

Quality Assurance Program Backgrounder

This document provides additional information on the background, rationale, components and resources for CPTBC’s Quality Assurance program.

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Purpose, Objectives and Standards

Purpose

The purpose of the CPTBC Quality Assurance Program is to *monitor* and *support* continuing competence of physical therapists in British Columbia.

Objective

CPTBC will develop, implement and maintain a recognized quality assurance program that supports the safe, ethical and effective practice by physical therapists in British Columbia.

Standard

In the development and implementation of the CPTBC Quality Assurance Program, the document that will be used to describe the standard for safe, ethical and effective physical therapy practice in British Columbia is *The Essential Competency Profile for Physiotherapists in Canada*¹ and any subsequent revisions or updates.

¹Physiotherapy Education Accreditation Canada (formerly known as Accreditation Council for Canadian Physiotherapy Academic Programs), Canadian Alliance of Physiotherapy Regulators, Canadian Physiotherapy Association & Canadian Universities Physical Therapy Academic Council. (2004). *Essential Competency Profile for Physiotherapist in Canada*. Toronto: Author.

Assumptions, Guiding Principles and Design Features

The *Assumptions* that need to be considered in the development, implementation and maintenance of the CPTBC Quality Assurance Program include:

1. There is a public expectation that the CPTBC implements an effective quality assurance program.
2. Quality assurance extends across the key areas for which the CPTBC is responsible: from entry to practice, to supporting the maintenance of standards, through to remediation and intervening when practice does not meet expected standards.
3. Within the spirit of self-regulation, the CPTBC requires continuing competency activities to support physical therapists in their development of safe, effective and ethical practice while the Quality Assurance Program reviews a sample of the registrant's physical therapy practice and identifies any areas requiring further review or improvement.
4. The Quality Assurance Program has appropriate by-law authority while recognizing the need for flexibility in program development.
5. The CPTBC shares accountability and responsibility for quality assurance with their registrants.
6. Registrants understand and value self-regulation.
7. Registrants are aware that the Quality Assurance Program is required.
8. Registrants are engaged in the Quality Assurance Program and have the opportunity to participate in its implementation and evaluation.
9. CPTBC allocates sufficient resources for program development and sustainability.
10. The CPTBC establishes partnerships with a variety of organizations and individuals including other health professional regulatory colleges, employers, professional / membership-driven associations, educational institutions, and other stakeholders with experience in this area for the purpose of learning from the experience and information of others; building credibility and sustainability through collaborating with others; and establishing relationships to meet educational / professional development needs of physical therapists.
11. The information gathered during the quality assurance activities is confidential within the College and prevents its use in civil proceedings.
12. The CPTBC evaluates the quality assurance program to ensure validity, reliability, acceptability and cost effectiveness.

The *Guiding Principles* that need to be used in the development, implementation and maintenance for the CPTBC Quality Assurance Program are:

1. Consistent with CPTBC mandate to serve and protect the public,
2. Designed to promote practice standards and quality client outcomes,
3. Meaningful and relevant to physical therapist's professional practice,
4. Evidence-based,
5. Standards-based, and
6. Legally defensible².

The *Design Features* in the development, implementation and maintenance of the CPTBC Quality Assurance Program are that the Program:

1. Be transparent,
2. Be fairly applied and enforced,
3. Respect due process,
4. Involve multiple tools to meet range of purposes,
5. Be administratively feasible,
6. Be economically sustainable,
7. Involve a tiered or layered structure, and
8. Offer choices to registrants.

²Legally defensible refers to the program operating under appropriate statutory authority and that the methods used are well-grounded, thoughtful, and designed to have sufficient detail and procedures.

Changes to the *Health Professions Act*

In October 2003, the British Columbia government passed the *Health Professions Amendment Act 2003*. Within this regulation framework, *quality assurance* was stipulated as a requirement. Whereas *continuing competency* is viewed as the “ongoing ability of a practitioner to integrate and apply the knowledge, skills, judgments and interpersonal attributes required to practice safely and ethically in a designated role and setting”¹, *quality assurance* refers more to “a compulsory process that focuses on ensuring compliance with clearly established standards”.

