included below as they were described in two documents: first in the Program Overview Document³ and secondly as described in the letter of invitation to health authorities⁴.

Strategies were described as follows in the Program Overview document:

Interactive Learning Strategy, including the residential experience and mentored research projects.

Advocacy and Consultation Strategy, working with health system and academic organizations; and with individual practitioners and university faculty members who create individual nodes of the collaborative research network. Activities in this strategy also support changes to reward and recognition strategies of universities and health system organizations.

³ SEARCH Program Framework: Planning Discussion Document 1: Program Overview, November 2000.

⁴ As stated in Invitation Letter to Health Authorities, Fall 2000.

Ongoing Support and Development Strategy, for long-term capacity of participants and their organizations.

Recognition and Reward Strategy, to enhance value of this work.

Research & Development Strategy, which highlights SEARCH's commitment to contributing to the evidence base for activities aimed at changing the culture of the health system to an evidence-based approach. Activities in this strategy may include both the research projects completed by SEARCH participants as part of their learning strategy, and contract research to develop evidence on organizational culture change.

Strategies were described as follows in letter of invitation:

Regional support: health organizations select and support SEARCH participants and pre-selects priority topics for projects.

Interactive learning modules: seven weeks of intensive residential instruction and team building.

Technology supports: state-of-the-art computer hardware and software, including a shared virtual workspace.

On-line learning and communications: a range of electronic knowledge and communication resources.

Collaborative project work: at least two applied research projects by each participant, relevant to each organization, learning, and knowledge sharing.

Network of expertise: ongoing involvement in a province-wide group of like-minded individuals for collaboration, learning and knowledge sharing.

Recognition: SEARCH Program Recognition Awards acknowledge important contributions to the peer learning, mentoring, projects, teamwork, and organizational vision that make the program work.

Health organizations include the regional and provincial health authorities and private practice professional corporations who are supported by entities such as the Primary Care Research Network or the Rural Physician Action Plan. Participants from the health organizations are established health professionals from many areas in health care: nursing, family medicine, dietetics, social work, community health, health promotion, epidemiology, health inspection, mental health, health records. They range from front-line clinicians to senior managers. Some are full time in positions focused on research, outcomes or evaluation; others integrate this way of thinking into their daily responsibilities for programs and patients. Roles have included: research / information officers, program managers, staff educators, clinical practitioners, knowledge brokers.

SEARCH faculty mentors are health researchers and teachers from a number of different disciplines, with a wide range of expertise and interests. They come from Alberta's universities: departments of community and public health as well as nursing

and business; and from the private management and policy-consulting sector. SEARCH also accesses a range of provincial and national experts and contributors.

The SEARCH goals have been revised slightly since the first SEARCH program in 1996. However, the changes have not been substantive, but rather in presentation and organization. The last goal as stated in 1996 is substantively of a different nature than the first three. As this was perhaps the first time AHFMR was involved in sponsoring a program such as this, it was important to make evaluation a very clear commitment.

The goals as stated in 1996 were:

1. To have health professionals in the RHAs and agencies use current, relevant and appropriate information to assist in identifying priority health issues and in making decisions on these issues based on research results.
2. To develop a collaborative network of expertise across Alberta to initiate and carry out health research on a local, regional, or provincial basis.
3. To create a culture in which policy-responsive research is both valued and supported.
4. To conduct a formal evaluation of the SEARCH II program.

All these goals contribute to an **common vision** of an **evidence based health system, delivering high quality services and improving the health status of Albertans and their physical / social environments (Healthy Albertans in a Healthy Alberta).**

In 2001, the goals were restated in a way to reflect the curriculum design for SEARCH III⁵

CREATING EVIDENCE: to develop a collaborative network of expertise across Alberta to initiate and carry out health research on a local, regional or provincial basis.

CHOOSING AND USING EVIDENCE: to have health professionals use current, relevant and appropriate information to assist in identifying priority health issues and making decisions based on research results.

ADDING TO WHAT WE KNOW: to evaluate and further develop the SEARCH Program.

CHANGING THE CONTEXT: to create a culture in which policy-responsive research is both valued and supported.

⁵ Reference: Hayward, R., S. Matthias. 2001. *E-Learning Panel – Opportunities from a Funder's Perspective*. E-Health: COACH conference: Toronto, Ontario.

Core Values

The core values for the program have remained unchanged since 1996 and are:

- Excellence
- Innovation
- Cooperation
- Engagement
- Flexibility
- Relevance
- Accountability
- Responsiveness

Governance / Management

SEARCH is operated by a Program Manager within AHFMR, with the advice and assistance of a Program Steering Committee. Membership on the committee comes from the partnering organizations involved with SEARCH. The AHFMR Board of Trustees provides overall governance, and linkage to the provincial Heritage Fund Standing Committee⁶. Appendix B is the current Program Overview for SEARCH.

3.2 *Brief History of SEARCH Program*⁷

The roots of SEARCH reach into different sectors.

- **Applied Health Research** was starting to be seen as an important parallel to biomedical research, with its contribution as an informant to health policy.
- **Accountability:**
 - AHFMR was also examining its accountability to the ultimate donors of the Foundation - the people of Alberta. Was the research that AHFMR was funding being adequately disseminated and actually affecting practice? Was the health of Albertans improved as a result of the research?
 - Health Authorities' enabling legislation identified their responsibility for improving health status as well as delivering health services, with the concomitant need to assess health status and track changes over time, as well as assess the effectiveness of health services. The government

⁶ Clarify the nature of linkage to the Heritage Fund Standing Committee if this is important from a governance perspective.

⁷ This history section is incomplete. It will be important to complete and have key individuals with long-standing knowledge and involvement with the program to verify the accuracy of this section.

commitment to accountability included the requirement for health authorities to do annual business plans, track specific indicators, and provide information that would be used to demonstrate the government's progress in achieving its overall business plan.

- **Infomatics** was a new, but growing topic, and the need for evidence based decision making to rest on a solid skeleton of Information Management and Information Technology was starting to be recognized.

SEARCH came into being at the time of regionalization in the Alberta Health System. One attractive rationale was that SEARCH would help build the capacity necessary in the health authorities to help assess the success of initiatives such as regionalization.

The AHFMR Board of Trustees approved the concept, and funding for one SEARCH offering, a conceptual blueprint for the SEARCH training component was created, the first SEARCH coordinator was hired in 1995, and the implementation of the blueprint began. A Steering Committee and the International Health Advisory Committee gave advice and guidance to the design. An external evaluator was hired. SEARCH I started their program in 1996 after a relatively condensed 'start up' period.

Appendix C provides a series of summary graphics that show the history of SEARCH and the distribution of participants to the program. The SEARCH Program has evolved throughout its history, and the focus for improvement changed with each offering.

SEARCH I focused on developing the new relationships between AHFMR and the Health Authorities and the logistics of the residential interactive learning program, and the information technology support. The INCLEN curriculum was utilized since it was a proven commodity.

SEARCH II focused on the curriculum design through the faculties of Community Health Sciences (U of C) and Department of Public Health Sciences (U of A) and a private sector management and policy consultant. The addition of on-line teaching modalities began to be utilized for parts of the curriculum, though in a very rudimentary way. The IT/IM support was upgraded to a web-based system.

In 1999 the Board of Trustees granted approval for ongoing SEARCH funding, with a need for a plan for sustainability. Over a several month period in 2000, work on an explicit Program design was begun, based on a consolidation of learnings from previous SEARCH evaluations and on the experienced gained through the first two SEARCH offerings. This included the development of an integrated curriculum framework to guide the residential interactive learning and the on-line learning components of SEARCH. Contracts with University faculties and a private sector company provided a core faculty, with coordinators for the three theme areas of the curriculum. The work to establish an evaluation blueprint was started with the establishment of an Evaluation Steering Committee to advise the Program Manager.

SEARCH III has refined the curriculum design and delivery planning through the core faculty and lead faculty team. Through a partnership with Centres for Health Evidence, it has stabilized the infostructure support to SEARCH. Through CHE, the IT/IM support

has been improved still further, with a robust capacity for supporting a virtual learning community. The 'SEARCH desktop' also provides the necessary elements to be a virtual workspace. SEARCH III also has begun more systematic efforts to support and enhance the network of SEARCHers and researchers throughout the province.

3.3 Brief Description of Context of SEARCH Program

SEARCH does not exist in a vacuum and there are a number of initiatives in the Alberta and Canadian environments that are of importance, particularly when trying to assess the need and contribution of a program such as SEARCH. The SEARCH program has been in existence since 1995, and of course, activities and opportunities in the environment have also been in flux since that time. There is also a range of ways in which elements in the larger environment relate to SEARCH. Some are directly related, and some are not directly related, but yet have an effect on the SEARCH program. This section attempts to highlight some of the key factors in the external environment which are relevant, first from a chronological perspective, and secondly with respect to the nature of the relationship to SEARCH.⁸

When SEARCH was first envisioned, the health system was in a state of great flux, with many pressures for increased effectiveness and efficiency of the health system. This aspect was described in the previous section. This state provided an opportunity for an innovation such as SEARCH to be introduced. It was a time of cuts in many sectors of society, health and health research being among them. There were very few opportunities for innovation or change that did not arise from the need to cut costs.

As SEARCH II began, the Federal Government introduced the Health Transition Fund which made project funds available to address some of the priorities that had been identified by the Forum on Health. In Alberta, this money was directed into 26 primary health care projects. Subsequently, there has been a provincial program that has also funded innovative projects in the province. Both of these programs required systematic evaluation as part of conditions for funding.

Funding to health regions in Alberta continued to be tight until 2001 when the general economic situation resulted in a relative increase in funds back into the health system.

On the research funding and opportunities side, the Canadian Health Services Research Foundation was created in 1997 and resulted in still more attention to the health services research and research utilization domains, and also resulted in more opportunities for funding. Project funding from AHFMR for health related projects in Alberta has been available throughout the history of the SEARCH program. Within the academic sector in Alberta there were also changes which were in some way related to the applied health research domain. The Alberta Centre for Injury Control predated SEARCH, as did the Health Promotion Research Group at U of A, and other groups evolved. SANRHU (Southern Alberta Nursing and Health Research Unit) was created

⁸ Add in external factors prior to SEARCH beginning – e.g. INCLLEN and how it came together and how its aims suggested it as a model for SEARCH 1, the advance of distance adult education capacity in Alberta at ACCESS and Athabasca University, etc.

in 1998 as was the Alberta Consultative Health Research Network (1998) and the Alberta Family Practice Research Network (1998)⁹ .

For the duration of SEARCH, traditional opportunities for gaining advanced education in health research existed through University of Calgary and University of Alberta, and with the increased opportunities afforded by the creation of CIHR in 2000, more opportunities have been created for formal education. The West Region Regional Training Program began in 2001 and will provide increased opportunities for formal graduate training in research transfer.

There have been increasing numbers of researchers working in the area of applied health research in the province and generally in the past couple of years. Some of these studies may have direct relevance to SEARCH and its evaluation.

Many of the aforementioned activities or entities have indirect relevance to SEARCH; that is, they create a situation in the environment that may either affect the need for a program such as SEARCH, or may provide opportunities which enhance SEARCH opportunities. The West Region Regional Training Centre will provide opportunities for more health professionals to be formally trained in research utilization within a university setting, for example. Other elements have more direct relevance. The existence of the Health Transition Fund and Health Innovation projects in Alberta, for example, created a great need within the health community for many of the skills that are central to the SEARCH program (proposal writing, systematic data collection, evidence based decision making).

One program, the Alberta Consultative Health Research Network, was created mainly as a direct result of SEARCH. It was created in 1998, as the first group of SEARCH participants were finishing, and was intended to provide some ongoing resources and connectivity to those individuals who were finishing their formal involvement with SEARCH, but whom AHFMR (who funded ACHRN) hoped would continue to be involved in applied health research and research utilization in the province.

The Alberta Family Practice Research Network, also supported financially by AHFMR was created to provide an umbrella organization through which to encourage and support the involvement of family physicians in research. This organization, with support from the Rural Physician Action Plan, has supported the involvement of family physicians in private practice in the SEARCH program, and have supported the involvement of family physicians in research generally in the province.

There is one national research project, which may have direct relevance to the evaluation of SEARCH. A survey regarding research utilization is being done across Canada led by Dr. Rejean Landry of Laval University. The survey is being enhanced in Alberta for the purposes of providing baseline information and providing input for program planning. Four groups of individuals (researchers, physicians, health system administrators and nurses) are being surveyed to establish their profiles with respect to research utilization. Although there is no direct involvement with the SEARCH program,

⁹ Confirm dates in this paragraph.

this program will generate information about Alberta groups which may be of interest to the SEARCH program.¹⁰

Products of SEARCH evaluations have been published in peer reviewed literature (See for example, references by Lau and Colleagues in Appendix F.)

A brief description of some relevant initiatives and projects that form part of the context for SEARCH is attached as Appendix E.

3.4 Brief History of the Evaluation of SEARCH

There has been an evaluation focus within the SEARCH program since the beginning. The nature of the approach, however, has evolved. Following are two tables. The first includes those projects that were formally requested by SEARCH management. The second includes reports that help inform SEARCH evaluation, but which were generated through another mechanism. The evaluation process has become increasingly participatory in nature. The external evaluators for SEARCH I adopted a very 'hands off' type of approach, and those involved directly with the program had little interaction during the process. In SEARCH II the process was more consultative, and in SEARCH III the evaluation process is being advised and guided by a group of individuals with intimate knowledge of the program. External experts are being involved to review and critique the approach being taken and also to do the legwork, but there is a much higher degree of involvement by program insiders.

Part of the development of this Blueprint has been to access all the documentation related to SEARCH, and SEARCH evaluations. In part, this documentation will support evaluation consultants in the future. As part of its support to SEARCH, the Centres for Health Evidence have a responsibility for infostructure support. The inventory of documents has been coded as to the contents and potential applicability and is attached as Appendix F.

Below are tables that describe those evaluation projects commissioned by AHFMR (Figure 3.1) and documents of interest to the evaluation that have been generated externally (Figure 3.2).

¹⁰ Insert a paragraph on the evolution of Centers for Health Evidence (CHE), and the partnership project with U of A Extension Department funded by AHFMR for infostructure support for SEARCH III on basis of development of a virtual learning community.

