# Evaluating Practice Change and Practice Fidelity

## **Session 2 Pre-Work**

## *How are we measuring? Delving deeper into measurement strategies and data sources*

To help you prepare for Session 2, this pre-work addresses the following topics:

* Defining and operationalizing evidence-based practices
* Example of a Practice Profile to operationalize evidence-based practices
* Example tool for measuring those practices
* Characteristics of high-quality measurement of practice change and fidelity
* State reflection (Google form)

## **Defining and Operationalizing Practices**

Evidence-based practices must be sufficiently defined and specified to be able to evaluate whether they are being implemented (practice change) and being implemented with fidelity (practice fidelity). The National Implementation Research Network (NIRN) uses the term, “usable innovations” to describe practices that are effective and well-operationalized (i.e., that they describe the discrete behaviors and actions that are expected of practitioners to achieve the targeted child and family outcomes). Usable innovations or practices “can be taught and coached so practitioners can use them as intended” ([NIRN Usable Innovations Handout](http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/AIHub-Handout10-UsableInterventions.pdf)). Although NIRN’s work applies primarily to a program or model (i.e., an implementation process for a set of evidence-based practices), criteria for determining whether an innovation is “usable” also apply to the specific evidence-based practices selected:

1. The practices are **clearly described** (including the underlying philosophies, values, principles and the population for which they are intended),
2. **Essential functions** are clearly defined (including the core components that are expected to lead to the targeted outcomes),
3. **Operational definitions** of essential functions are articulated (to provide clear indicators that core components are in place and to promote consistency across practitioners and settings),
4. **Practical performance assessments** are developed and used regularly to determine whether practices are being implemented as intended.

Making sure that your practices are well defined and operationalized (criteria 1-3 above) is required before developing and effectively using tools for assessing practices. The NIRN-developed Practice Profile is a tool for operationalizing practices ([NIRN Practice Profile Planning Tool](http://implementation.fpg.unc.edu/sites/implementation.fpg.unc.edu/files/NIRN-Education-PracticeProfilePlanningTool.pdf)) and can be helpful in articulating and documenting behaviors and actions that exemplify expected practice, as well as unacceptable variations of the practice. Further information, including lessons and training modules on usable innovations and Practice Profiles, can be found on the NIRN Active Implementation Hub ([NIRN AI HUB](http://implementation.fpg.unc.edu/modules-and-lessons)).

## **A Practice Profile Example**

Figure 1 is an example of a Practice Profile developed by The Early Childhood Recommended Practice Modules project (RPM) to operationalize the Division for Early Childhood of the Council for Exceptional Children Recommended Practice (DEC RP) Interaction Practice 2 (INT2).

### **Figure 1. Example Practice Profile for DEC RP INT2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Core Component | Contributionto the Outcome | Expected/Proficient\* | Developmental | Unacceptable |
| **INT2. Practitioners promote the child’s social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support.** | The practitioner promotes positive social interactions so that the child will experience predictable social responses that will contribute to growth and learning. | *A Head Start teacher helps a peer respond to a child’s gestures by verbally translating his intention and desires, then modeling for the peer how to respond to the child.*  | *A Head Start teacher tells peers to be friendly to the child who uses gestures to communicate.* | *A Head Start teacher assigns her assistant teacher to attend to the child who uses gestures to communicate.* |
| *An early interventionist works with the parents in the home to recognize and encourage a child’s engagement with her brother by providing positive, descriptive feedback about the child’s positive social behavior.* | *An early interventionist involves the parents in the home by having them observe how she promotes the child’s social development.* | *The early interventionist works alone with the child on her social development without involving the family.* |

Developed by The Early Childhood Recommended Practice Modules project (RPM) (see RPM website at <http://rpm.fpg.unc.edu/>)

## Developing a Measure from a Practice Profile--Example

Once the practice is operationalized in a Practice Profile, you can apply a metric to it to develop a measure for evaluating practice change and fidelity. Figure 2 is an excerpt from a measure to assess the implementation of DEC RPs related to child engagement. This example is specific to INT2 and has a metric (scores from 0 to 5) applied based on the number of indicators of the practice observed or reported. Change in scores over time can be used to assess practice change. Comparison of scores to a predetermined threshold score can be used to assess fidelity; however, fidelity assessment is typically based on a summary score of the entire tool/instrument or sub-section (e.g., all the items in the Interaction Practice section).

**Figure 2. Example Measure of the Implementation of DEC RP INT2** (excerpt from the *Reaching Potentials through Recommended Practices Observation Scale – Home Visiting (RP²OS-HV)*

|  |
| --- |
| **INTERACTION PRACTICES** |
| **Item** | **All indicators seen or reported** | **Two or three indicators seen or reported across most but not all routines** | **One or two indicators seen or reported sporadically** | **One indicator seen or reported but many opportunities missed** | **No indicators seen or reported** | **NA** |
| **19. Practitioners promote the child’s social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching, feedback, and/or other types of guided support. (INT2)*** Home visitor helps the family encourage their child to initiate and sustain interactions with adults during everyday routines and activities.
* Home visitor helps the family join in their child’s social interactions to extend and sustain play interactions with siblings or peers.
* Home visitor helps the family use strategies such as modeling, labeling, explaining, or describing desired behaviors to promote their child’s social interactions during activities and routines.
 | 5 | 4 | 3 | 2 | 1 | 0 |

The RP²OS-HV was developed by ECTA to provide coaches with a rubric for assessing the implementation of a sub-set of the DEC Recommended Practices. See <http://ectacenter.org/implement_ebp/tools.asp> for more information.

