

Reframing the evaluation of clinical ethics programs to better fit organizational needs

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In my work as a consultant who helps organizations with their ethics programs, I've learned a lot about different clinical ethics programs (CEPs) in different countries and what they are struggling with. One problem I have encountered time and time again is that organizations wish to evaluate their CEPs, but don't know where to begin. What they want and need is an approach to evaluation that is doable and that suits their organization's unique circumstances. They look to the published literature for help, but what they find does not seem right for them.

There's a good reason for that – for decades, the clinical ethics literature has framed evaluation from a perspective of research. For example, early in my career, I wrote an article on how concepts of evaluation can be applied to ethics consultation. I drew concepts from health services research (access, quality, efficiency) and Donabedian's quality framework (structure, process, outcome). Since that time, dozens of articles in the field – from countries around the world – have applied a research paradigm to the evaluation of CEPs [1–5].

The problem is, a research paradigm is only appropriate when the goal of evaluation is to produce generalizable knowledge. But most organizations want to evaluate their CEPs for other reasons – to demonstrate value, promote accountability, or foster improvement. For these organizations, framing evaluation as research can be not only impractical but counterproductive. When evaluation is viewed too narrowly through a research lens, other potentially useful approaches to evaluating ethics support services do not receive the attention they deserve.

So what is the alternative? Instead of applying a research paradigm to the evaluation of CEPs, it may be useful to shift our thinking to apply a different paradigm in which evaluation is distinguished from research.

Research vs evaluation

Research and evaluation are overlapping concepts that are often confused. One way this confusion manifests in the clinical ethics literature is that the term evaluation is sometimes misapplied to research that is not in fact evaluative. For example, my 2007 study on ethics consultation in U.S. hospitals [6] is often characterized as an evaluation study. In fact it is not evaluative, but

purely descriptive. The study's findings are often cited to justify evaluative judgments about CEPs in the U.S., but that does not make the study an evaluation.

So what is evaluation? The classic definition comes from Scriven's *Evaluation Thesaurus* [7]: "Evaluation is the process of determining the merit, worth, or value of something, or the product of that process." Following from this definition are Scriven's four steps in the logic of evaluation [8]:

- 1) select criteria of merit (those things that the evaluand must do to be judged good)
- 2) set standards of performance on those criteria (comparative or absolute levels that must be exceeded for the evaluand to be judged good)
- 3) gather data pertaining to the evaluand's performance on the criteria relative to the standards
- 4) integrate the results into a final value judgment.

Evaluation emerged as a distinct field in the 1970s [9]. There are now myriad evaluation books, evaluation journals, and evaluation associations, and hundreds of professionals refer to themselves as "evaluators".

A highly influential book in the evaluation field was written by Cronbach in 1982 [10]. Cronbach argued that while scientific research and evaluation use many of the same methods, evaluation is by its nature different from research. Whereas scientific studies are designed to meet strict research standards, evaluations are designed to provide maximally useful information for decision-makers and program stakeholders, taking into account political circumstances, resource constraints, and other programmatic considerations. In practice, evaluators must balance efforts to ensure that evaluation findings are objective, valid, and accepted by the scientific research community against efforts to ensure that findings are timely, meaningful, and useful to decision-makers.

Other differences between research and evaluation that have been described in the literature are summarized in table 1.

A useful evaluation model

The evaluation literature offers a variety of different models for evaluating programs. One model that I find particularly useful is described by Rossi, Lipsey and Freeman in their classic text called *Evaluation: a Sys-*

tematic Approach [11]. Rossi et al. suggest that there are five approaches to assessment questions that may be appropriate for different stages of a program's development:

- 1) Assessment of the need for the program (i.e., questions about the organizational and societal context for a program and the need for the services the program provides).
- 2) Assessment of program theory (i.e., questions about the conceptualization and design of the program).
- 3) Assessment of program process (i.e., questions about program implementation, operations, and service delivery).
- 4) Assessment of program impact (i.e., questions about the effects of the program and whether it results in the desired outcomes).
- 5) Assessment of program efficiency (i.e., questions about program benefits, costs, and cost-effectiveness).

Application of the model to clinical ethics programs

The published evaluations in the clinical ethics literature have mostly focused on assessment questions in categories 4 and 5 [5]. As a result, many CEPs I've encountered assume that they, too, should focus on these areas. Typically, CEPs want to demonstrate their value to their organization's leaders because they want to get more time, resources, or other things that require leadership buy-in. They reason that since leaders tend to care a great deal about things like outcomes and cost, evaluations that focus on these things are the best way to win over leaders' hearts and minds.