Figure 3.1: Evaluation Projects Commissioned by AHFMR.

Consultant(s)	Document Title	Phase	Doc. ID No.
Application Management Consulting Ltd.	SEARCH Program Framework. AHFMR Final Draft.	I	96-03-E
Banister Research & Consulting Inc.	SEARCH Summative Evaluation – Final Report	I	98-14-E
Hebert, Marilyn	Evaluation of Module 1 – May 10-16/98	II	98-08-E
	Evaluation of Module 2 Results	II	98-10-E
	Evaluation of Module 3 – October 31- November 2/98	II	98-13-E
	Six Month Formative Evaluation (Oct/98; online survey)	II	98-15-E
	SEARCH II – Evaluation Plan	II	98-16-E
	Evaluation of Module 4 – January 3-8/99	II	99-02-E
	Evaluation of Module 5 – March 20-23/99	II	99-04-E
	Evaluation of Module 6 – April 17-20/99	II	99-06-E
	SEARCH II – Two Year Focus Groups	II	00-04-E
	Executive Summary Report: The SEARCH II Evaluation Process	II	00-09-E
Executive Summary Report: The SEARCH II Evaluation Results	II	00-10-E	
Deloitte & Touche	AHFMR – Review of Capability of Alberta Regional Health Authorities to Participate in the SEARCH Program. September 2000, Volume I.	I, II	00-11-E
	AHFMR – Review of Capability of Alberta Regional Health Authorities to Participate in the SEARCH Program. Survey Data by Regional Health Authority. September 2000, Volume II.	I, II	00-12-E
Infoward	SEARCH Instructors Communication Needs Assessment Survey	I, II	UNK-01-E
	SEARCH Communication Needs Assessment – All Participants	I	UNK-02-E
	SEARCH I Participants Responses to the Communications Needs Assessment Survey	I	UNK-03-E
	SEARCH II Participants Communications Needs Assessment Survey Results	II	UNK-04-E

Figure 3.2: External Products That Inform Evaluation

Author	Report	Phase
Hayward, Lau, Kalinka	Infomatics Project Progress Report #2: DRAFT.	I
Smith, Neale	An Assessment of the SEARCH Program in the David Thompson Health Region, 1996 – 98.	I
Lau, Francis and Hayward, Robert	Structuration of Internet-based Collaborative Work Groups through Action Research.	I
	The Adoption, Use and Impact of Computer Technology in the SEARCH Program.	I
	Building a Virtual Network in a Community Health Research Training Program.	I
	Building a Virtual Network in a Community Health Research Training Program. Journal of American Medical Infomatics Association 7(4): 361-377.	I
AHFMR	Report of the Third International Board of Review – A review of the operation of the Alberta Heritage Foundation for Medical Research for the period 1991-1997.	I, II
Lau, F., Hayward, R., Straub, D.	Fostering an Internet-based Word Group in Community Health Through Action Research.	I,II

4.0 SEARCH PROGRAM THEORY

4.1 Introduction

The program theory includes a narrative description of the 'Theory of Action' of the SEARCH program, as well as a logic model. Chen has discussed the utility of having a program theory for program evaluation at length. In "Theory-Driven Evaluations"¹¹, he highlights the difference between methods-driven approaches, in which proponents of a particular method emphasize the parts of program evaluation that are better served by that method, and under-emphasize the other parts of program evaluation. For example, proponents of experimental methods focus on internal validity, while naturalistic approaches based on qualitative methodology have helped us to explore and develop techniques to better understand multiple stakeholders' needs and concerns.

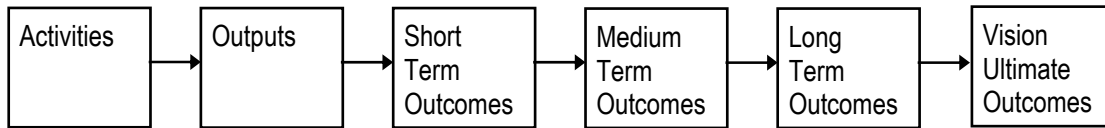
Chen suggests that what is needed for program evaluation to progress, is to approach it using a theory-driven approach. One of the advantages of this approach is that, rather than arguing which method is best, the most appropriate research method can be selected for each element of a program evaluation (i.e. as in a research study, the question drives the method). He describes the benefits of theory-driven approach as including:

- Specifying the underlying theory of a program within the evaluation allows that theory to be tested in a way that reveals whether program failure results from implementation failure or theory failure. This will also help to clarify whether a program is being implemented under conditions in which it is appropriate;
- Program theory clarifies the connections between a program's operations and its effects, and thus helps the evaluator to find either positive or negative effects that otherwise might not be anticipated;
- Program theory also can be used to specify intermediate effects of a program that can might become evident and measurable before final outcomes can be manifested, which can provide opportunities for early program assessment in time for corrective action by program implementers;
- Use of program theory prevents an evaluator from being limited by a focus only on the goals and goal achievement of the program; and
- Developing a program theory may be the best method of informing and educating stakeholders so that they can understand the limits of the program.

The theory of action makes explicit the implicit assumptions about what makes the program work - it provides the same type of rationale for the plausibility of connection between various activities and expected outcomes as 'biological plausibility' does in an epidemiology study.

¹¹ Chen, H-T. *Theory-Driven Evaluations*. 1990. Newbury Park: Sage Publications.

Making the theory of action explicit allows the program manager to identify areas in which the assumed theoretical basis for an element of the program needs to be tested either through the evaluation process or through original research, or to identify areas in which the assumed theoretical basis is faulty, and improvement of program design or operations is necessary. It also helps to identify the potential targets for dissemination because the program evaluation will contribute to knowledge in a particular domain.



Logic model is the term given to the description of how short, medium and long-term outcomes are assumed to evolve, and set out the logic of how a particular activity is expected to yield the long-term outcome, as in the graphic below:

In the same way as the etiology of a disease describes the pathway by which a disease unfolds, a logic model describes the pathway by which a long term outcome is expected to unfold, and thus how particular activities are linked to the desirable ultimate outcomes described by the organization vision. The logic of a particular connection may come from fundamental research, and / or the knowledge and expertise of the practitioner(s) involved in the program design.

Another advantage of a logic model is that, in programs that are based on the partnership between different organizations or sectors, the logic model can show where different organizations have a common outcome, and thus have the basis for collaboration to achieve a mutual benefit.

Evidence-based decision-making means that particular strategies and activities are chosen on the basis of which linkages have been demonstrated in practical settings. SEARCH needs to model evidence based decision-making in the design and evaluation of its components - future decisions for improvement will be made on the basis of the evidence created in previous evaluations.

4.2 SEARCH Theory of Action

This section describes the SEARCH program 'theory of action' as it is currently expressed¹². The assumptions that are understood to have formed the basis for the design of particular components of SEARCH are described. This description of the Theory of Action has been synthesized from material obtained from the program documents, and from the interviews. The evaluation blueprint workplan includes a proposed step to review and revise this Theory of Action before it is used as the basis for an evaluation project.

¹² The theory of Action has evolved since the beginning of SEARCH. Initially the main focus was on adult learning principles. Each evolution of SEARCH allows an examination of the implicit assumptions underlying more and more elements of the SEARCH approach, so the Theory of Action is also evolving.

Because SEARCH is a complex program in a complex context, there are a number of 'theory in action' elements to describe. These have been clustered as they relate to the various cells of the matrix described earlier in this report. (Please refer back to Section 2.5)

1. Re: Practice Setting, Individual and Individual in Organization

- **Residential Learning.** We incorporate residential learning into the interactive learning component because it builds trust and relationships necessary to create a virtual learning community, and that is necessary for a network to operate. We assume an irreducible minimum of time (not yet known) will always be required.
- **Online Learning.** We include on-line learning because it is an important vehicle for developing necessary knowledge and skills.
- **Adult Learning Principles.** Adult learning principles are the basis for design and implementation of curriculum. Classroom set-up (u shaped or small table groups) aids group interaction and reduces hierarchical nature of classroom teaching. Use of participative learning wherever possible. Faculty members are sensitive to multiple learning styles when designing and delivering the curriculum. Faculty members avoid or minimize the dominant/submissive approach to relationship wherever possible, while remaining sensitive to their leadership role.
- **Individual and Group Projects.** We include individual and group projects as an important component of the learning, because we assume that no one can appropriately access and use a body of knowledge with no experience of how it came into being in the first place. Also the practical element of doing a research project imbeds the theoretical learning in residential and on-line curriculum. We require one project be done by a group / team made up of people from different health authorities to increase recognition and skill at navigating different contexts, and to develop expertise in doing projects with a non-geographically based team.
- **Curriculum Design Assumptions.** A three dimensional model was designed to begin the development of the curriculum design for SEARCH. It identified the need for consideration of a number of areas within the universe of possible curricula. (i.e. a combination of 'methods / fields of thinking' and 'problem' type, plus need for infomatics, personal skills and reflective skills, + knowledge of context and how to navigate it successfully (and modify it if necessary) to achieve desired goals). These were clustered into three themes (Creating, Choosing and Using Evidence in Context) plus associated threads and topics' covered in the curriculum (see Curriculum Design Overview, Appendix G).

Content and sequencing of the themes, threads and topics has been designed by core faculty, and refined by lead faculty in three 'teams' - Creating in Context, Choosing in Context and Using in Context, and coordinated by lead faculty team to make the biggest impact within the time available for online and residential aspects of the interactive learning component.

- a) Creating Evidence (in context) is included because we assume that part of using research in practice is the ability to create new information using research methodologies. Regions who are able to ask questions that are relevant to their own setting and local priorities will be more likely to value EBDM / research in practice.
 - b) Choosing Evidence (in context) is included in the curriculum because people who are using research in practice must be able to access and assess the current body of knowledge available in the academic and 'grey' literature.
 - c) Using Evidence (in context) is included in the curriculum because using research in practice also means that decisions are made in a systematic way, whether the evidence used comes from the literature, expert knowledge, or assumptions. Having a systematic approach to common types of decisions (clinical, management, governance decisions) will increase the likelihood that quality evidence will be sought as part of the decision making process.
- People must be *Infomatics Specialists*. We provide the necessary information infrastructure to 'push the envelope' in organizations because a shared workspace is a critical element of creating networks, and because information systems are a critical component of EBDM. The virtual desktop provided for SEARCHers is intended to develop a virtual learning community.
 - We provide opportunities for *Reflection* because being a reflective practitioner is a basic orientation within an evidence-based organization. Even at this basic level, the practitioner is conscious of the impact of their actions, and oriented to recognize when impacts are different than expected.
 - We include some *Personal Skills Development* in specific areas (introductory level), in those associated skills that assist SEARCHers to conduct research and navigate the context - e.g. project management, conflict resolution, communication of decision recommendations (verbal and written).
 - We teach people to understand the *Context* in which they are operating, how it influences how research is selected and conducted and how it influences how evidence is used, and how to navigate and influence that context because unless they are skilled at it, they will not influence their RHAs. Part of the underlying assumption is that if a SEARCHer is successful at doing research (and thereby demonstrating the benefit of EBDM), then people around them will recognize the value and the workability - and that will influence the culture to be one that values and uses EBDM.

2. RE: Practice Setting - Organization and System (Practice)

Having a cadre of trained specialists (?scholar practitioners) - on site, integrated into regular health authority operations, doing EBDM and demonstrating its value will result in a changed culture within the health authority.

We provide advice and consultation to organizations in selecting a participant and in developing their strategy for improving their EBDM culture. The organization is the

SEARCH client. SEARCH supports the organization in developing individuals to become EBDM practitioners.

We require organizations to provide 0.4 time for the participant to attend SEARCH modules and do the necessary pre-work and project work.

Creating an information infrastructure, through the virtual desktop, not only creates a virtual learning community, but provides the mechanism for SEARCH participants to play a knowledge broker role, providing Just In Time evidence for other health authority members to enhance their decisions and thus demonstrating the utility of EBDM and thus stimulating a growth in an EBDM culture within that organization. Further, the virtual desktop becomes a virtual workspace that acts to link SEARCHers in their normal work settings, creating the basis for an integrated health system where linkages are not limited to geographic proximity.

3. RE: Academic Setting - Individual, Individual in Organization, Organization and System (Academic)

We negotiate with faculties for time of a SEARCH faculty rather than contracting an individual faculty member because partnership of the universities at an organizational level is an important success factor of SEARCH.

Faculty members must be ones who believe in, and practice the espoused values of SEARCH because the learning environment is an important mechanism to instill the core values of SEARCH and how faculty behave will be how participants behave in their own setting.

4. RE: Funder Setting - Individual, Individual in Organization, Organization and System (Funder)

The various programs within AHFMR: Grants and Awards, SEARCH program, Health Technology Assessment, and Research in Practice, have different, but synergistic impacts that together result in the vision that the research funded by AHFMR will benefit the people of Alberta through contribution to improved health status and quality health services. AHFMR shares this long-term vision with the Health Authorities, and the academic sector, thus establishing the basis for a partnership in the SEARCH program.

5. RE: Trans-sectoral System

It is desirable to create a network of practitioners and academics across Alberta; there will be an ongoing support mechanism which is self-generating. That is, a network which has its own energy which will draw in other people and thus widen the net of people who are committed and growing in skills at Evidence Based Decision Making, and who know of each others' work, will be a powerful force for cultural change. If you put 25 participants together over two years, in part in a residential setting, they develop trust and relationships, and a network will develop.

Doing a 'group project' that involves team members from more than one Health Authority, provides a mechanism to strengthen the cross health authority linkages as well as the health authority - academic linkages.

A unique aspect of SEARCH is that it has a population focus - it attempts to engage ALL health authorities, urban, regional and rural. In part, the assumption is that the academic system needs to develop linkages that involve geographical distance and urban/rural culture differences in recognition of the geographic and cultural context of Alberta. Also, the culture of evidence-based decision-making needs to pervade the Alberta health system, which means that all its component parts need to be part of the evolution.

SEARCH includes a component to support the ongoing operation of networks of health authority and academic members, to help maintain the linkages developed through the interactive learning components, and to continue to strengthen the network that is necessary to achieve goal 1 of the SEARCH program (a network that does high quality research).

6. RE: SEARCH Management, Governance and Intervention Strategies

We have a steering committee with membership from all sectors to help assure that all perspectives will come to bear on issue areas and improve the partnership aspect of SEARCH.