Figure 3 is an example of how the measure depicted in Figure 2 is part of a practice change measure for the implementation of five DEC Interaction Practices. It shows scores on the five practices, including INT2, at two time points. The orange line at the 4.0 mark represents the fidelity threshold. The grey bar represents the March 2016 score, and the yellow bar represents the May 2016 score. From the data in this graph, we can see that practitioners have not yet reached fidelity but have demonstrated positive practice change from March to May on each of the Interaction Practices.

### **Figure 3. Example Data Table from RP2OS-HV Data Collection**

## **Characteristics of High-Quality Measurement of Practice Change and Fidelity**

In Session 2, we will be talking about how to improve the quality of measurement strategies and tools for evaluating practice change and fidelity. A theme from Session 1 was that states can use the same tool to measure practice change and fidelity. Consider the following elements of a high-quality measurement tool.

* **Aligned with the evidence-based practice.** The tool measures implementation of the selected evidence-based practices that you expect will lead to improved child or family outcomes.
* **Valid.** The tool accurately measures the essential functions of the practice.
* **Reliable.** The tool produces consistent information across users, settings, activities, and time points.
* **Practical.** The tool can be used with the staff and resources available.
* **Can produce a fidelity threshold.** The tool allows for the calculation of a meaningful threshold score that indicates whether practitioners have reached a level of implementation that is sufficient for achieving targeted child or family outcomes.
* **Provides useful information to practitioners.** The tool helps practitioners identify areas of strength and areas for improvement to move toward, reach, and maintain fidelity.
* **Timing/frequency.** The tool is used at sufficient frequency to measure incremental improvement (practice change) and the maintenance of fidelity over time.

**Other considerations to improve quality:**

* **Training.** Clear instructions and training are provided to improve reliability.
* **Purpose of data collection is clear.** Practitioners and data collectors understand how evaluation information will be used to improve implementation**.**

## **Pre-Work for Session 2 – State Reflection**

Please complete one response per state team by completing this brief Google form (<https://goo.gl/forms/BGPa79d54nAJIACx2>) or completing and emailing this Word document to margaret.gillis@sri.com.

### Specify Your State and Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:**

After reviewing the material above, please respond to the questions below about your evidence-based practices and tools. If you are implementing more than one evidence-based practice or tool, focus on one for these responses. You may wish to also consider your other evidence-based practices and tools on your own.

### Consider the evidence-based practices you are implementing for the SSIP. Do the practices meet each of the criteria for being a “usable innovation”? (check all that apply)

* The practices are clearly described (including the underlying philosophies, values, principles and the population for which they are intended).
* Essential functionsare clearly defined (including the core components that are expected to lead to the targeted outcomes).
* Operational definitionsof essential functions are articulated (to provide clear indicators that core components are in place and to promote consistency across practitioners and settings).
* Practical performance assessmentsare developed and used regularly to determine whether practices are being implemented as intended.

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### If you currently have a tool you are using to evaluate practitioners’ implementation of evidence-based practices to measure practice change and/or fidelity, consider the tool you are using. Is the tool: (check all that apply)

* Aligned with the selected evidence-based practices. The tool measures implementation of the selected evidence-based practices that you expect will lead to improved child or family outcomes.
* Valid. The tool accurately measures the essential functions of the selected practices.
* Reliable. The tool produces consistent information across users, settings, activities, and time points.
* Practical. The tool can be used with the staff and resources available.
* Capable of producing a fidelity threshold. The tool allows for the calculation of a meaningful threshold score that indicates whether practitioners have reached a level of implementation that is sufficient for achieving targeted child or family outcomes.
* Capable of providing useful information to practitioners. The tool helps practitioners identify areas of strength and areas for improvement to move toward, reach, and maintain fidelity.
* Used at sufficient frequency to measure incremental improvement (practice change) and the maintenance of fidelity over time.
* We do not currently have a measurement tool for our selected evidence-based practices.

### What methods are you using to collect data on practitioners’ implementation of practices for the SSIP? Focus on the methods for evaluating practices (i.e., behaviors), rather than other dimensions (e.g., completion of training, knowledge, confidence, self-efficacy). (Check all that apply)

* Observation by a coach
* Observation by a supervisor
* Observation by a peer
* Observation by other (e.g., university partner, state TA provider)
* Practitioner self-report on a checklist
* Practitioner self-report on a survey
* Practitioner self-report in a log or journal
* Practitioner self-report on other
* Review of case notes
* Review of IFSPs
* Review of other documents
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* We have not yet identified methods for collecting data on implementation of practices.

### List any questions you have about defining practices and/or measuring implementation of the selected evidence-based practices.