Sections 26.1(2), 26.1(3), 26.1(4) and 26.2 of the HPA, were brought into effect by the Ministry of Health on November 22, 2007. Proclamation of Section 26.1(1) was deferred to a later date.

For your reference Sections 26.1 of the *Act* are noted below:

Health Professions Act: Quality Assurance Program

26.1 (1) [Not in force, proclamation deferred.]

(2) If the bylaws provide for assessment of the professional performance of a registrant, the quality assurance committee or an assessor appointed by that committee may

- (a) assess the professional performance of a registrant, and
- (b) inspect the records, including patient records, of the registrant that are related to professional performance.

(3) If the quality assurance committee concludes after assessing a registrant's professional performance that there is a deficiency in the manner in which the registrant's practice is being conducted, the quality assurance committee may recommend that the registrant

- (a) undertake further education or training,
- (b) undergo clinical or other examinations, or
- (c) undertake other remedial activities that the quality assurance committee considers will assist the registrant to remedy the deficiency.

(4) The quality assurance committee may appoint assessors for the purposes of a quality assurance program.

The amendment protects the information collected through participation in a quality assurance program from being used in the investigation of a complaint or any civil proceeding.

Confidentiality of Information

The following sections of the *Health Professions Act*:

- Enable the quality assurance committee of a college to assess a registrant's professional performance and make remedial recommendations if a deficiency is found, and
- Protect the confidentiality of information provided in the course of the assessment.

Confidential information 26.2

(1) Subject to subsections (2) to (6), a quality assurance committee, an assessor appointed by a quality assurance committee and a person acting on its behalf must not disclose or provide to another committee or person

(a) records or information that a registrant provides to the quality assurance committee or an assessor under the quality assurance program, or a self assessment prepared by a registrant for the purposes of a continuing competence program.

(2) Despite subsection (1), a quality assurance committee or an assessor appointed by it may disclose information described in that subsection to show that the registrant knowingly gave false information to the quality assurance committee or assessor.

(3) If a quality assurance committee has reasonable grounds to believe that a registrant

- (a) has committed an act of professional misconduct,
- (b) has demonstrated professional incompetence,
- (c) has a condition described in section 33 (4) (e), or
- (d) as a result of a failure to comply with a recommendation under section 26.1 (3), poses a threat to the public, the quality assurance committee must, if it considers the action necessary to protect the public, notify the inquiry committee which must treat the matter as if it were a complaint under section 32.

(4) Records, information or a self assessment obtained through a breach of subsection (1) may not be used against a registrant except for the purposes of subsection (2).

(5) Subject to subsection (2), records, information or a self assessment prepared for the purposes of a quality assurance program or continuing competence program may not be received as evidence

- (a) in a proceeding under this *Act*, or
- (b) in a civil proceeding.

(6) Subsection (1) applies despite the *Freedom of Information and Protection of Privacy Act*, other than section 44 (2) or (3) of that *Act*.

Public Perspective

There is increased concern from the public regarding the accountability of health professionals. It is no longer enough to simply state that we are staying current and abreast of new developments and news in our profession; we must be able to provide evidence to support that claim.

An effective way for regulators such as CPTBC to meet this need for accountability is by the assessment of a practitioner's competence upon entry to the profession, as well as throughout the practitioner's career on a regular basis.

Periodic Assessment of Competence throughout the Practitioner's Career

Regardless of when or where physical therapy knowledge, skills and abilities are learned, a competent practitioner is one who meets minimal performance expectations. The minimal performance expectations are outlined in documents which include CPTBC regulations, bylaws, practice standards and guidelines. Generally accepted documents such as the *Essential Competency Profile for Physiotherapists in Canada, October 2009* are also good handbooks for physical therapists and address expectations for a competent practice.

Regulatory colleges for health professions have traditionally attended to practitioner competence by:

- identifying and addressing registrants who are not competent in practice through the complaints and discipline process;
- promoting the improvement of individual registrant's competence through the establishment of educational requirements for registration; and
- attempting to raise the collective performance in a profession by establishing standards and providing information.