I generally advise against this strategy for several reasons. First, assessments of program impact or efficiency are very costly and time-consuming to do properly. Second, these sorts of assessments require a high level of expertise and should only be attempted by experts. Third, and perhaps most importantly, there is a significant risk that the strategy will backfire. Why? Because CEPs that are not well supported tend to be less impactful and less efficient than well-supported CEPs. As a result, attempts to demonstrate value may yield negative results.

Even well-supported CEPs may not be ready to assess program impact or program efficiency, for example, if any of the following applies to them:

- 1) They do not yet have a clear understanding of the need for their program that they can describe clearly to leadership and stakeholders.
- 2) They have not yet articulated a logical and comprehensive program theory to guide their evaluation efforts.
- 3) They do not yet have confidence that their actual program practices are consistent with program standards.

The bottom line is that most CEPs would do well to focus first on 1, 2, and 3 before they attempt 4 and 5.

Approach 1: Assessment of the need for the program

When assessing need, an evaluator is interested in determining the ways in which a program is needed and whether there are unmet needs. A need can be defined as a gap between current conditions and desirable conditions. The evaluator assesses the current situation, compares it to a standard, then draws conclusions or makes recommendations regarding the program.

It is important to construct a precise definition of the problem that the program is designed to address. I have found that organizations often have trouble clearly articulating the need for their CEP, or else they articulate problems in ways that are not very compelling to those outside of the program. For example, an organization might describe the need as a lack of awareness of ethical issues – but why is this a social problem? It is more compelling to express the need in terms that have obvious implications for the organization and/or society – such as a problem with ethical practices, health care quality, effective management, organizational culture, or even enterprise risk. When I work with organizations, I help them define the need for their CEP in a way that fits their unique organizational culture and context.

While a detailed discussion of the approach to needs assessment of Rossi et al. is beyond the scope of this article, a professor at the University of South Alabama named R. Burke Johnson has provided a helpful summary that can be accessed at <http://tinyurl.com/RLFneeds>.

Approach 2: Assessment of program theory

When assessing program theory (also called a logic model or impact pathway), the evaluator is considering how the conceptualization and logic behind the design of the program fit both the need and best practices in the field. The evaluator first clarifies the program theory and assumptions, then makes judgments about the theory, along with recommendations. Often the evaluator identifies gaps or incongruities between the program's objectives and its proposed structures or activities. For example, if a specific objective of a CEP is to raise employees' awareness of ethics, yet the program primarily serves employees who are already well aware of ethics, an evaluator might conclude that this aspect of the program theory does not make sense, and recommend ways to expand the program's reach.

I have found that a formal program theory assessment process can be enormously helpful to CEPs. We used this approach when I was leading VA's National Center

Table 1: Differences between research and evaluation

Research	Evaluation
Purpose is to produce knowledge that can be generalized across context, people, and time	Purpose is to produce information that will be useful for decision-making about a specific program
Questions are determined by what researchers think is both interesting and publishable	Questions are determined by what decision-makers and stakeholders find important and useful
Conducted under controlled conditions that are established at the beginning of the project	Conducted under conditions that may change over the course of the project
Communications are targeted to fellow researchers and academics in the investigator's field	Communications are targeted to decision-makers and program stakeholders
Typically methods and results are described in detail with little discussion of practical applications	Typically methods and results are described briefly, and focus is on how findings can be applied in practice
Project is published in an academically focused, peer-review journal	Project is described in an internal report; may also be published
Quality is judged by peer reviewers in terms of academic standards	Quality is judged by decision-makers in terms of relevance to specific circumstances and needs
Aims to be objective and value-free	The purpose is to make value judgments

for Ethics in Health Care to evaluate our Integrated-Ethics® program, and I have since consulted on its use in other organizations.

Professor Johnson's summary of the approach to program theory of Rossi et al. can be accessed at <http://tinyurl.com/RLFtheory>. In addition, there are many other practical guides available on the Internet [12–15].

Approach 3: Assessment of program process

When assessing program process, evaluators are interested in determining whether program implementation matches program standards – including both internal standards and any external standards, such as legal or regulatory requirements. The idea is that a program may be excellent in theory, but if it is never implemented fully or properly, it will not yield the expected results. In my recent work with various CEPs, I have seen this problem frequently. In one U.S. health care organization, for example, there were detailed policies prescribing CEP processes, but when I interviewed stakeholders, I found that in practice, the policies were completely ignored.

Professor Johnson's summary of the approach to program theory of Rossi et al. can be accessed at <http://tinyurl.com/RLFprocess>. In addition, a variety of process assessment tools and projects have been published in the bioethics literature [16–19].

I started by saying that in my experience, many organizations wish to evaluate their CEPs, but don't know where to begin. What they want and need is an approach for evaluating their CEP that is doable and that suits their organization's unique circumstances. I hope that the evaluation model I've described, along with the three approaches I've recommended, will provide a helpful starting point.

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