We require a learning contract between the participant and their organization to keep the roles and responsibilities of each clear.

The major strategies that lead to the activities conducted by SEARCH that are referenced in the Components Framework described in the next section were identified in section 3.1. The assumptions that underlie the choice of these strategies as the interventions that will lead to the outcomes described in each cell of the matrix (items 1-5 above) are:

- **Interactive Learning Strategy**, including the residential experience, on-line learning experiences and mentored research projects. (assumptions for residential experience and curriculum described earlier)
 - Infrastructure support for state of the art computer hardware and software, or for such necessary resources as Intranet support, etc. are provided to eliminate this as a potential barrier. Infrastructure support also aids the ongoing linkages necessary for a network.
 - Projects serve both to provide a learning opportunity for participants to gain skills in creating, choosing and using evidence in context and to provide valuable information to Health Authorities (and thus increase their commitment to the goals of SEARCH, and to contribute to the increasingly changed culture for EBDM.)
- **Advocacy and Consultation Strategy**. We work with health authorities and private practitioners' organizations to select and support SEARCH participants and pre-select priority topics for projects because the Health Authorities are clients of

the SEARCH program, and providing this assistance improves the likelihood that they will achieve their desired goals for participating in SEARCH. We also work with academic organizations; and with individual practitioners and university faculty members who create individual nodes of the collaborative research network to identify and implement actions that will support them in achieving their goals for participating in SEARCH, and to improve the likelihood that the network of SEARCHers will be able to integrate with the networks created through AFPRN and ACHRN.

- **Ongoing Support and Development Strategy**, for long-term capacity of participants and their organizations. We assume that SEARCHers need some ongoing support, to continue to develop their skills, and to provide opportunities to come together to meet other SEARCHers in order to enhance the likelihood of a vibrant, continuously growing and developing network of SEARCHers and academics.
- **Recognition and Reward Strategy**. SEARCH Program Recognition Awards acknowledge important contributions to the peer learning, mentoring, projects, teamwork, and organizational vision that make the program work. We assume that recognition and reward will increase the likelihood of people being motivated to participate in SEARCH, and ultimately to change the culture of EBDM in Health Authorities and Universities.
- **Research and Development Strategy**, which highlights SEARCH's commitment to contributing to the evidence base for activities aimed at changing the culture of the health system to an evidence-based approach. Activities in this strategy include:
 - Research from SEARCH - the research projects completed by SEARCH participants as part of their learning strategy,
 - Research on SEARCH - either commissioned research to develop evidence on particular elements of SEARCH to aid in program design and development (e.g. the ways in which organizational culture change evolve in Health Authorities), or public domain research, by which researchers, through other funders, obtain grants to do research on some aspect of SEARCH.
 - Evaluation of SEARCH. This has two levels: Evaluation done within individual Health Authorities to see if they are getting value for money, and Evaluation done for the overall SEARCH program. EBDM is the grounding philosophy of the way SEARCH is managed and governed. The individual learning component, especially, has been evaluated exhaustively, and each iteration of SEARCH has incorporated learnings from that evaluation process. A major assessment and consolidation of 'learnings to date' in 2000 has resulted in the explicit description of the program and of the curriculum design.

4.3 SEARCH Components Framework

The linkages between activities, outputs, and the resulting short, medium and long term outcomes are also complex to describe, because SEARCH in the context in which it operates is at the intersection of three major sectors - practice, academic and

philanthropic - each of which is constantly changing. The conceptual framework then, is not intended to be an accurate representation of all the linkages that go into the impact of SEARCH, but to 'freeze' the action for a moment, to show how some of the relationships between various components of the SEARCH program link together in ways that could be tested in SEARCH evaluations.

The conceptual frameworks for SEARCH include both a summary conceptual framework, to give an overall sense of how all the components fit together, and a series of individual conceptual frameworks, that provide more detail for each component.

In the summary SEARCH Components Framework on the next page, starting at the top are two lines of boxes. The first indicates the 'sectors' of SEARCH partners - Practice Setting, Academic Setting and Funder Setting. Below are the different aggregates of potential evaluation attention: Individual, Individual in Organization, Organization, System (Practice, Academic or Funder as the case may be) and 'trans-sectoral system' to indicate the space where all three systems converge for the common good. This aggregate refers to those outcomes of SEARCH that are common to all of the sectors, and or where SEARCH goals require a relationship between the sectors (i.e. these two lines relate to the components of the matrix.

Down the left side is the legend that identifies whether the box describes strategies / activities, outputs, short and medium term outcomes and long-term outcomes.

The strategies / activities related to individuals are described, and they lead to outputs. The cluster of boxes at the 'outputs' location indicates the fact that outputs come in all of the 'sectors'. This is also used to demonstrate short and medium outcomes and long term outcomes.

Short, Medium and Long Term Outcomes will be growth and development in capacity to do EBDM / research in practice. In other words, the indicators chosen will be able to show increasing levels of sophistication in capacity to do EBDM / research in practice in each of the levels of change (individual, individual in context of their organization, Organization, System, and in the cross sector system). These 'levels of change' operate interdependently, and growth and development in one will influence growth and development in the others in complex, dynamic ways. (in like fashion, lack of growth and development in one will limit growth and development in others.)

For example, growth and development in the System(s) and Cross Sector systems depend on the growth and development of a network of practitioners across regions and with academics from various universities. Growth and development of any particular person in a practice setting is facilitated or limited by the degree of growth and development in their particular organization (some of which, but not all, may be influenced by their individual actions as indicated in the 'individual in context' component).

The selection of indicators of growth and development are demonstrating growth in capacity. It may be that it is helpful to use a parallel model to the Heart Health Dissemination Project 's assessment of capacity. In that project, the factors included in

capacity come in three clusters: Resources (including infrastructure and skills), Will and Leadership.

The indicators to demonstrate that SEARCH is having an impact may be enhanced over time, as we learn more and more about how change (growth and development) evolves in each of these 'levels of change' in different contexts. For example, we may find that in some organizations, the SEARCH participant acts like a locus of change, influencing those immediately around them to value, and ultimately participate in EBDM / research in practice in some way. In other organizations, some external impetus might influence someone at the senior management or board level to begin to ask more frequently for research evidence to influence decision making, and so the organization gradually becomes more aware of, valuing of, and capable of doing EBDM / research in practice. The indicators that show growth and change may be like those that are used to track change in addictions programs through the stages of precontemplation, contemplation, preparation, implementation, maintenance, and termination.

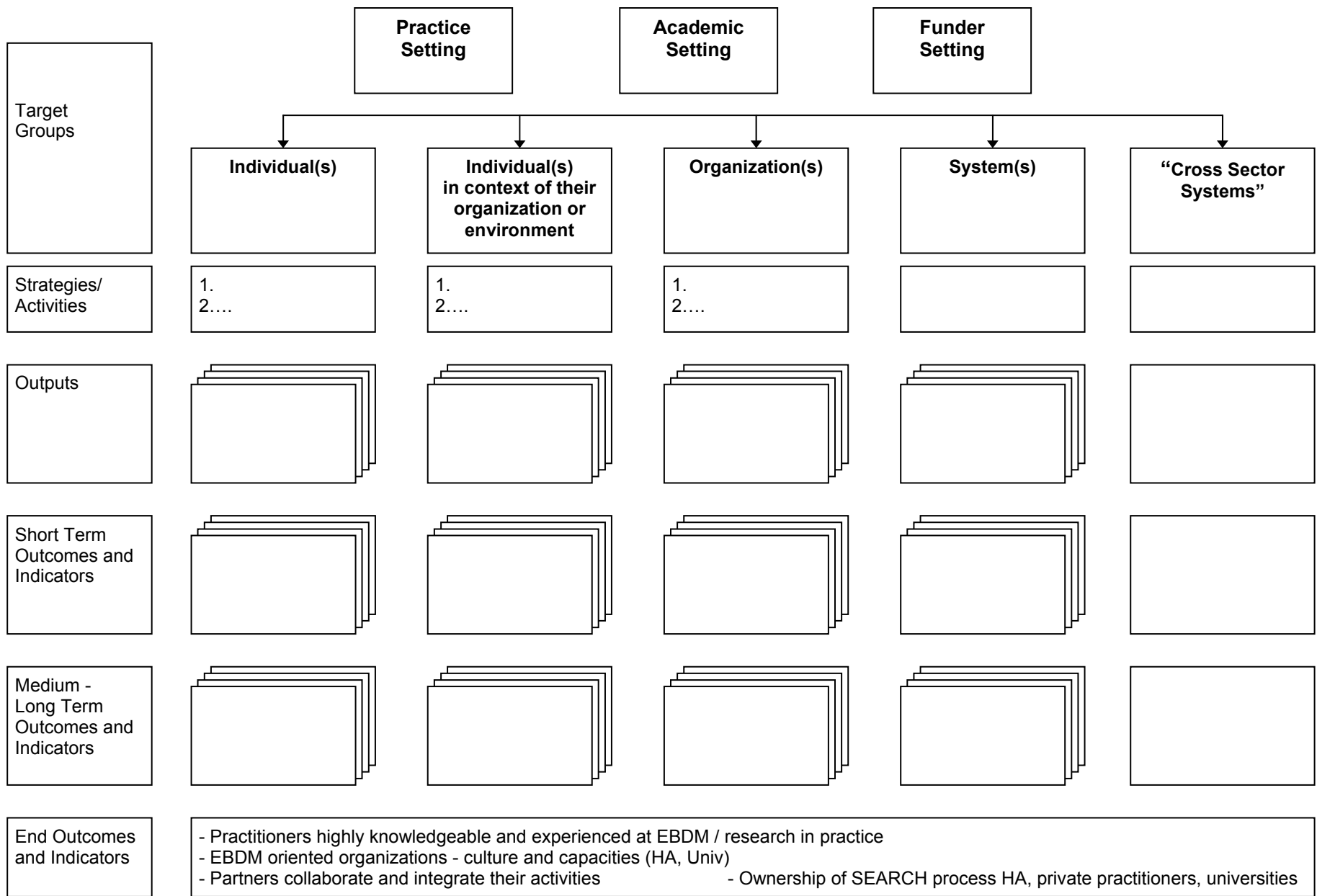
The very bottom box shows the overall long-term outcomes expected from SEARCH as implied by the SEARCH vision statement: **an evidence based health system, delivering high quality services and improving the health status of Albertans and their physical / social environments (Healthy Albertans in a Healthy Alberta)**¹³. The end outcomes that are associated with this vision being realized are:

- A critical mass of practitioners are highly knowledgeable and experienced at EBDM / Research in Practice
- Health Authorities, private practitioners and Universities are all committed to, and their actions embody evidence based decision making / research in practice
- The partners (Health Authorities, private practitioners, Universities and Funders collaborate and integrate their activities
- There is ownership of the SEARCH process, and the capacity building process delivered through SEARCH in Health Authorities, private practitioners and Universities as well as funders.

A template and example for individual conceptual frameworks, that provide more detail for each segment of the conceptual framework, is provided in Appendix H.

¹³ Source: SEARCH Program Framework: Planning Discussion Document 1: Program Overview, November, 2000.

Figure 4.2: SEARCH Components Framework - How Strategies / Activities Lead to Outcomes: Overview*



4.4 *Incorporating Knowledge from Extant Literature into SEARCH*

Existing knowledge has to date been incorporated into the SEARCH program somewhat informally, and primarily through knowledge that experts and faculty associated with the program one-way or another bring to the table. For example, this knowledge base has exerted influence through:

- Adoption of the INCLEN model as a foundation for the first curriculum. This model had been tested elsewhere in world.
- Expertise of advisory committee members affiliated with AHFMR (e.g. Health Advisory Committee).
- Expertise and knowledge of program staff (i.e. first coordinator had interest in Adult Learning; current manager has expertise in systematic reviews; faculty members bring expertise in a variety of fields such as infomatics, participatory methods and organization context and change).

Given that one primary focus of the SEARCH program is on evidence based decision making; it seems incumbent upon program leaders to model evidence based decision making with respect to the development, implementation and evaluation of the program. To this end, this blueprint includes a focus on incorporating existing knowledge with respect to best practices regarding key dimensions inherent in SEARCH programming. It is acknowledged that the program is already in full swing, and that consideration of literature will be incorporated into a fluid process. The following approach is suggested as a reasonable plan through which to determine which bodies of knowledge may yield additional insight into program design. This additional insight could be in the form of suggesting additions which should be made, suggesting modifications, or simply to helping to understand and interpret the contribution of strategies that have been implemented based largely on experiential wisdom and common sense. This latter element may be very important from the point of view of presenting reports with respect to why the program works (or doesn't) and may add to the transferability of the program to other settings.

Several potential bodies of knowledge have been identified as being of potential value in informing the SEARCH program. These include: adult learning, technology innovation, organizational development, social network theory, organizational decision making, etc (add all those derived from interviews (or suggested by us); computer mediated learning, professional development, curriculum design;

There has not to date been any systematic attempt to identify literature that would specifically assist with the design, implementation and evaluation of SEARCH. As a starting place the following strategy is recommended:

1. For each area identified by key informants, identify review articles, systematic reviews or consensus reports relating to the areas identified.

2. Review those reports, and develop a list of criteria through which relevance to SEARCH could be assessed. Make note of additional areas that arise through review that may be potentially useful and locate review articles in these areas as well.
3. Identify a list of bodies of knowledge of potential interest, and up to five articles, which provide a 'sense of the field'.
4. Determine which areas are felt to have the most potential to inform/enhance SEARCH.
5. Locate or develop summary reports to what best practices may be with respect to a small number (three?) of key areas of knowledge.
6. Through an interactive process with SEARCH faculty and advisors, identify the relevance of this literature to SEARCH operations e.g. does literature suggest changes/ confirm current directions?

5.0 RELATED RESEARCH

Research and evaluation activities are closely related within the SEARCH context, and it is the intent of the program to support and enable both activities. Earlier in this document (Section 4.2) these activities were described generally with respect to SEARCH. It is the intent of this blueprint to provide suggestions which will support not only evaluation activities, but also those which are more research oriented, either done by participants within the boundaries of the SEARCH program, or research commissioned to inform SEARCH program or done by researchers with an independent interest in SEARCH activities.

