

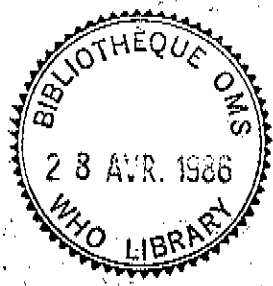
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WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR EUROPE  
  
WELTGESUNDHEITSORGANISATION  
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ  
BUREAU RÉGIONAL DE L'EUROPE  
  
ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ  
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

*Health occupations - International  
Evaluation Studies  
Europe*



Report on a Workshop on the Basis and  
Methodology of Evaluation of Educational Programmes

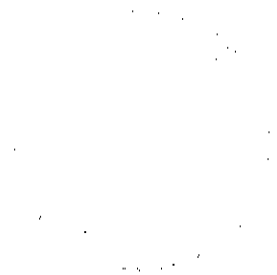
Copenhagen, 1-4 November 1982

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The Regional Office for Europe of the World Health Organization is promoting the use of programme evaluation as a prerequisite for effective decision-making and planning in respect of health development programmes in the European Region, and since educational programmes for health personnel are important components of health development the Regional Office, through its Service for Research, Planning and Human Resources (RPH), is promoting educational-programme evaluation.

In this context the Regional Office organized a workshop on the Basis and Methodology of Evaluation of Educational Programmes, and invited each member state in the Region to nominate two candidates connected with the education and training of health personnel, from either educational or health-service institutions. Also, the various services of the Regional Office were invited to nominate staff members with responsibilities for training programmes. The combination of national and WHO staff participants was designed to promote a common understanding of the need for educational-programme evaluation and its methodology on the part of those responsible for training programmes for health personnel in national institutions and in the Regional Office. In the event, the participants numbered 23, of whom 17 came from 12 countries and six were WHO staff members (Annex 1).

The programme of the workshop was designed to introduce the participants to a systematic approach to educational-programme evaluation, and to enable them to consider strategies that should be applied in their institutions or systems of education of health personnel to promote and strengthen evaluation of educational programmes as a component of health development programmes. It was based on five main themes or problem areas:

1. The nature of educational-programme evaluation and its relation and applicability to the managerial process for national health development and to WHO programmes;
2. Methods of programme evaluation; techniques for obtaining the necessary data ("instruments of evaluation");
3. Organization of an evaluation system;
4. Assumptions underlying different approaches to evaluation, and how they affect the use of evaluation;
5. Strategies to overcome obstacles to, and promote the use of, educational-programme evaluation.

Readings and tasks were arranged in respect of each theme. The basic document used for these purposes was the WHO Educational Handbook for Health Personnel (Revised edition, 1981).

Individual participants had the opportunity also to work on problems or specific aspects of programme evaluation of interest to themselves, within the scope of the programme; for this purpose they were grouped according to their common interests. The participants were required to prepare a tentative personal programme of work, indicating what each expects to do within the next 12 months on the basis of the experience acquired during the workshop to facilitate in their respective countries or organizational units the promotion and strengthening of evaluation strategies for educational programmes.

The tasks assigned to the groups were the following:

1. With regard to selected important educational decisions which participants have to make regarding students, teachers, and programmes:
  - to identify the data needed to make the value judgements on which to base these decisions;
  - to select or devise instruments of evaluation to permit the collection as objectively as possible of the data needed to make the value judgements;
2. Having considered the reasons for programme evaluation and criteria of responsiveness of educational programmes for health professionals to societal needs:
  - to apply these criteria to the participants' own teaching/training programmes;
  - to identify obstacles to reorienting the programmes so as to meet those criteria.