What is new is that regulatory colleges now have an obligation to provide evidence of individual registrant's ongoing abilities to meet established standards.

Benefits of the Quality Assurance Program

The program was developed collaboratively, and in partnership with, physical therapists in BC. The Quality Assurance Program:

- Supports physical therapists' continued competence by expanding their knowledge and understanding of their professional, legal and ethical obligations.
- Provides physical therapists with a structured method for reflection and support, and opportunities for improving their competence.
- Provides physical therapists with a standardized method of demonstrating their competence.
- Assures the public and government that physical therapists are held accountable to a recognized standard.
- Promotes public confidence in the profession.
- And, above all, protects the public providing a safe, supportive environment.

Summary of the Development of the Quality Assurance Program

Much has been accomplished over the last 6-7 years including:

- Completion of QAP framework
- Completion of QAP overview, annotated blueprints and specific content sampling for the Annual Self Report
- Creation of four College committees/subcommittees (i.e. Quality Assurance Committee, Annual Self Report Subcommittee, Registrant Competence Assessment Subcommittee, Communications Subcommittee) and nine item development teams dedicated to the QAP
- Numerous communication efforts with registrants including many informational/educational sessions across the province
- Pre-pilot testing, pilot testing and the September 2010 launch of the online, interactive Annual Self Report
- Refinement of the blueprint for the RCA
- Scenario development workshops throughout province to develop content for the Registrant Competence Assessment
- Registrant volunteer case writers developing content for the Annual Self Report and Registrant Competence Assessment
- Recruitment of volunteers for pre-testing of Registrant Competence Assessment

Key Milestones for the Quality Assurance Program (QAP):

1. **June 2006 – Approval of Quality Assurance Program framework by the Board of Directors of CPTBC**

The framework was based on a study commissioned by the Board of Directors and overseen by an appointed advisory committee who undertook a comprehensive review of other quality assurance programs in British Columbia, Canada and internationally.

2. **November 2007 – Approval of ‘roadmap’ used to guide the development of the QAP**

This includes the selection of assessment tools and infrastructure as well.

3. **2008 – Approval of ‘blueprint’ for building the QAP**

The Annual Self Report Subcommittee and Registrant Competence Assessment Subcommittee move forward from ‘ideas’ to design implementation, including the drafting of the ‘blueprint’ for the Annual Self Report and Registrant Competence Assessment.

Consultation with registrants is set up through an online survey, which includes content areas covered by each component. The RCA Subcommittee and ASR Subcommittee proceed to develop items for their respective assessment tools.

4. **2009 – Building the Annual Self Report & Registrant Competence Assessment**

The RCA Subcommittee and ASR Subcommittee start to make considerable progress developing items for their respective assessment tools.

Plans for online implementation of the ASR are put into motion; pilot testing and launch are scheduled for 2010.

The RCA teams begin the review and approval process of assessment items.

5. **2010 – Launch of Annual Self Report & further development of Registrant Competence Assessment**

The ASR completes successful pilot testing in spring 2010, and launches in September 2010.

The RCA Subcommittee continues to develop and approve items, and set standards.

Throughout 2009 and 2010, there is significant communication and engagement with registrants regarding the Quality Assurance Program. Sample items from the Registrant Competence Assessment – called ‘Key Feature’ questions - are

shared so that registrants can preview the sorts of items that will be included.

The Quality Assurance Committee recommends that the QAP blueprint is revised from 2 of 6 focus areas to 1 of 4 OR 1-2 of 4 areas.

6. 2011 – Development of Registrant Competence Assessment, Refinement of Annual Self Report, Establishment of the Quality Monitoring Framework, Communications and Collaborations with Partners and Registrants

By ‘close’ of its inaugural year, virtually all of the 3,000 registrants successfully complete the ASR.

Year 1 analysis shows the Annual Self Report to be a success, reported at CPTBC Annual Meeting and at national conference on continuing competence.

Communications and activity continue with partners and registrants regarding the Registrant Competence Assessment, including clarifying design features and information about development plans.

Detailed outline for QAP blueprint is developed to assist RCA developers and inform registrants. Quality monitoring framework (i.e logic model) for QAP is developed and priorities for quality monitoring are established. The framework will be released once approved by Board.