By way of illustration of the desire to encourage synergistic or complementary research, it may be useful to give one specific example. The National Research Utilization Survey, described in Section 3.3 will enable the development of a research utilization profile or index for each health authority in the province. It may be possible to design a study to compare organizational level measures from SEARCH with composite professional group indices to assess correlation between the two measures. Knowledge of context with respect to research utilization in a particular health authority may help to understand or explain some of the observed phenomena related to SEARCH.

Some individual researchers have shown an interest in doing research of particular interest to them regarding SEARCH. The intent is to encourage excellent research, while working to ensure that SEARCH is accurately described, issues of shared intellectual property are attended to and there is clarity and transparency among program stakeholders about acknowledgement and publication. Also, it is hoped that requests for information made to program stakeholders reduce response burden as much as possible.

6.0 EVALUATION QUESTIONS

Evaluation questions were developed through a process of review of input from key informants by three individuals. The three reviewers worked to achieve consensus on what the important questions were in each of the cells of the matrix developed early in the program (and included in Section 2.5 of this document. Details about the specific cells into which each of the questions fell and details about sub-questions relating to overall questions is included in Appendix H.

6.1 *Connecting Evaluation Questions to SEARCH Components Framework*

As noted earlier, many considerations direct what is included within an evaluation, and the ultimate selection of what is actually done is a balance of these many, sometimes competing considerations. The table below provides the evaluation questions and also locates the area of inquiry within the SEARCH Component Framework (Figure 4.2) and within potential areas for inquiry that were identified in Section 2. An assessment is made as to whether the area relates to short, medium or long term outcomes of the program.

Figure 6.1: Comparing Evaluation Question to Area of Inquiry, Time Horizon

Question	Area of Inquiry ¹	Short / Med / Long-Term Outcomes ²
1. To what extent did participation in the SEARCH program meet a) personal goals b) learning objectives inherent in the program	IP	S/M
2. How well did the curriculum in terms of content and learning strategies (e.g., IT, interactive learning), enable participants to achieve competence in their SEARCH role?	IP	S
3. To what extent were SEARCH participants influential in causing changes in their immediate work environment?	IOP	S/M
4. To what extent and through what mechanisms has SEARCH lead to EBDM within participant organizations?	OP	S/M/L
5. What factors within RHAs or universities predict success and the impact of SEARCH programs?	OP	M
6. To what extent is SEARCH meeting the expectations / related goals of the participating organizations? To what extent has SEARCH been responsive / sensitive to the needs / differences of participant organizations?	OP/OA/OF	S/M

Figure 6.1: Comparing Evaluation Question to Area of Inquiry, Time Horizon
(continued)

Question	Area of Inquiry ¹	Short / Med / Long-Term Outcomes ²
7. To what extent do SEARCH products / projects contribute to improving the health of Albertans or the health system?	SP	L
8. What is the nature and extent of the new or enhanced relationships, which resulted from the SEARCH program?	SP	M/L
9. To what degree is a working network of faculty and community practitioners in place for conducting research?	TS	M/L
10. Is the design of SEARCH appropriate to achieve the stated goals with respect to all stakeholders?	SM	S/M
11. To what degree are we adopting best practices in key knowledge areas that are relevant to a program such as SEARCH?	SM	S
12. What is the nature and extent of changes in participating faculties as a result of SEARCH?	OA	M
13. What is the nature and extent of impact of SEARCH on research (knowledge generation) and research use (EBDM) in Alberta?	SA	M/L
14. To what degree does SEARCH operations embody core values?	SM	S
15. To what degree is there synergy with HTA, R&D, and AHFMR Grants and Awards in achieving AHFMR vision and goals?	OF	M/L
16. To what degree is AHFMR fulfilling its role in public policy, R&D within the philanthropic sector through SEARCH?	SF	L
17. Have there been any unintended consequences of SEARCH (+ or -)?	SM	S/L
NB to add in question about what goals individual faculty members and Departments have for being involved, and whether there is any change in university culture.		
<p>1. I = Individual, IA = Individual Academic, IF = Individual Funder, IOP = Individual Organization Practice, IOA = Individual Organization Academic, IOF = Individual Organization Funder, OP = Organization Practice, OA = Organization Academic, OF = Organization Funder, SP = System Practice, SA = System Academic, SF = System Funder, TS = Trans-sectoral, SM = SEARCH Management</p> <p>2. S = Short-term (one - three years), M - Medium Term (four - five years), L = Long-term (six – 10 years)</p>		

Note that these evaluation questions relate to the SEARCH Program, and thus relate to participants and organizations involved in Search I, II and III.

Program personnel (including advisory committees) noted the relative lack of evaluation questions emerging from the input, which relate to the impact of SEARCH on participating faculty members and the university departments within which they are located. This lack warrants further consideration by steering committees to determine if a question should be added.

6.2 Evaluation Questions by Priority for Action

Once the evaluation questions were developed, and their ability to provide information in the short, medium and long term established, they were assessed as High Priority, Medium Priority or Low priority, on the basis of when action needs to be taken to get information related to that question. In some cases, conceptual development or baseline data gathering was needed on a High Priority basis, to enable timely data gathering, or to provide the data over a long enough period to ultimately provide a long term outcome several years into the future.

High Priority means - begin within the next 18 months;

Medium Priority means - begin within the following 18 months.

No evaluation questions were assessed as Low Priority (begin after 2004).

The evaluation questions are clustered in terms of High and Medium Priority in the table below. Where there is conceptual or baseline data gathering as the initial stage, it is indicated in the second column.

Figure 6.2: Evaluation Questions By Priority for Action

Priority	Evaluation Question	Stage
H	1. To what extent did participation in the SEARCH program meet a) personal goals b) learning objectives inherent in the program	Complete project within 2.5 years.
H	2. How well did the curriculum in terms of content and learning strategies (e.g., IT, interactive learning,) enable participants to achieve competence in their SEARCH role?	Complete project within 2.5 years.
H	5. What factors within RHAs or universities predict success and the impact of SEARCH programs?	Start conceptual work immediately.
H	6. To what extent is SEARCH meeting the expectations / related goals of the participating organizations?	Start conceptual work immediately.

Figure 6.2: Evaluation Questions By Priority for Action (continued)

Priority	Evaluation Question	Stage
H	7. How do SEARCH products / projects contribute to improving the health of Albertans or the health system?	Imbed in all projects. Begin gathering stories. Assess and determine framework as Medium Priority.
H	13. What is the nature and extent of impact of SEARCH on research (knowledge generation) and research use (EBDM) in Alberta?	Start conceptual work and gathering stories immediately.
H	14. To what degree does SEARCH operations embody core values?	Imbed in all projects. Begin gathering stories. Assess and determine framework as Medium Priority.
H	17. Have there been any unintended consequences of SEARCH (+ or -)?	Imbed in all projects. Begin gathering stories. Assess and determine framework as Medium Priority.
M	3. To what extent were SEARCH participants influential in causing changes in their immediate work environment?	
M	4. To what extent and through what mechanisms has SEARCH lead to EBDM within participant organizations?	
M	8. What is the nature and extent of the new or enhanced relationships, which resulted from the SEARCH program?	
M	9. To what degree is a working network of faculty and community practitioners in place for conducting research?	
M	10. Is the design of SEARCH appropriate to achieve the stated goals with respect to all stakeholders?	Assess at site visit in 2003.
M	11. To what degree are we adopting best practices in key knowledge areas that are relevant to a program such as SEARCH?	Assess at site visit in 2003.
M	12. What is the nature and extent of changes in participating faculties as a result of SEARCH?	Include as part of organization / system oriented project.
M	16. To what degree is AHFMR fulfilling its role in public policy, R&D within the philanthropic sector through SEARCH?	Begin conceptual work and data gathering in second 18 months, Assess at Site Visit in 2003.
X	15. To what degree is there synergy with HTA, R&D, and AHFMR Grants and Awards in achieving AHFMR vision and goals?	Refer to AHFMR Evaluation Coordinator for prioritization.

6.3 Evaluation Questions Clustered by Project

Evaluation questions are answered through evaluation projects. Each project identifies the indicators that will be tracked, the methodology for gathering and analysis of data, and synthesis of findings, and develops recommendations as a result of its findings.

There are three questions to be imbedded in all projects. One will be referred to the AHFMR Impact Analysis Coordinator for incorporation in their evaluation plan. The 12 other evaluation questions are answered by evaluators with different expertise. In general, four clusters have been identified:

- Individual development / adult learning
- Organization and System Design, Operation and Change
- Infomatics
- Site Visit of experts in each of the related fields

Through this process, the evaluation questions have been clustered into three projects, each of which is conducted by a team of the expertise identified. In some cases, all three projects will include an assessment of an evaluation question, since the overall answer requires assessment from these three different perspectives (these are starred to indicate the question is also being addressed by another team).

Project / Expertise	Evaluation Questions to be Addressed
Individual Development / Adult Learning / Curriculum Design	1, 2*, 3*, 8*, 9*, 13*, +7, 14, 17
Organization and System Design and Operation / Organization and System Change /Social Network Theory	3*,4,5,6,8*,9*,12, 13*+7,14,16, 17 - includes development of a template to provide Health Authorities with a set of questions to guide their individual evaluation work / identify common questions that will be desirable for comparison if all HA's include them.
Infomatics	2*,8*,9*,13* re whether sufficient infrastructure is in place), +7,14,17
Site visit of experts in each of the related fields	10,11, 16

7.0 PROGRAM DEVELOPMENT

As has been the practice, all reports from evaluation contracts should be shared with appropriate advisory/steering structures for advice as to the findings of an evaluation project and the best ways to implement refinements, for changes that can be accommodated within the current philosophy and budget. Some larger changes can be implemented with the approval of the President and CEO. The AHFMR Board of Trustees, on the advice of the President and CEO would make changes that require substantive budget considerations.

The lead faculty team, and the core faculty as a group, is in the position of making changes in the curriculum design and delivery within the current design parameters.

Evaluation of SEARCH is formative as program development is ongoing in response to findings. That being said, this blueprint calls for a major program review in 2004-2005, at which time there will no doubt be a desire to examine impacts of the program as well as information which contributes to the shaping of the program on an ongoing basis.

8.0 WORKPLAN

8.1 Considerations in Developing the Workplan

Establishing priorities for which projects should be done in the short, medium or long term was done from a number of perspectives:

- Identifying which questions needed to be answered in order to enhance program design and demonstrate success at a level where the SEARCH program could be considered institutionalized within the Alberta health system culture. Some projects can provide preliminary answers even in the short term, although more definitive results will require a longer time frame.
- The assumption that the SEARCH design will continue to be refined with each new iteration of SEARCH - components will be strengthened, the curriculum design will be refined, as has been the philosophy of SEARCH to date. This information then would be used to market and / or refine program activities and components. However a major reassessment and consolidation of learnings to date, similar to that undertaken in 2000 prior to the implementation of SEARCH III, would be undertaken in 2004. It is not anticipated that there would be a one year gap between subsequent SEARCH programs in the future. Thus, evaluation projects would need to be complete by December 2003 in order to provide the information necessary for that major design milestone. A major site review, which is proposed for 2003, would be an important event providing input to the next major decision point. An overall timeline for the 10 years of evaluation / program design and development activity is attached as Appendix I.

9.0 RECOMMENDATIONS

The following recommendations are intended to represent the major activities required to implement the directions in the Blueprint:

1. **Write and publish at least one paper suitable for a peer reviewed journal describing the SEARCH program in the very near future (within six months).**
This activity is seen as very important in order to provide a foundational reference, which captures the tremendous investment of time and intellectual energy invested in the creation of the SEARCH program to date. This publication will no doubt not be comprehensive with respect to all the work to date which has contributed to the development and evolution of this program, but should provide an overview of the program which is suitable for reference by researchers writing about a specific aspect of SEARCH. It may need to be a series of papers in order to allow a broad description of the program to be published very quickly, followed by papers providing more and more detail
2. **A structure and/or mechanism be created for coordination of all evaluation and research activities.** To date, there have been several evaluation projects resulting in a variety of processes and products describing various aspects of the program. There continues to be interest from researchers in examining and publishing articles on various aspects of the SEARCH program. This oversight function is recommended so that results have maximum impact for all groups who could potentially benefit from the information, and also to ensure that those involved with the program (who will inevitably be asked to provide input) are not overburdened with requests for participation. The role of this group would include dissemination of information to key proximal audiences, and also to coordinate approaches and requests to informants for data. The group's involvement with coordination of projects completed by SEARCH participants would be minimal, other than being aware of projects which are being done, in order to assist in connecting researchers with appropriate SEARCH participants and supporting the vitality of the network of participants, researchers and related organizations.
3. **A policy relating to research and related publications involving the SEARCH program be developed** and implemented as soon as possible. Related research activity, which is intended to be shared with audiences much broader than those immediately involved with the SEARCH program should be encouraged, but intellectual property issues be attended to in a transparent and equitable fashion.
4. **Host a panel of knowledgeable individuals as soon as possible to review the Blueprint, including an explicit review of the Theory of Action and direction for subsequent literature reviews.**

This is desirable as all of the individuals involved in developing the blueprint are very familiar and have been involved with the program. A fresh eye on the planned approach would add an important dimension. Convening the panel as soon as possible would enable refinement of the evaluation projects as early in their design and implementation as possible.

5. **Host a short workshop of SEARCH stakeholders in Fall 2001 to confirm the desired endpoints and overall vision for the program.** It is unrealistic to expect to get agreement on success indicators for the various subcomponents of the program, but it is important to have overall agreement about the final vision, and how we may collectively know if we have achieved it. As there will be several contractors working on various aspects of the evaluation, it is important to have a shared agreement about what the important ultimate indicators of success are (even though there may be quite different short and medium outcomes depending on what lens the evaluator is using. This will also provide an opportunity for stakeholders to become aware of the various components and desired outcomes of SEARCH, and their shared benefit, and role in achieving those outcomes.
6. **Establish administrative data or processes required to maintain a comprehensive and up to date inventory and database of documents,** including processes to record:
 - completed works
 - annual - template
 - characteristics of participants
 - goals/expectation (of participant organizations that are SEARCH related)

This may involve training of staff to effectively use the CHE database infrastructure. This will involve prior discussions between AHFMR and CHE to clarify respective roles and responsibilities regarding database development., and need for coordinating body to collaborate with CHE in setting timelines for CHE responsibilities.