3. Having studied the points that should be considered in assessing (i) the extent to which programme changes foster closer relations between educational institutions and society; (ii) the effectiveness of programme changes in improving the administration and functioning of the institutions; and (iii) the effectiveness of programme changes in terms of improvement in teachers' performance and students' performance:
  - to identify and present lists of obstacles to the improvement of educational programmes in these respects (Annex 2).
4. Having considered the organization and coordination of an evaluation system, particularly the shared responsibilities of teachers, students, and administration in programme evaluation:
  - to define in the form of an organizational diagram the organization of an evaluation system suitable for each participants' institution or programme, and to present from each group one such organigramme.
5. Having considered the needs and the purposes of both certifying and formative evaluation, the differences between group norms and performance criteria as the basis for evaluation, the qualities of a measuring instrument, and the nature and interrelationships of such qualities as validity, reliability, relevance, equilibrium, equity, specificity, discrimination:
  - to identify the common obstacles to the use of absolute criteria tests, formative evaluation, and valid tests.
6. Having studied 14 functions of a teacher:
  - to identify the common obstacles to discharging these functions;
  - to describe realistic strategies for overcoming the obstacles.

Participants worked individually and in small groups on the assigned readings and tasks, which were designed to lead to an understanding of different aspects of educational-programme evaluation and to the learning or improvement of basic evaluation skills. After each task was completed each group presented in plenary session, for discussion and constructive criticism, one or more examples of its work. The workshop leaders provided consultation throughout to groups and individuals.

A considerable degree of heterogeneity amongst the participants in respect of their previous experience in educational evaluation was compensated for by the structure of the workshop: the formation of five (and, for certain purposes, more) small groups, the opportunities for individuals to work apart, and the continuous availability of individual or group consultation with the workshop leaders. Nevertheless it indicated the desirability of striving for homogeneity among participants, particularly in short group-educational exercises, to achieve optimum impact.

At the end of each day each group was expected to evaluate the day's programme with regard to process and content, by indicating their positive and negative aspects; the workshop leaders then attempted, when possible, to use this feedback from participants to improve the next day's programme, and responded to the groups' criticisms. The participants completed, after the penultimate session, an evaluation of all aspects of the workshop, and the findings were "fed" back to them at the end.

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Examples of Obstacles Identified by Workshop  
Participants and Strategies to Overcome them

(Figures in brackets indicate suggested corresponding strategies listed below)

Obstacles

1. Lack of sufficient or reliable information about health needs (1)
2. Lack of experience of teaching bodies in reflecting health needs in teaching programmes (2,6,7)
3. Inadequate authority of separate institutions to design their own educational programmes (3)
4. Conservatism and traditional structure and organization of most teaching bodies (4)
5. Individualism of most teachers in health-professional education and training institutions (4)
6. Lack of interest in, or concern about, educational skills of teachers and too few teachers trained in educational technology (4,6)
7. Traditional professional attitudes and resistance to change (4,7)
8. Conventional and restricted views about tasks of teachers (1,2,6,8)
9. Lack of concern about evaluation of "end-product" (1,2,4(iii))
10. Resistance from official and medical establishment to progress (and emancipation) of non-medical health professions (2,5,9)
11. Lack of established or functioning communication lines between:
  - different health professions
  - different institutions (government, universities, administration, health-care institutions) (3,4,5,6,9)
12. Resistance of teachers to evaluation in itself (on the grounds that evaluation = control = suppression = obstacle to self-realization) (9)

Strategies

1. Better use of available statistical and other data sources by teachers. Specify information unavailable and set up mechanism to collect it
2. Contact with health-service decision-makers. Use of research data, e.g., from social surveys, in educational planning
3. Pressure-groups of teachers for decentralization of educational decision-making
4. (i) At faculty level: provide opportunities to become aware of nature and range of educational problems  
(ii) Interested teachers: experiment with new curricular models and examples of proven methods so as to acquire self-confidence and ultimately to convince colleagues of need to change  
(iii) General public: public information and discussion designed to stimulate more responsiveness of educational system to health needs

5. Educational decisions to be taken through group work and committees
6. In many countries readjust proportion of time/activities related to research, administration and teaching
7. Curriculum committees should define educational objectives for each professional profile
8. No teaching appointments without training in educational technology
9. Try to promote the idea of responsibility of educational institutions to their "consumers" (learners) and to citizens.