7. 2012 – Refinement of Annual Self Report, Release of QAP Blueprint, Expansion of inventory of Registrant Competence Assessment cases, Expansion of communications and registrant participation in Registrant Competence Assessment

Year 2 analysis of ASR was completed and information sharing with registrants. Information sessions and scenario development workshops are hosted throughout the province to inform registrants of developments with the Registrant Competence Assessment.

Blueprint for the Quality Assurance program completed and shared with registrants outlining three dimensions – Contexts of Physical Therapy Practice, Key Regulatory Topic areas to be assessed, and Essential Competencies to be assessed.

Development of Registrant Competence Assessment content by volunteer registrant case writers.

8. 2013 – Further refinement of Annual Self Report, Moving forward with the Registrant Competence Assessment

Focus on technical decisions and development to allow for pre-testing. Ongoing development of content by case writers, scenario development workshops and communications with registrants through information sessions and newsletter publications.

Annual Self Report

The Annual Self Report (ASR) is the first component of the Quality Assurance Program. It is an interactive online tool that provides opportunity to support continuing competence by expanding a physical therapist's knowledge and understanding of professional, legal, and ethical obligations.

The ASR uses a self-quiz structure, accessed via a personalized ID and password login.

This format:

- Develops awareness of regulatory resources.
- Develops understanding of ethical, legal, and professional requirements.
- Encourages more interactivity, reflection and learning than long passages of "read-only" text.
- Supports readiness for questions in the Registrant Competence Assessment.

Answers and explanations are provided for self-quiz questions, and links to resources that support practice are listed throughout. After completion of the ASR, physical therapists will receive personalized feedback reports on specific risks in their practice, and supports to further competence.

The Annual Self Report provides a structured method for reflection and self-monitoring. It allows registrants to consider their personal inventory of potential 'risk factors' to continuing competency, as well as their resources and supports used to maintain or enhance continuing competency and knowledge of professional, legal and ethical obligations.

The College does NOT have access to ASR information collected from individual registrants. The College will ONLY be notified that an unidentified registrant has completed the ASR. The anonymous data will be collected and used to identify topics for which the College may need to provide additional resources or supports for physical therapists in BC.

After completion of the ASR, some registrants may discover several 'risk factors' to their continuing competence. Remember, these are NOT indicators of incompetence, but are potential risks to competence as a physical therapist.

As an example from a clinical context, high blood pressure, being overweight, family/genetic risk, and being male are all risk factors to a person's heart health². These risk factors do not indicate that a specific individual has a heart condition, but they are things to consider. Some of these 'risks' are modifiable (e.g. weight), some are not (e.g. gender). An individual can then use

this information to decrease the likelihood that they will develop a heart condition (e.g. lose weight).

In order to maintain and improve your competence as a physical therapist:

1. Be aware of your risk factors,
2. Decrease or manage your risks, where possible, and
3. Increase your supports to competence.

Quick Facts about the Annual Self Report

Launched in fall 2010

Completed by all full, interim and limited registrants

Only aggregate (i.e. anonymous) data is available to the College

Registrant Competence Assessment (RCA)

The Registrant Competence Assessment (RCA) is the second component of the Quality Assurance Program. It is an online written test that uses a case-based approach to assess a physical therapist's decision-making skills with regards to specific clinical areas addressed in day-to-day practice.

'Key features' refers to the question and answer approach used to test the physical therapist's ability to identify the steps, approach or answer related to resolving the practice situation identified. The cases and questions are developed by BC physical therapists and reflect the sorts of issues and circumstances that physical therapists experience in 'real' practice. By "testing" these relevant, common situations encountered in everyday physical therapy practice, the Registrant Competence Assessment will assess the minimum expected performance for safe, ethical and effective practice, as defined in the *Essential Competency Profile for Physiotherapists in Canada, October 2009*. In addition, the Registrant Competence Assessment will assess the physical therapist's ability to apply his/her understanding of BC physiotherapy regulation to everyday practice. This includes the CPTBC standards, Code of Ethics, and other relevant legislation such as BC privacy laws.