7. **Requests for Proposals be issued to cover the three areas of work identified: Individual and program development issues; Organizational and system aspects; Infomatics.** Evaluation questions have been 'grouped' according to the focus of the question (individual, program, organizational, system) and also according to the type of expertise needed to do the evaluation. While there is some overlap among the groups (and some questions have been included in more than one 'group', it was felt that it would be very difficult, if not impossible to find one evaluation contractor with adequate expertise to tackle all questions. However, should a contractor have or bring together a group with suitably broad expertise, a proposal to address all three substantive areas should definitely be considered. This recommendation really encompasses the core work related to evaluation. Other recommendations in one way or another help create the environment within which the results of these three substantive pieces of work can be brought to bear of future program directions.
8. **A site visit be organized for 2003 to provide consolidated advice prior to major program review and update. (As described in Section 6.3)**

9. **Program Director determine a process for integrating and synthesizing input from various evaluation contracts with a view to informing future program development in a coherent manner.**
10. **Define standard evaluator requirements for all contracts.** This strategy is designed to ensure maximum synergy and 'value added' from having a number of evaluations. The components will no doubt be done by different evaluators, as they require special expertise, but as many steps as necessary should be taken to ensure complementarity of efforts.
 - Each consultant (and internal SEARCH project where feasible) be asked to address three evaluation questions posed (Numbers 7, 14. 17).
 - Each consultant design the evaluation to be as participatory as possible, having regard for reliability and objectivity.
 - Write a document suitable for publication describing the purpose, methodology and findings of the project to be approved by AHFMR prior to publication.
 - Wherever possible, use the SEARCH data systems and infrastructure to conduct surveys.
 - Use of CHE data management standards and storage / dissemination mechanisms
 - Each project provide electronic copy of raw data and all reports to CHE and AHFMR for safekeeping.
 - Incorporate communication and dissemination plan with each project. This plan should include 1) regular progress reports suitable for sharing with individuals and organizations involved with SEARCH, 2) planned periodic feedback (in consultation with program director) appropriate for SEARCH committees charged with responsibility for revising SEARCH design and implementation in response to evaluation findings.
 - Establish ongoing routine data collection where possible.
11. **Refer Evaluation question referring to internal AHFMR processes to Coordinator of Impact Analysis at AHFMR.** Evaluation question 15 refers to the internal relationships among AHFMR departments. The implicit assertion is that internal coordination and complementarity among AHFMR programs that in one way or another are related to SEARCH would be beneficial. As AHFMR has recently created an Impact Analysis Unit, it seems appropriate to refer this question to that unit.

12. **Develop an overall dissemination process for products and knowledge generated from SEARCH program.** The intent of this plan should be not only to inform (and influence) all those individuals and organizations directly involved with SEARCH or to improve the program, but also to contribute to the general body of knowledge about capacity building programs in evidence based decision making.
13. **Explore further the changes that the faculty and university departments affiliated with SEARCH are expecting/ hoping to see as a result of SEARCH.** Faculty members for the most part, did not avail themselves of the opportunity to provide input into the shaping of this blueprint. This leaves a potential gap in the conceptualization and should be addressed to the extent that there is confidence that no key dimensions for the evaluation have been missed.

APPENDIX A

KEY DOCUMENTS, RE: DEVELOPMENT OF BLUEPRINT

- A1. Interview Guide for Key Informants to Development of SEARCH Blueprint
- A2. Email to SEARCH III Core Faculty
- A3. List of Key Informants

A1 Interview Guide for Key Informants to Development of SEARCH Evaluation Blueprint

Preamble: *We're developing a blueprint for the SEARCH evaluation(s) that plans out which evaluation questions will be answered and in which order and prepares a plan for how the evaluations will be carried out. Your information will help us identify the range of things that could be considered and to understand the factors that are important in prioritizing and planning the various evaluation activities.*

1. Who will use the information created by the SEARCH evaluation and to what end? Do you think this will change over the short, medium and long term? *(i.e. what are the important purposes of SEARCH and where do we need to focus the dissemination activities?)*
2. When evaluating SEARCH, should we include assessment of activities and outcomes relative to:
 - SEARCH purpose and goals *(provide the list of goals)*
 - SEARCH core values *(provide the list of core values)*
 - *Note this question does not relate to whether the goals and core values are accurate or complete, but whether the evaluation should focus on whether they have been or are likely to be achieved.*
 - Participant organizations' goals and values *(i.e. should we include an assessment of whether SEARCH activities are leading to important goals and principles of AHFMR, of RHAs, of Universities / university faculties?)*.
 - Are there any other dimensions or aspects of the SEARCH program that need to be evaluated?
3. What are the elements that make SEARCH unique? i.e. if we were to describe 'the SEARCH method', what would be the characteristics that you would highlight? Why are they important to SEARCH's success in achieving its desired goals in ways that are consistent with its core values? *(E.g., why are we using residential learning, why are we including a project in the requirements)*
4. From where you sit, what questions would YOU want answers to that we could answer

through the evaluation of SEARCH. (e.g. as a CEO, Board member, Manager, SEARCH alumni) ? Which of these are important in the short term (one to three years), medium term (three to five years) or long term (five to 10 years).

5. What do you see as major points in the history of SEARCH – what was going on in the health system at the time, in the university system at the time, in relevant fields that made this a good idea? What was going on that made you pay attention to SEARCH as a potential benefit to problems or issues you were facing?
6. Which bodies of knowledge would you say are helpful in describing how SEARCH works, or provide the basis for choosing some of the SEARCH approaches? (e.g. *adult learning, social network theory, capacity based learning, organizational change, etc.*)
7. Are there important/key documents that you are aware of that should be included in the database of current and previous information that can inform the evaluation of SEARCH? (*Current inventory of documents attached*)
8. Are there other projects or organizations of which you are aware that engage in activities with similar goals to those of SEARCH?

A2. Email to SEARCH III Core Faculty

Judy Birdsell and I are doing the background work of developing a draft blueprint for the SEARCH evaluation(s) for the Evaluation Steering Committee, and ultimately the SEARCH Steering Committee's approval. The blueprint plans out which evaluation questions will be answered and in which order and prepares a plan for how the evaluations will be carried out.

Your information will help us identify the range of things that could be considered.

We're on a tight timeframe so I'd appreciate your input by July 15. If you're not able to send it until later, please send it anyway and I'll try and weave it into later drafts of the proposed plan.

1. What do you as a faculty member want to get out of your participation in SEARCH? I.e. what is your desired outcome for SEARCH, for you personally as a faculty member?
2. What do you think might be the desired outcome(s) for your department? I.e. What does your department want to see differently for itself as a result of its participation in SEARCH?
3. What evaluation questions do you see as important for the SEARCH evaluation(s) to answer over the short, medium and long term (this will be a 10 year plan so we have the opportunity to ask questions in each time frame).
 - If you find it helpful to prompt your thinking, feel free to use the attached matrix for potential evaluation questions - The Evaluation Steering Committee has identified that we might ask evaluation questions relevant to the individual / individual in context or organization / system in a number of sectors:
 - Practice Community (e.g. RHAs, physicians and other independent practitioners)

- Academic Community
- Funders
- The commons' (Roger Lohmann (1992) describes the Commons as a space in the third sector in which participants share a common purpose, hold something in common, and participation is mutual, free, and uncoerced, based in fairness. (roughly participatory, voluntary activity, taking place among people with common connections, where giving and receiving are intertwined in complex and mutually beneficial ways.)

The matrix has organized these into a 4 by 4 matrix.

If you don't find the matrix helpful, please just append your answers to this document.

Please return your comments to me at smatthia@telusplanet.net

Thanks very much for your information!!
Sharon Matthias

A3. List of Key Informants

Jeanne Besner

Anne Casebeer

Kelly Deis

Muriel Davidson

Don Juzwishin

Dwight Nelson

Robert Hayward

Maeve O'Beirne

Ed Johnston

Lloyd Sutherland

Patricia Reay

Karen Golden-Biddle
(Faculty)

Sharon Read (Faculty)

Matthew Spence

APPENDIX B

SEARCH PROGRAM FRAMEWORK

Planning Discussion Document 1: Program Overview

Prepared for the SEARCH Program Steering Committee

By Sharon Matthias

In consultation with Sarah Hayward, Ann Casebeer, Judy Birdsell

Background

Briefly, SEARCH is a program whose mission is embedded within a set of broader visions for the role of applied health research in support of good practice and improved health status.

- The vision statement for the Alberta Health System is:

“Healthy Albertans in a Healthy Alberta”.

Regional and Provincial Health Authorities (R/PHAs) deliver services to residents of Alberta in ways that are aimed at ultimately achieving this vision for the Alberta Health System.

Their strategic challenge is to both deliver excellent health services and improve the health of the population they serve. The new environment and the need to continue to reform the health system make the regional/provincial health authorities’ (R/PHAs) operating environments very challenging and complex.

- AHFMR’s mission is:

“To support a community of researchers who generate knowledge that improves the health and quality of life of Albertans and people throughout the world”.

AHFMR’s long-term commitment is to fund basic, patient and health research based on international standards of excellence and carried out by new and established investigators and researchers in training. SEARCH is a program funded and delivered by the Alberta Heritage Foundation for Medical Research, in partnership with the Regional and Provincial Health Authorities and Alberta Health and Wellness, and the Alberta Universities. The AHFMR Board initially established SEARCH as a pilot program in 1996, and in 1999 directed that it be planned on an ongoing basis, addressing issues of both growth and sustainability.

AHFMR’s mission is **“To support a community of researchers who generate knowledge that improves the health and quality of life of Albertans and people throughout the world. AHFMR’s long-term commitment is to fund basic, patient and health research based on international standards of excellence and carried out by new and established investigators and researchers in training.”**

The vision statement for the Alberta Health System is its desired ultimate outcome of a system, delivering high quality services and improving the health status of Albertans and their physical / social environments: **“Healthy Albertans in a Healthy Alberta.”**

The Longer Term Rationale for SEARCH

SEARCH's desired long-term outcome is:

“Quality Decision Making in the Alberta Health System.”

Quality Decision Making in the Alberta Health System has two elements:

1. quality evidence is used (EVIDENCE for HEALTH), and
2. decision-making is purposeful and results-based.

SEARCH contributes to this outcome in a major way by developing competent people in health system settings who:

1. find and use evidence mindfully, supporting quality decisions supporting improved health services and better health;
2. provide leadership in assisting their organizations to develop a supportive culture for research in practice; and
3. support continuous learning, improving their skills and competence.

The requirement for all components of SEARCH is to support the development of these outcomes by contributing to the development and support of practitioners who are competent in their practice area and:

1. **Capable of a scholarly approach to practice**, specifically: using explicit methods and thinking, and evidence that has been developed in other settings, to solve problems in a practice setting; and, using knowledge management technology effectively to access and manage information resources so they can be used systematically in making decisions.
2. **Leaders in assisting their organization and their peers**: helping to move toward a culture that values and uses evidence-based decision making (research in practice) both through influencing their immediate operational unit and those aspects of their larger organization and the Alberta health system within their zone of influence.
3. **Creating evidence as effective members of a collaborative research team**. Research teams in a collaborative network create evidence by conducting research in practice settings (vs practice based research that originates in an academic setting that may or may not be done in a practice setting). “Research” means the systematic approach to inquiry, and allows decisions to be based on evidence rather than opinion. As well as research skills, this competency includes accurate self-assessment, assessment of the level of skills required for particular research projects, being knowledgeable about where the types of expertise required are available for collaboration in the Alberta setting, and being competent as a team member of a multidisciplinary team.

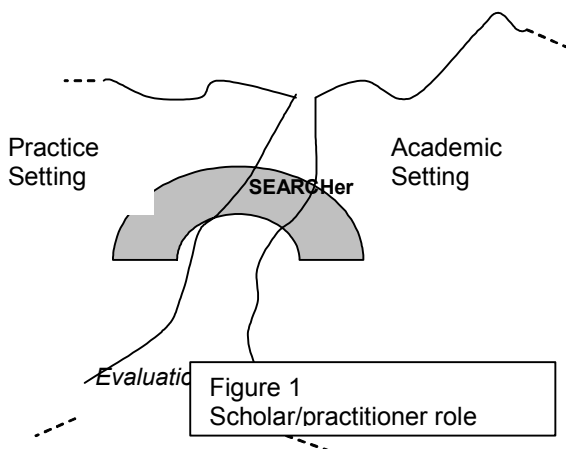
4. **Committed to continuous improvement and life long learning:** gaining skills and practice in reflective learning to make effective use of experience and evolve from a novice to a competent practitioner to an expert. “Scholar practitioners” continuously return to the pool of developing evidence to confirm and refine their practice experience.

5. **Operating in a supportive environment:** In support of this need, SEARCH also contributes to the awareness and commitment of executive managers and Board members to creation of a health system culture that supports and embraces quality decision-making. It does this through advocacy, reward & recognition, and consultation regarding evidence based practice and operations. SEARCH also creates a bridge to the university-based health research community, enhancing the understanding and collaboration among practitioners and researchers in support of quality decision-making and relevant, timely research.

SEARCH's outcome is particularly important to the Regional/Provincial Health Authorities (R/PHAs), Alberta Health and Wellness, and the individual practitioners and researchers who participate in the Program. It is relevant to universities whose missions include the creation of quality information that is available for decision-making, and who are involved in supportive networks such as the Alberta Consultative Health Research Network (ACHRN) and the Alberta Family Practice Research Network (AFPRN). It is also important to many of the programs in AHFMR, including Health Technology Assessment (HTA), Health Research in Practice (HRIP) and the Personnel Awards & Grants programs. Thus, there are a number of complementary programs and initiatives of the partners that support the SEARCH outcome of quality decision making in the Alberta Health System, and an important characteristic of the SEARCH program is the variety of ways it links with these complementary programs.

Evolution of a Practitioner who Creates Best Practices

Academic settings create researchers. Practice settings create practice specialists. A third, combined role is the practitioner who is located within the practice setting and who carries out their practice in a systematic, scholarly way, and creates a bridge between the academic and practice setting, bringing the best of each to a problem. This relationship is shown graphically as Figure 1.



