What are the evaluation requirements of the PHCAST grant?
The evaluation plan accounts for 30% of one’s application, so it is important to lay out clearly the specifics. Each application must have its own evaluation plan that is distinct from the overall national evaluation plan, but that can be adapted to accommodate the national evaluation once that contractor is identified.

The RPF states that:

*Specific project outcome measures should quantitatively and qualitatively assess the degree to which the intervention increases the availability of culturally competent, personal and home care aides who demonstrate the skills and attitudes necessary to improve patient health outcomes and reduce health disparities.*

The evaluation plan must include:
1. A comparison group against which relative effects of the intervention can be measured/estimated
2. Educational outcomes at primary (e.g., knowledge gained by the trainee), secondary (e.g., actual practice changes by the trainee), and if possible tertiary (effects on patient outcomes) levels. (“if appropriate”)
3. Data collection, analysis, and reporting methods
4. Description of the processes used to assure the quality and integrity of the evaluation
5. Milestones and target dates to implement a systematic method for collecting, analyzing, and reporting performance and evaluation data (if systems do not yet exist)
6. Description of current experience, skills, and knowledge of evaluation staff, including previous work of a similar nature and related publications

What are the definitions of some of the terms used, and what are examples of means of measurement?

The table below defines terms, provides example indicators, and methods of data collection.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
<th>Example indicators</th>
<th>Data collection methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantitative measures</td>
<td>Measurements that quantify training results (counts, percentages, levels of knowledge, satisfaction, skills, attitudes)</td>
<td>• Number/percentage of trainees knowledgeable in each of the curriculum’s learning objectives</td>
<td>• Surveys</td>
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<td></td>
<td></td>
<td></td>
<td>• Knowledge tests</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Trainee database capturing numbers trained, demographics, etc.</td>
</tr>
<tr>
<td>Term</td>
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<tr>
<td>Qualitative measures</td>
<td>Measurements gathered through interviews and focus group discussions that qualitatively characterize the extent to which the training has been effective</td>
<td>• Extent to which trainees practice newly acquired skills in the workplace(including cultural sensitivity)</td>
<td>• Observation • Qualitative (open-ended) interviews</td>
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<tr>
<td>Availability of trained aides</td>
<td>Extent to which trained individuals are available for employment or currently employed</td>
<td>• Number of aides trained and competent in curriculum content • Number of trained aides who remain on the job 3 to 6 months following training</td>
<td>• Trainee database • Knowledge, attitudes, and skills test results • Employer-based retention data • Follow-up interviews</td>
</tr>
<tr>
<td>Primary educational outcomes</td>
<td>The immediate result of training: Improved knowledge, attitudes, and skills</td>
<td>• Knowledge: % of trainees scoring 80% or above on knowledge test • Attitudes: % of trainees scoring 80% or higher on attitude scale • Skills: % of trainees demonstrating adequate skills at completion of training</td>
<td>• Knowledge and Attitudes test • Skills checklist (observation)</td>
</tr>
<tr>
<td>Secondary educational outcomes</td>
<td>Changes in practice at the workplace due to training</td>
<td>• Percent of trainees observed practicing skills at the workplace • Extent to which trainees practice skills at the workplace (qualitative indicator)</td>
<td>• Skills checklist (observation) • Questionnaires • Interviews/focus group discussions</td>
</tr>
<tr>
<td>Tertiary educational outcomes</td>
<td>Effects of training on consumers of services</td>
<td>• Percent of consumers reporting satisfaction with services • Extent to which consumers are satisfied with services • Improvements in consumer clinical outcomes (infection rates; falls; hospitalization)</td>
<td>• Quantitative surveys or interviews • Qualitative interviews • Tracking/reporting systems for clinical indicators</td>
</tr>
</tbody>
</table>
Where can one locate training evaluation resources?

There are numerous resources that can guide states in the development of an educational or training evaluation plan:

- Resources on Donald Kirkpatrick’s four levels of training evaluation


- *How Do They Know They Know? Evaluating Adult Learning*

What does one need to consider when identifying a comparison group?

To the extent possible, individuals in the intervention and comparison groups should be similar in terms of cultural and linguistic background, socioeconomic status and annual income, years of experience in the field, educational background.

Possibilities for comparison groups include:

- Random assignment – randomly assigning aides to training or no training
- Comparing against a different training modality – collecting results from aides receiving standard state-approved training (if it exists)
- Staging the intervention so that organizations can serve as their own comparison group over time.

Is there literature on evaluations of PCA training interventions?

Given the dearth of regulation surrounding PCA training and certification requirements across most states, and no specific federal educational requirements, there has been little in the way of published evaluation of PCA training programs. Given that this is a nascent field of evaluation inquiry, we recommend consulting evaluation literature of training programs for CNAs or home health aides.

Evaluations of projects that included paraprofessional training are:


• Coogle, Parham, Jablonski. “Enhanced Care Assistant Training to Address the Workforce Crisis in HomeCare: Changes Related to Job Satisfaction and Career Commitment.” *Care Management Journals*, Vo.8, No.2, 25-37. Virginia Center on Aging, Virginia Commonwealth University Medical Center, Richmond, VA, 2007.

• Konrad and Morgan. Executive Summary of WIN-A-STEP UP Evaluation. 2006. [http://www.bjbc.org/content/docs/ExecSummary_UNC_FINALCOLOR8-06.pdf](http://www.bjbc.org/content/docs/ExecSummary_UNC_FINALCOLOR8-06.pdf)