The Registrant Competence Assessment is intended to assess if you are meeting the required standards. If you are not successful in meeting the required standards, then the College will help support and direct how you can successfully meet those standards. This non-punitive approach means that if you are unsuccessful in the RCA, you will NOT lose your registration. If unsuccessful, the College will then set up an individualized plan to help you strengthen your area(s) of weakness and improve your practice.

Starting in 2014, BC physical therapists will be required to take the Registrant Competence Assessment every six years. Before full implementation of the RCA, there will be pre-testing and pilot testing of the questions, answers and systems. The College has recruited volunteers for pre-testing of the Registrant Competence Assessment which will begin in late 2013.

While the Quality Assurance Program recognizes that the majority of physical therapists practice according to the standards of the profession, the Registrant Competence Assessment, as with the Annual Self Report, is a safe place for physical therapists to address potential gaps in competence before they impact the public. Information gathered for the purposes of the Quality Assurance Program is confidential and cannot be shared [HPA Sec.26.2 (1)].

Registrants are required to demonstrate continuing competence in *up to two of four* patient context areas in the blueprint for the Registrant Competence Assessment (i.e. can choose to do all questions in one area or half questions in one area and the other half in second area).

The four patient context areas are:

1. Adult and Older Adult Musculoskeletal
2. Adult and Older Adult Neurological
3. Adult and Older Adult Cardiorespiratory
4. Child and Youth

Quick Facts about the Registrant Competence Assessment

Case-based assessment of continuing competence

Written every six years

Non-punitive approach (means if not successful an individualized program will help fill 'gaps' in competence)

Required for full and limited registrants

Registrant Practice Support (RPS)

This is the third component of the Quality Assurance Program designed specifically for those physical therapists who do not meet the minimal standard tested in the Registrant Competence Assessment. The purpose of this component is to help physical therapists address gap(s) in competence and successfully reach the established standards. Goals will be tailored individually, and various styles of coaching, learning and assessing will be offered. The Practice Support process is confidential.

Registrant Practice support is a confidential process for those not successful in two attempts at the RCA to help fill “gaps” in competence using an individually customized plan.

Assessments may include:

- self reported inventories or current and recent practice profile, practice context, practice supports, continuing education activities, professional development activities/plans and quality assurance activities;
- Review of RCA outcomes for performance trends and gaps in knowledge and skills;
- One to one consultations with CPTBC staff and/or designates;
- On-site visits;
- Specific assessment tools such as Chart Stimulated Recall assessment where patient charts are explored in a confidential and structured manner to assess knowledge application, clinical reasoning and decision-making skills

• Remediation will provide customized program to meet CPTBC practice standards:

- Site/location based tutoring and mentoring
- Coach: Knowledge, Professionalism, Communication, Cultural
- Wellness assessment and/or resources
- Guided Reflection
- Reading program
- Repetition with feedback
- Role-playing and or role-modeling
- Readings (textbook, journal articles, web site)
- Increased and formal feedback
- Homework
- Assignments (Focused theme paper, answering questions)
- Video-taping with feedback
- On-line modules

It is expected that a small number of registrants will require practice support. If we use the experience of the Ontario College of Physiotherapists, it may be reasonable to anticipate that **1-2 % (i.e. CPTBC 30-60 registrants) will need Practice Support.**

The experience of other regulators and the educational literature may inform what sorts of problems may need to be included in practice support plans. A recently published report of a longitudinal look at residents in difficulty indicates that while there is often more than one problem, in postgraduate medical education, **the most frequent problems are in the clinical knowledge/expert area** (Zbieranowski & Glover Takahashi, 2011, in press). In a recent look at practitioners in difficulty in postgraduate medicine, it was noted that there is a **very high incidence of wellness issues (i.e. physical, psychological, family stress) among those undergoing remedial education plans.** (Glover Takahashi, 2011, in press).

Quick Facts about Practice Support

Will be completed by those who are not successful in meeting the standard tested in the assessment

Will be personalized, customized and supportive

The exam results and support process are confidential

Quality Assurance Program – Further Readings

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