SEARCH is about a systematic way of creating a particular kind of practitioner, one who helps organizations create best practices intentionally. This kind of practitioner brings a significant (i.e. in clinical and population health, policy, managerial or operational domains), and complements it with a systematic approach to their practice. This requires skill in creating and using evidence, or in using explicit, evidence-based thinking and methods in solving problems in the practice, policy or managerial setting. In the managerial setting this might be applied for example in utilization management, quality assurance, needs/capacity assessments, investment management, or program evaluation. In the operational setting this might be applied to strategic health human resource development, financial practice setting this might be applied to intervening effectively in a particular clinical or population health problem. In the policy development setting, evidence-based thinking and methods assist in participative decision-making, and identify information useful in selecting between policy and program options.

This practitioner (the SEARCHer in Figure 1) ‘speaks the language’ of both the academic and practice settings, and thus also acts as an agent to bring together people who are specialists in particular areas of research, with those who are specialists in particular areas of practice. At the most limited form, this is a reflective practitioner who notes when the outcomes achieved are consistently not those intended and has a route to identify the need for quality improvement. Most practitioners are at the operational level and are reflective about their practice. Some practitioners at the operational level, however, are always inquiring about their practice in a systematic, thoughtful and explicit way, are skilled participants in a collaborative research team with academics and others, and are the practitioners who are skilled at gathering data in the course of their regular responsibilities in their practice setting.

A few practitioners evolve further, and do their practice in a scholarly way. It is these practitioners who are the designers and implementers of effective programs intended to be best practices at achieving the desired outcomes. These practitioners gravitate to positions such as program designers or program coordinators that demand they constantly bring theory to practice, and practice to theory. They have very close relationships with the academic setting. (A parallel role is the practitioner scholar who is located within the academic setting and also bridges between the academic and practice setting).

A graphic presentation of the evolution of human resources in the long-term future of the health system, as envisioned by SEARCH, is presented as Figure 2.

Those who carry out scholarly practice have a high level of expertise and experience in three domains:

1. **Health System Practice or Operations** (including clinical, population health etc., policy development, management and governance, or operations (including Human Resources, finance etc.))
2. **Using explicit methods and thinking in using evidence** in making practice and operational decisions, and participating in a collaborative network with academics to create evidence.
3. **Leadership for organizational culture change.** Because the current organization and working climate of the health system does not support evidence-based decision making, in order to be effective scholar practitioners, SEARCH graduates must assist in evolving the culture of the health system requires expertise and experience in change agent and change management.

A practitioner who combines expertise and experience in these three domains is a practitioner who:

- Thinks differently about what they are doing, with an eye to desired outcomes.
- Is always inquiring in a systematic, thoughtful, explicit way.
- Applies standards to information they receive
- Understands the appropriate complementary roles of evidence, judgements and values in making decisions and solving problems.

SEARCH is currently aimed at participants with skill and experience in health system practice or operations, at a mid to high level of expertise and experience. They may come from any level of the organization and may occupy clinical, policy, or management roles. The expertise and experience in change management may range from none to highly expert. Participants have variable expertise and experience at research methodology, and using evidence explicitly in making operational decisions.

SEARCH Program Strategies

SEARCH is continuously evolving as it develops more understanding of how best to support Alberta's Health System to develop a culture of quality, evidence-based decision-making, supporting R/PHAs, independent practitioners and universities to participate in collaborative networks to do research in practice settings and create important evidence for solving future problems in the health system.

SEARCH is a program with a number of interrelated strategies to be more effective at working with the partners to achieve the desired long-term outcomes (see Figure 3):

1. **Interactive Learning Strategy**, including the residential experience and mentored research projects.
2. **Advocacy and Consultation Strategy**, working with health system and academic organizations; and with individual practitioners and university faculty members who create individual nodes of the collaborative research network. Activities in this strategy also support changes to reward and recognition strategies of universities and health system organizations.
3. **Ongoing Support and Development Strategy**, for long-term capacity of participants and their organizations.
4. **Recognition and Reward Strategy**, to enhance value of this work.
5. **Research & Development Strategy**, which highlights SEARCH's commitment to contributing to the evidence base for activities aimed at changing the culture of the health system to an evidence-based approach. Activities in this strategy may include both the research projects completed by SEARCH participants as part of their learning strategy, and contract research to develop evidence on organizational culture change.

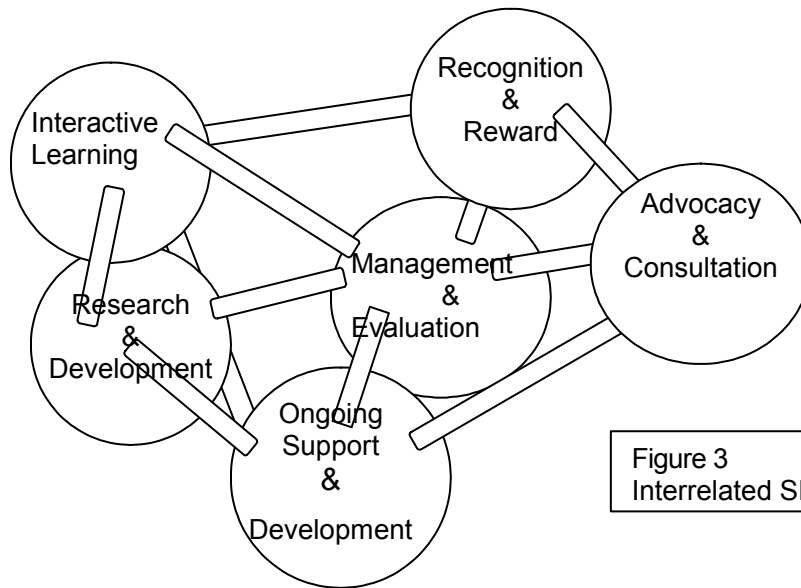


Figure 3
Interrelated SEARCH Program Strategies

The management systems and operation of the SEARCH program are also designed in ways that support the basic principles of SEARCH. Being self conscious and reflective about program design and implementation, and supporting necessary evaluation in order to ensure feedback on effectiveness that can be used to improve the program as well as contribute to its transferability and to the evidence base for organizational/system culture change. In this way, SEARCH is congruent with and models the program it is implementing.

Each of the SEARCH strategies supports the long term outcome of quality decision making in the Alberta Health System, and each component has mechanisms for fostering collaboration between SEARCHers, and ACHRN, HTA, HRIP, individual faculties in universities to create the collaborative network necessary to integrate the activities of everyone involved in working toward this outcome.

SEARCH is funded by Alberta Heritage Foundation for Medical Research and is managed by a program manager with the advice and consultation of a Steering Committee bringing the perspectives of the various stakeholder groups. AHFMR organization chart is provided as Figure 4.

Additional Planning Discussion Documents:

- Document 2: Interactive Learning Component and Curriculum Framework (draft)
- Document 3: Ongoing support and Development Strategy (draft)
- Document 4: Advocacy and Consultation (in progress)
- Document 5: Research and Evaluation Strategy (in progress)

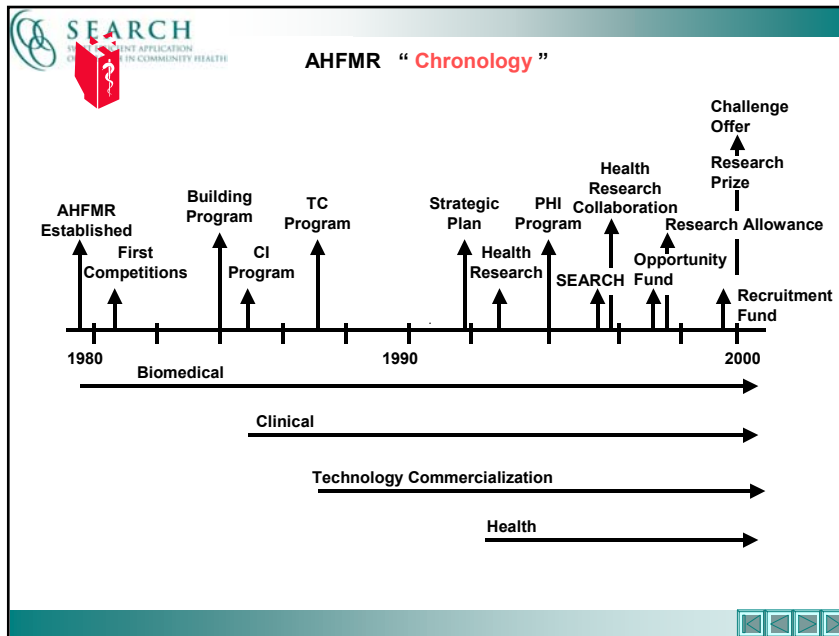
APPENDIX C

SEARCH HISTORY SUMMARY SLIDES

SEARCH
SWIFT EFFICIENT APPLICATION
OF RESEARCH IN COMMUNITY HEALTH

SEARCH Program History

	<i>SEARCH I</i> 1996-1998	<i>SEARCH II</i> 1998-2000	<i>SEARCH III</i> 2000-2001
Participants	25 participants 16 H.A.s	23 participants 10 H.A.s, physicians	28 participants 13 H.A.s, physicians
Residential Modules	Two 3-week sessions Two regional settings	Six 3-8 day sessions Single setting	Seven 5 or 7 day sessions Round-province settings
Cross-boundary Projects (eg)	Performance Indicators Early Maternity Discharge	On-Call Burden for MDs Measurement of Mental Health	Primary care, Continuing care, Performance indicators, Human resource planning, Resource allocation
On-line	Networked, locked down E-mail, databases	Website	Virtual Desktop



APPENDIX D

RELEVANT RESEARCH INITIATIVES /PROJECTS ABSTRACTS – SEARCH CONTEXT

Relevant Research Initiatives/Projects - Abstracts July, 2001

Research Network: Alberta Consultative Health Research Network (ACHRN)
Sponsors: The Alberta Heritage Foundation for Medical Research (AHFMR)
Branches: The Department of Community Health Sciences at the University of Calgary and the Department of Public Health Sciences at the University of Alberta.

The ACHRN network was established to support health research in Alberta through the development of a network of research consultants for the provisions of methodological assistance and training, thereby enabling research to be commissioned, conducted, and applied throughout the province. The Network embraces a multi-disciplinary approach to health research and offer expertise in nursing, sociology, medicine, health services management and education.. Consultants include researchers from both academia and other groups and organizations. Services include consultations and workshops relating to all aspects of research design and methodology.

Report Title: Framework For Regional Health Authorities To make Optimal Use Of Health Technology Assessment
Author: Don Juzwishin, Alberta Heritage Foundation for Medical Research
Year: March, 2000

This report offers a systematic guide for introducing and integrating an applied health technology assessment process into a regional health authority's (RHA's) program operations and capital budgeting processes. The framework relies on internal resources (with support from the Health Technology Assessment Unit at the Alberta Heritage Foundation for Medical Research) to:

- Estimate the need for health technologies based on the health needs of the community;
- Assess the safety, efficacy, and effectiveness of health care technologies;
- Identify the resources required to offer technologies where they will be most accessible to the community members requiring them;
- Evaluate the costs and consequences of providing health technologies and of not adopting them; and
- Develop implementation and evaluation plans for technologies.

The framework also describes the process to bring Health Technology Assessment evidence to inform RHA decisions.

Report Title: Using Research to Improve Health: Five Years of Activity at AHFMR 1995-2000 Volume: Overview of Program Components

Author: Alberta Heritage Foundation for Medical Research

Year: 2000

This report provides an overview of key initiatives supported by AHFMR from between 1995 and 2000. The report describes a framework to serve as a guide for using research knowledge in healthcare decision-making. The six components of categorizing AHFMR activities/programs are: adding to knowledge; assessing knowledge; providing access to what is known; linking researchers to research users; applying research results; and measuring progress.

Report Title: Using Research to Improve Health: Five Years of Activity at AHFMR 1995-2000 Volume 2: An Inventory of Health Research

Author: Alberta Heritage Foundation for Medical Research

Year: 2000

This includes a comprehensive inventory of research projects and activities funded by AHFMR between 1995 and 2000. Projects are sorted according to the research type or category: Health Services, Health Resources, Population Health and Health Policy. Recipients of funding from Community Health Research Travel Fund, the Visiting Lecturer Programs, Career Awards and Training Awards are identified. AHFMR members and publications are also listed during this period.

Research Training Centre: West Region Regional Training Program

Alberta Contacts: Carole Estabrooks, Faculty of Nursing, University of Alberta
Janice Lander, CHSRF/CIHR Chair in Nursing Care, University of Alberta

Co-Sponsors: Canadian Health Services Research Foundation, AHFMR, Canadian Institutes of Health Research (CIHR)

Year: 2001-

The University of Alberta faculty of nursing took the lead with the Universities of Manitoba and Saskatchewan to propose a Regional Training Centre in Knowledge Utilization and Policy Implementation. Core concepts of the centre include developing programs aimed at Ph.D. students specializing in knowledge utilization and policy implementation, at graduate students in other faculties who wish to enhance their skills in these areas, and at managers and professionals working in the healthcare system who are not pursuing graduate training. This project is part of a larger national capacity development initiative, the CADRE (Capacity for Applied and Developmental Research and Evaluation in health services and nursing research).

Research Network: Alberta Family Practice Research Network (AFPRN)

Sponsors: Alberta Chapter of the College of Family Physicians of Canada, AHFMR

AFPRN is a network of family physicians developed to provide opportunities for community physicians to conduct primary care research in the family practice setting. Physicians can be involved as principal investigators, sentinel physicians or as members. Research efforts are focused on epidemiology, demography, inputs and outcomes, operations and education. There have been 27 projects.

Federal Initiative: Heart Health Initiative
Sponsors: Heart and Stroke Foundation of Canada, NHRDP,
Alberta Health and Wellness
Year: Initiated in 1991

HHI is a national multi-level strategy for the prevention of cardiovascular disease with established networks in all ten provinces. It is intended to serve as a platform for health services research with an application to population health and quality of care issues beyond heart health. Alberta's project involves four regions with a focus on community capacity building in Red Deer, risk factors context in Edmonton, a school based approach in Calgary and a community based approach in St. Paul/Bonnyville. In addition, Alberta Health and Wellness is working on a dissemination plan to ensure timely and appropriate dissemination of results.

Committee: Calgary S.E.A.R.C.H. Advisory Committee
Chair: Director, Initiatives in Nursing Research, Calgary Health Region
Year: Initiated in 2001 for a two year term.

