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LESSONS LEARNED FROM CONDUCTING TACTICAL ASSESSMENT, MONITORING, EVALUATION (AM&E)

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The Uniformed Services University of the Health Sciences' (USU's) Center for Global Health Engagement (CGHE) is pleased to share the thirteenth issue of the Department of Defense Global Health Engagement (DoD GHE) Snapshot. The DoD GHE Snapshot is intended to create self-publishing opportunities for GHE professionals to share knowledge and experiences and learn from one another in real time. We hope you enjoy and please refer to our social media and website for real time updates.

LESSONS LEARNED FROM CONDUCTING TACTICAL ASSESSMENT, MONITORING, EVALUATION (AM&E)



Conducting tactical-level AM&E means using applied research methods in a deployed setting. In doing so, one must be adaptable and creative in how data is collected and analyzed. USU's CGHE worked with the Military Unique Curriculum in Honduras (MUCH) and Military Emergency Skills in Honduras (MESH) program to develop and pilot an encounter checklist (E-KSA). The purpose of which was to streamline data collection efforts in alignment with military medical readiness standards while capturing contextual information relevant to medical operations in austere environments. In doing so, important lessons learned were recognized by the team and can be generalized to other tactical AM&E efforts.

STAKEHOLDER BUY-IN AND FEEDBACK IS IMPERATIVE TO BUILDING DATA COLLECTION TOOLS



In building the E-KSA, CGHE consulted with subject matter experts from USU-Military and Emergency Medicine (MEM) Division, MUCH/MESH leadership, and MUCH/MESH participants to iteratively develop the E-KSA checklist. This process created a homegrown community of practice that actively assisted in shaping the checklist and criteria. Because of interested stakeholders' input, the checklist more accurately detailed patient demographics, medical conditions, confounding factors, and KSAs demonstrated by MUCH/MESH participants. Additionally, CGHE analysts were able to capture richer context, as well as the differences in the care rendered at Hospital Escuela compared to a U.S. hospital setting.



COMBINING MEDICAL DATA WITH TRADITIONAL AM&E PROCESSES AND OUTCOMES CAN BE CHALLENGING

Traditional medical research and AM&E may share some methods, but the unit of analysis is often very different. AM&E typically focuses on programmatic processes and outcomes rather than patient-level outcomes. In the case of the MUCH/MESH program, analysts sought to evaluate the knowledge, skills, and abilities (KSAs) demonstrated by physician participants rather than patient outcomes as a result of medical care. Patient data was used to contextualize program outcomes (i.e., the impacts of an austere environment on KSAs demonstrated), and had to be captured in a way that was representative of this evaluation goal.



STANDARDIZATION IS KEY IN BROADENING DATA COLLECTION EFFORTS

The E-KSA checklist for MUCH/MESH underwent a few refinements before its finalization, with a primary emphasis on standardizing language. To enhance usability and analytical capabilities, the checklist was designed to be practical and informative, capturing data comprehensively from start to finish. For increased data consistency, the CGHE team developed a data dictionary containing detailed definitions and usage guidelines for each data element with the E-KSA checklist. To test ease of use and create pathways for broader applications of the E-KSA, CGHE employed non-technical personnel for field data collection. To facilitate this, CGHE hosted training sessions that included a data dictionary review and assessments of participants' ability to apply best practices to code encounters.

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