This committee is responsible for identifying organizational factors that are considered important to the success of SEARCH participants and for promoting a supportive environment within which the skills of SEARCHers (past and current) can be maximized in the Calgary region. The committee will also provide a mechanism through which ongoing communication and linkage between the Calgary Health Region and the S.E.A.R.C.H. Directorate (AHFMR) can be maintained. Core membership includes SEARCH I,II, and III participants from the Calgary Health Region, supervisors/mentors of SEARCH III participants, Executive Director or designate from each sponsoring portfolio/department; SEARCH faculty, University of Calgary, and AHFMR.

Research Project Title: Developing A Distributed Experiential Learning Program In Evidence-based Practice For Health Professionals
Investigators: Francis Lau, Marilynne Hebert, Ann Casebeer, et.al.
Year: 1999

This is a three year pilot project ending in 2002 based on the development, implementation and evaluation of a distributed experiential learning model to support evidence-based practice by health professionals. The project extends the learning approaches developed earlier within the SEARCH program to increase the use of research information in Alberta. There are three target audiences for this distributed learning program: SEARCH participants, their co-workers in the health regions, and other health professionals across Canada. There are nine partners including AHFMR; Canada's Health Informatics Association; ACHRN, and the Universities of Alberta and Calgary.

Research Project Title: Utilization of Health Research Results in Alberta: Expansion of Landry Survey
Investigators: Judy Birdsell, Carole Estabrooks, Peter Norton, Brenda Waye-Perry
Year: 2001

BACKGROUND: A national survey of research utilization was proposed by Dr. Rejean Landry and colleagues at Laval University in Quebec in 2000. The Alberta Heritage Foundation strongly supported this research, and arranged to do some additional work in Alberta. This related mainly to increasing the sample size to enable analysis within Alberta. The increased sample size will enable us to use the data for program planning within Alberta. Since the Alberta team,

led by Dr. Judy Birdsell and a team of five Alberta collaborators has been involved, the Alberta team has made substantial contributions to the content of the surveys and methodology used for sampling respondents not only in Alberta, but country-wide. The results of this research will provide useful information with respect to planning activities and programs in Alberta to enhance the impact of research in the province.

OBJECTIVES OF THE RESEARCH:

1. Identify uses providers and managers of the Alberta health care system make of health research results, and compare these to Canada-wide data.
2. Identify factors explaining utilization of health research results by providers and managers of the Alberta health care system, and compare these to Canada-wide data.
3. Identify factors inducing researchers to engage into dissemination efforts and adaptations of research results.
4. Identify factors explaining the creation of linkage mechanisms and interactions between researchers and providers or managers of the Canadian health care system.
5. Derive practical lessons and inform future action relating to programming in Alberta from better understanding of factors explaining utilization of health research results.
6. Compare research utilization patterns across different Alberta contexts (e.g. RHA groupings, professional groups).

METHODOLOGY: Four key groups will be surveyed with respect to their use of research. These include researchers, physicians, and managers within the health system and government departments and nurses. Data will be collected through telephone interviews carried out by a commercial survey firm. For the Alberta study, sampling frameworks will be sent directly to the survey firm who will draw the sample and contact the individuals. Generally, the interviewer will make an initial contact, briefly describe the study and then arrange a later time for the interview. At the beginning of the interview, the consent paragraph will be read and verbal consent will be obtained to continue the interview. The study has received ethical approval from the following Alberta bodies: University of Alberta Health Research Ethics Board, University of Calgary Conjoint Ethics Board, Community Health Research Ethics Review Board, and the Chinook Health Region.

Organization: **Health Technology Assessment (HTA) Unit, Alberta Heritage Foundation for Medical Research**

The HTA Unit conducts systematic evaluations of healthcare technology in response to requests from health policy and administrative decision-makers in Alberta. HTA was established under the Health Research Collaboration Agreement between AHFMR and Alberta Health and Wellness and is administered by AHFMR. HTA publications include health technology assessment reports, briefs and notes. HTA Unit core staff are assisted by researchers on short-term placements and also collaborate with other provincial and international HTA agencies, regional health authorities, and university researchers.

Program(s): **The Alberta Primary Health Care Project (The Alberta Element of the Health Transition Fund [HTF]), and the Health Innovation Fund [HIF] - funding descriptions.**

Sponsors: **Alberta Health and Wellness (HTF and HIF) and Health Canada (HTF)**

These funding programs raised the level of awareness within Health Authorities of the benefits of being able to design a good research project, and develop a successful funding application. The funds also required an evaluation component in each project. This has resulted in a large

number of people within Health Authorities to realize the process of evaluation can be a positive one, and some of the benefits of evaluation. The skills of SEARCHers were identified as useful in being able to access this funding source.

Research Study: Evidence Based Practice: Developing the Science of Research Utilization (Phase 1: The Determinants of Research Utilization) 2000-2003

Carole Estabrookes (Principal Investigator). This study is funded by the AHFMR Establishment Grant and is also supported by the AHFMR PHI and CIHR Career awards..

Specific research projects are:

The Determinants of Research Utilization: Pain Management in Infants and Children.

Estabrookes, CA (PI), Landers, J., Norris, J., Boschma, G. et al. Funded by CIHR/NHRDP (2000-2003).

The Determinants of Health Utilization: Pain Management in Adults. Estabrookes, CA (PI), Lander, J., Norris, J., Boschma, G. et al. Funded by CIHR/NHRDP (1999-2002)

A Study to Test the Construct Validity of a Conceptual Model Developed by the RCN Institute to Successfully Implement Research into Practice. Kitson, A. (PI), McCormack, B., Harvey, G. and Estabrookes, CA. Funded by the Royal College of Nursing, London, England (1998-2001).

Regional Board Decision-Makers Conceptualizations of Evidence (an extension of the above NCE/HEALNet study on conceptualizations). Estabrookes, CA (PI), Dickinson, TI, and Robertson, S. (1998-2002). Funded by NCE/HEALNet

Outcomes of Hospital Reform in Alberta with Comparison to Other Canadian Provinces, the United States and the United Kingdom. Giovenetti, P. (PI), Estabrookes, CA, Fassbadr, K., Smith, D. et al. (1998-2001) Funded by AHFMR

APPENDIX E

INVENTORY OF DOCUMENTS

Inventory of SEARCH-related documents (1996-2001) available in Microsoft Excel spreadsheet format upon request.

APPENDIX F

SEARCH CURRICULUM OVERVIEW

Planning Discussion Document 2:
Interactive Learning and Curriculum Design

Prepared for the SEARCH Program Steering Committee
By Sharon Matthias and Ann Casebeer
In consultation with Sarah Hayward, Judy Birdsell

Background

Briefly, SEARCH is a program whose mission is embedded within a set of broader visions for the role of applied health research in support of good practice and improved health status.

- The vision statement for the Alberta Health System is:

“Healthy Albertans in a Healthy Alberta”.

Regional and Provincial Health Authorities (R/PHAs) deliver services to residents of Alberta in ways that are aimed at ultimately achieving this vision for the Alberta Health System. Their strategic challenge is to both deliver excellent health services and improve the health of the population they serve. The new environment and the need to continue to reform the health system make the regional/provincial health authorities’ (R/PHAs) operating environments very challenging and complex.

- AHFMR’s mission is:

“To support a community of researchers who generate knowledge that improves the health and quality of life of Albertans and people throughout the world”.

AHFMR’s long-term commitment is to fund basic, patient and health research based on international standards of excellence and carried out by new and established investigators and researchers in training. SEARCH is a program funded and delivered by the Alberta Heritage Foundation for Medical Research, in partnership with the Regional and Provincial Health Authorities and Alberta Health and Wellness, and the Alberta Universities. The AHFMR Board initially established SEARCH as a pilot program in 1996, and in 1999 directed that it be planned on an ongoing basis, addressing issues of both growth and sustainability.

The Longer Term Rationale for SEARCH

SEARCH’s desired long-term outcome is:

“Quality Decision Making in the Alberta Health System.”

Quality Decision Making in the Alberta Health System has two elements:

- quality evidence is used (EVIDENCE for HEALTH), and
- decision-making is purposeful and results-based.

SEARCH contributes to this outcome in a major way by developing competent people in health system settings who:

- find and use evidence mindfully, supporting quality decisions supporting improved health services and better health;
- provide leadership in assisting their organizations to develop a supportive culture for research in practice; and
- support continuous learning, improving their skills and competence.

The requirement for all components of SEARCH is to support the development of these outcomes by contributing to the development and support of practitioners who are competent in their practice area and:

1. **Capable of Research in Practice**, specifically: using explicit methods and thinking, and evidence that has been developed in other settings, to solve problems in a practice setting; and, using knowledge management technology effectively to access and manage information resources so they can be used systematically in making decisions.

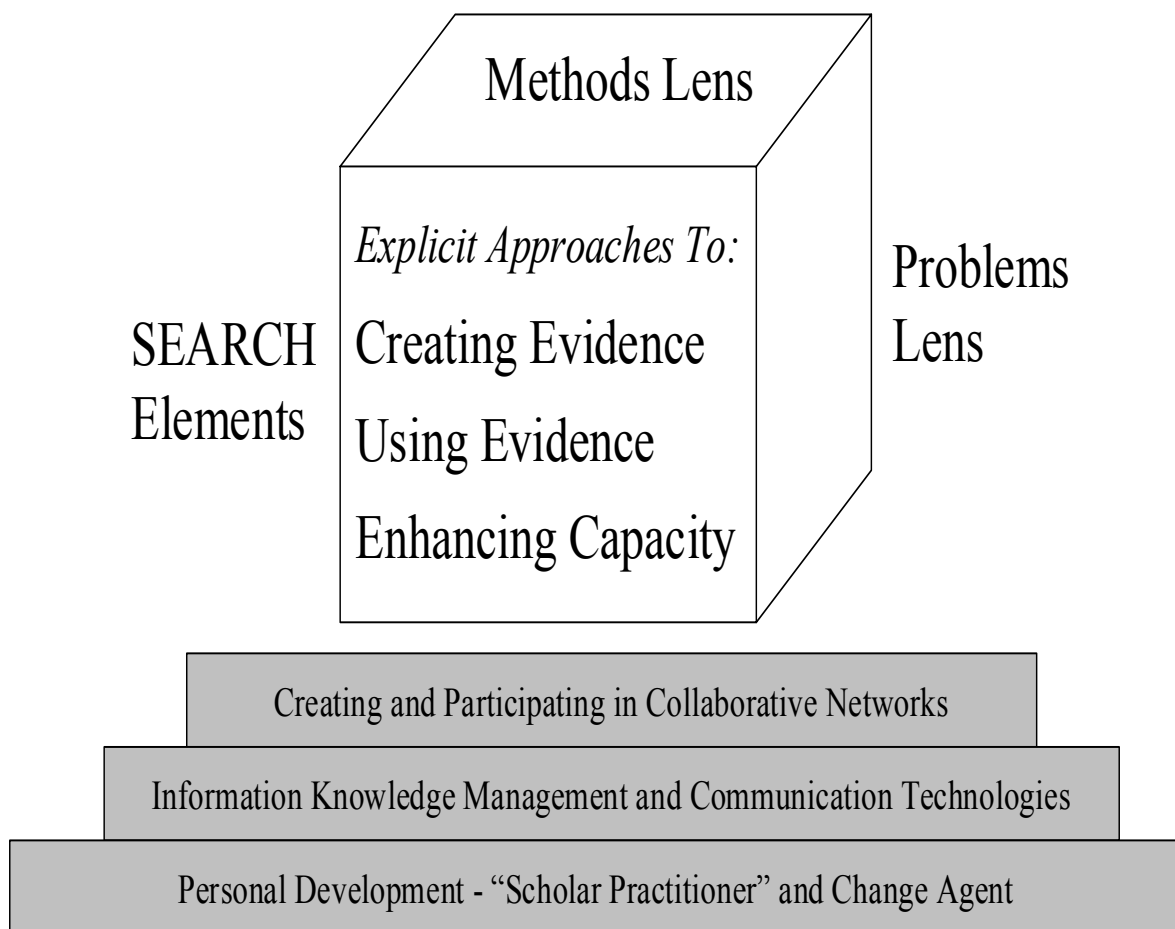
2. **Leaders in assisting their organization and their peers**: helping to move toward a culture that values and uses evidence-based decision making (research in practice) both through influencing their immediate operational unit and those aspects of their larger organization and the Alberta health system within their zone of influence.

3. **Committed to continuous improvement and life long learning**: gaining skills and practice in reflective learning to make effective use of experience and evolve from a novice to a competent practitioner to an expert. “Scholar practitioners” continuously return to the pool of developing evidence to confirm and refine their practice experience.

4. **Operating in a supportive environment**: In support of this need, SEARCH also contributes to the awareness and commitment of executive managers and Board members to creation of a health system culture that supports and embraces quality decision-making. It does this through advocacy, reward & recognition, and consultation regarding evidence based practice and operations. SEARCH also creates a bridge to the university-based health research community, enhancing the understanding and collaboration among practitioners and researchers in support of quality decision-making and relevant, timely research.

SEARCH’s outcome is particularly important to the Regional/Provincial Health Authorities (R/PHAs), Alberta Health and Wellness, and the individual practitioners and researchers who participate in the Program. It is relevant to universities whose missions include the creation of quality information that is available for decision-making, and who are involved in supportive networks such as the Alberta Consultative Health Research Network (ACHRN) and the Alberta Family Practice Research Network (AFPRN). It is also important to many of the programs in AHFMR, including Health Technology Assessment (HTA), Health Research in Practice (HRIP) and the Personnel Awards & Grants programs. Thus, there are a number of complementary

SEARCH III CURRICULUM FRAME



programs and initiatives of the partners that support the SEARCH outcome of quality decision making in the Alberta Health System, and an important characteristic of the SEARCH program is the variety of ways it links with these complementary programs.

Interactive Learning

The mission of the interactive learning component of SEARCH is:

“To develop ‘scholar practitioners’ and leaders for change through reflective learning”.

Curriculum Framework

Figure 1 presents the universe of knowledge required of a participating practitioner and thus forms the curriculum design framework. Design of particular elements of the interactive learning experience will be drawn from the contexts established by the

framework. The focal points indicated on the faces of the cube establish the main contexts for the curriculum. The broad areas for learning within them leads to the development of more specific curriculum areas such as those outlined in Table 1. Each curriculum area will address one or more of the elements as those outlined in Table 1. Each curriculum area will address one or more of the elements within the cube, as well as the enabling elements in the plinths of the cube.

The topics and learning objectives for the curriculum for any type of interactive learning experience within SEARCH are drawn from 2 general areas:

Content areas for Using Evidence, Creating Evidence, and Enhancing Capacity (developing a supportive environment for individuals to make quality decisions)

Enabling areas – process skills like conflict resolution, use of electronic technology for networking and gathering data, being a member of a collaborative network and creating a supportive social support net. Personal skills supporting reflective practice will generate personal practical knowledge and ensure continuous improvement.

Table 1: Proposed Curriculum Areas to be covered in Interactive Learning Settings

Creating Evidence	Using Evidence	Enhancing Capacity
What is 'using research methods and thinking to solve problems in the practice setting' What is research? What is health research? Research purposes Research process Research design Research methods – matching research style / type to question Creating evidence in the practice setting Policy analysis Knowledge generation Theory of Science What is evidence? Research proposals	Explicit decision making tools / processes for evidence-based decision making Understanding the roles of evidence, values and timing in decision making Quality of evidence required for different levels of assurance in decision making Using evidence in decision making -critical Appraisal -information retrieval Data management -collection -management -analysis -presentation Dissemination	Organization cultures Organization management and governance structures to be influenced Change management -making a case for EBDM -change theory Leadership Teaming Policy Environments Innovation Diffusion Making a Difference Organizational and System structures and resources required -Collaborative research network -Organization and System capacities for EBDM

Research projects	-presenting evidence to decision makers Applications in the operational setting	- Org. commitment
Collaborative Networks (SEARCH community, SEARCHers –Academics - Practitioners)		
-team functioning -diversity and multidisciplinary teams -being an effective team member -finding collaborators	Conflict resolution Partnership dynamics Influence without authority: sources of power Networking and Advocacy	
Health Informatics (using technologies for finding, producing and applying evidence)		
- principles of information management - technologies for information management and communications	-data retrieval and management	
People Development: Skills in developing personal practical knowledge, reflective practice, survival skills for change agents		

Approach to Learning

The approach to learning, and management of the learning environment will:

- Be based on principles of adult learning
- Draw on peer experiences
- Respect and draw expertise from both the research and practice communities, including respecting and drawing on the expertise of the participants themselves
- Adopt a “thinking for change” perspective
- Encourage development of personal practical knowledge and lifelong learning through reflective practice.

Thus, the approach in the interactive learning component will incorporate team exercises wherever possible to:

- Model the nature of ‘scholar practitioners’ and have something to contribute to those who come from both academic and practice (training goes both ways)
- Build the SEARCH group as a cohesive, supportive network
- Support the development of relationships between the community of participants and academics who are interested in collaborating to do research in the practice setting.

There will ultimately be a number of vehicles for interactive learning, including the residential learning experience.

Management of the Interactive Learning Experience

One of the core values of SEARCH is adult learning. Classroom management, design of expectations, learning styles, etc., need to reflect an adult-adult relationship. Some of the ways this could be embodied in the management of the SEARCH training program include:

Contracting with participants

- what are their own learning objectives
- what part will the training part of SEARCH be expected to contribute
- what will the employer contribute and
- what will they do on their own to contribute to their learning objectives.

Discussion about group expectations

- what is their commitment to the group
- what are expectations of/to each other for things like advance notice of absence, protocol for returning from breaks, completing work, etc.
- Agreements about intellectual capital.
- make it clear to participants and to trainers what is to happen with the results of group exercises and interactions
- who “owns” that information?
- what is the purpose and intent?

Continuous Quality Improvement

All of the deliverables of SEARCH, including the interactive learning components are initially crafted on the basis that they will be continuously evaluated for their effectiveness and appropriateness to the learning needs of the participants and their practice organizations. This approach to knowledge transfer requires a commitment to constant questioning and revising of the frames for and content of the curriculum being used to enhance the research capacity of health practitioners and their organizations.

Additional Planning Discussion Documents:

Document 1: Program Overview (draft)

Document 3: Ongoing support and Development Strategy (draft)

Document 4: Advocacy and Consultation (in progress)

Document 5: Research and Evaluation Strategy (in progress)

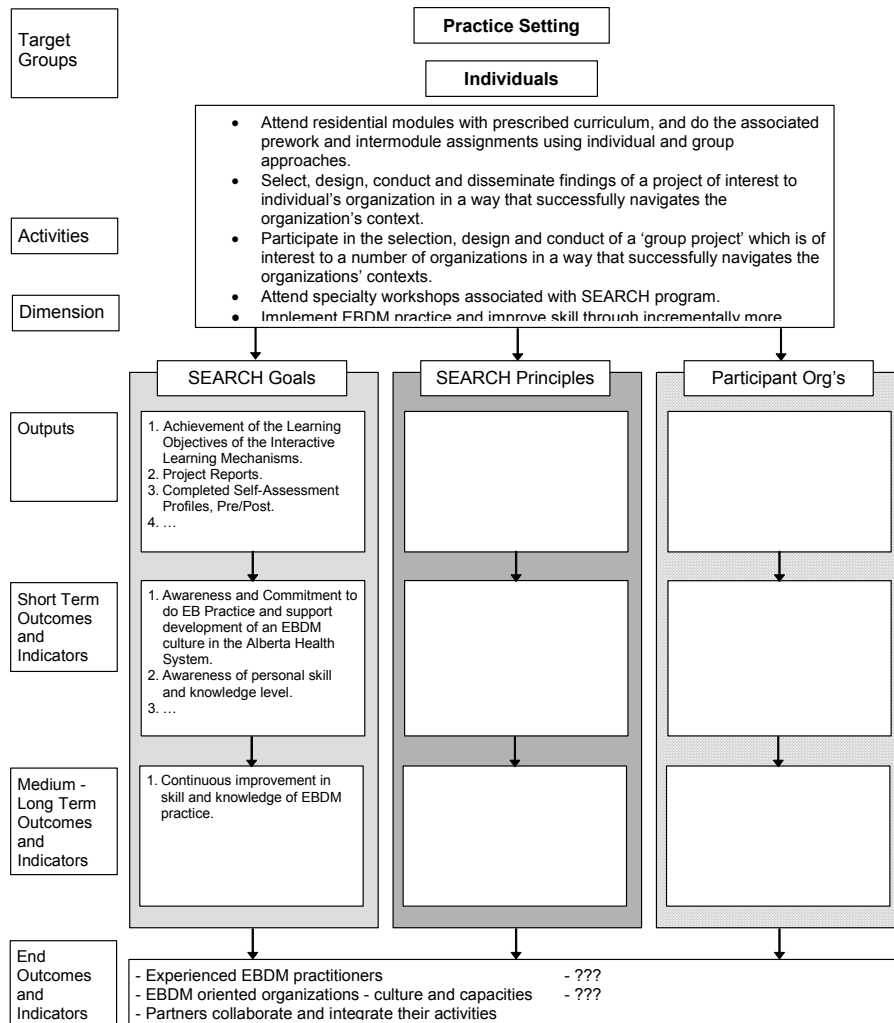
APPENDIX G

DETAILED SEARCH COMPONENT FRAMEWORK DIAGRAMS - TEMPLATE AND EXAMPLE

There are 14 detailed logic model diagrams, one for each of the 'cells' in the Locus of Action Matrix for the Evaluation. The attached logic model relates to the Practice Setting – Individual Locus of Action. It follows the same outline as the summary logic model – the left column show the assumed flow from inputs to outputs, short and medium term outcomes and long term outcomes with the end outcomes at the bottom of the page.

Once the template is approved, the other 13 detailed logic model diagrams will be developed.

SEARCH Logic Model – How Activities Lead to Outcomes: Practice Setting / Individuals



APPENDIX H

EVALUATION QUESTIONS AND SUB-QUESTIONS

QUESTION
<p>1. To what extent did participation in the SEARCH program meet</p> <p>a) personal goals</p> <p>b) learning objectives inherent in the program</p> <ul style="list-style-type: none">- did participants achieve their personal learning goals and achieve at least minimum level of capacity expressed by learning objectives- how well did SEARCH answer participant's questions and learning goals- to what extent has SEARCH assisted individuals to competently conduct research
<p>2. How well did the curriculum in terms of content and learning strategies e.g., IT, interactive learning, enable participants to achieve competence in their SEARCH role?</p> <ul style="list-style-type: none">- is the curriculum design of the learning component adequate / optimal to enable participants to gain necessary competence to achieve their SEARCH role?- did the curriculum and learning strategies employed in SEARCH produce the desired outcomes? Would you have expected them to?- how effective is the SEARCH virtual desktop?
<p>3. To what extent were SEARCH participants influential in causing changes in their immediate work environment?</p> <ul style="list-style-type: none">- to what extent has SEARCH resulted in change in the participant's organization?
<p>5. What factors within RHAs or universities predict success and the impact of SEARCH programs?</p> <ul style="list-style-type: none">- what factors contribute to increased success and the impact of SEARCH in health authorities (e.g., characteristics of participants, region- specific variables, characteristics of the faculty)?- what are the characteristics of practice organizations and university faculties that are supportive to SEARCH?- what factors (e.g., the nature of the research question, organizational, individual), predict success with the SEARCH program?

QUESTION
<p>6. To what extent is SEARCH meeting the expectations / related goals of the participating organizations? To what extent has SEARCH been responsive / sensitive to the needs / differences of participant organizations?</p>
<p>7. To what extent do SEARCH products / projects contribute to improving the health of Albertans or the health system?</p> <ul style="list-style-type: none"> - what is the nature and extent of contribution of SEARCH participants to EBDM in related system (in Alberta)? - to what extent have SEARCH projects / products improved the health system? - has Alberta's health improved as a result of SEARCH? - has Albertan's health improved?
<p>8. What is the nature and extent of the new or enhanced relationships, which resulted from the SEARCH program?</p> <ul style="list-style-type: none"> - what is the range and nature of relationship activities developed as a result of SEARCH and what characteristics contributed to success? - how do relationships change as a result of SEARCH?
<p>9. To what degree is a working network of faculty and community practitioners in place for conducting research?</p> <ul style="list-style-type: none"> - to what extent has SEARCH contributed to the establishment of a research network?
<p>10. Is the design of SEARCH appropriate to achieve the stated goals with respect to all stakeholders?</p> <ul style="list-style-type: none"> - is the design of SEARCH appropriate to achieve the stated goals in a reasonable time period; is the theory of action plausible?
<p>11. To what degree are we adopting best practices in key knowledge areas that are relevant to a program such as SEARCH?</p> <ul style="list-style-type: none"> - do we model best practices in EBDM with respect to program design, implementation and evaluation?
<p>12. What is the nature and extent of changes in participating faculties as a result of SEARCH?</p> <ul style="list-style-type: none"> - is there a change in university faculties as a result of influence by participation in SEARCH?
<p>13. What is the nature and extent of impact of SEARCH on research (knowledge generation) and research use (EBDM) in Alberta?</p>

QUESTION
14. To what degree does SEARCH operations embody core values?
15. To what degree is there synergy with HTA, R&D, and AHFMR Grants and Awards?
16. To what degree is AHFMR fulfilling its role in public policy, R&D within the philanthropic sector? - AHFMR lead philanthropic sector, re: public policy, R&D
17. Have there been any unintended consequences of SEARCH (+ or -)?

EVALUATION QUESTIONS

Draft evaluation questions were developed as a result of reviewing input from interview with key informants and members of the SEARCH Evaluation Steering Committee. These questions were located within the cells of the matrix presented earlier (Figure 2.1 in Blueprint). They are included in the figure below in the relevant cell of the matrix. Empty cells reflect the fact that questions related to these cells were not predominant in interviews with key informants.

Figure: Proposed Evaluation Questions

	PRACTICE	ACADEMIC	FUNDER
INDIVIDUAL	To what extent did participation in the SEARCH program meet a) personal goals b) learning objectives inherent in the program How well did the curriculum in terms of content and learning strategies, e.g., IT, interactive learning, enable participants to achieve competence in their SEARCH role?		
INDIVIDUAL – IN ORGANIZATION	To what extent were SEARCH participants influential in causing changes in their immediate work environment?		
ORGANIZATION	To what extent and through what mechanisms has SEARCH lead to EBDM within participant organizations? What factors within RHAs or	What is the nature and extent of changes in participating faculties as a result of SEARCH? To what extent is	To what degree is there synergy with HTA, R&D, and AHFMR Grants and Awards? To what extent is

SYSTEM

**TRANS-
SECTORAL
SEARCH
MANAGEMENT**
(these should probably go somewhere else, but where?)

PRACTICE	ACADEMIC	FUNDER
<p>universities predict success and the impact of SEARCH programs?</p> <p>To what extent is SEARCH meeting the expectations / related goals of the participating organizations? To what extent has SEARCH been responsive / sensitive to the needs / differences of participant organizations?</p>	<p>SEARCH meeting the expectations / related goals of the participating organizations? To what extent has SEARCH been responsive / sensitive to the needs / differences of participant organizations?</p>	<p>SEARCH meeting the expectations / related goals of the participating organizations? To what extent has SEARCH been responsive / sensitive to the needs / differences of participant organizations?</p>
<p>To what extent do SEARCH products / projects contribute to improving the health of Albertans or the health system?</p> <p>What is the nature and extent of the new or enhanced relationships, which resulted from the SEARCH program?</p>	<p>What is the nature and extent of impact of SEARCH on research (knowledge generation) and research use (EBDM) in Alberta? (This question asked by someone in academic sector)</p>	<p>To what degree is AHFMR fulfilling its role in public policy, R&D within the philanthropic sector?</p>
<p>To what degree is a working network of faculty and community practitioners in place for conducting research?</p>		
<p>Is the design of SEARCH appropriate to achieve the stated goals with respect to all stakeholders?</p> <p>To what degree are we adopting best practices in key knowledge areas that are relevant to a program such as SEARCH?</p> <p>To what degree does SEARCH operations embody core values?</p> <p>Have there been any unintended consequences of SEARCH (+ or -)?</p>		

APPENDIX I

WORK PLAN TIMELINE

