

## Project “ENTENDER - ENabling sTudEnts with NeuroDivERSity”

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### WP2 Modernisation of resources and training

#### DEV2.6

#### Pilot tools and resources

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## 1. Introduction

Aim of this deliverable is to provide data on piloting of resources and tools that have been prepared in previous deliverables such as DEV 2.3 Strengths Inventory and DEV2.4 Welcome program. The suggested methodology will provide evidence of effectiveness and impact of tools and resources to support adoption more widely across the partner HEIs.

In this context the **Reach, Effectiveness, Adoption, Implementation, Maintenance** RE-AIM framework is being proposed.

All LA partners need to pilot DEV2.3 and DEV2.4 during the academic year 2021/2022 in HE and in schools.

## 2. RE-AIM framework

The RE-AIM framework was conceptualized over 20 years ago to address the well-documented failures and delays in the translation of scientific evidence into practice and policy. It has been one of the most commonly used planning and evaluation frameworks across the fields of public health, behavioral science, and implementation science.

RE-AIM has been applied in a wide range of settings, populations, and health issues across diverse clinical, community, and corporate contexts, including policy and environmental change. RE-AIM dimensions operate and are measured at both the individual level and multiple ecologic levels (most frequently at staff and setting-levels in health systems, although it has also often been applied at community and national levels). Its key dimensions are Reach and Effectiveness (individual level), Adoption and Implementation (staff, setting, system, or policy/other levels), and Maintenance (both individual and staff/setting/system/policy levels). These key dimensions can be used to evaluate programs, procedures, policies etc..

*“Reach is defined as the number or percentage of the population and the representativeness of those included in the program or study. Efficacy and effectiveness measure change in the variable of interest as well as impact on quality of life and adverse outcomes. Adoption measures the number,*

*percentage, and representativeness of staff and settings involved.*

*Implementation assesses the extent to which a program or policy is delivered consistently, and the time and costs of the program. Maintenance assesses the long-term effects and attrition in the project, both of individuals and organizations. This includes the extent of discontinuation, modification, or sustainability of program” (Lee et al. 2017, p. 3).*

Thus RE-AIM focuses on the characteristics and factors that need to be taken into consideration so that adoption, implementation and sustainability can be ensured.

## 2.1 RE-AIM planning tool

Source: <https://cancercontrol.cancer.gov/sites/default/files/2020-11/PlanningTool.pdf>

The RE-AIM Planning Tool is intended as a series of “thought questions,” which serve as a checklist, for key issues that should be considered when planning an intervention. The best way to use this section would be to think about the issues raised, their pertinence to your intervention(s) and to help you make any relevant changes before launching the intervention.

### PLANNING CHECKLIST

#### Questions to Improve REACH

- |  |
|--|
| 1. Do you hope to reach all members of your target population? If yes, provide a number or estimate for your target population. If no, provide the proportion of the target population that you want to reach ideally given constraints. _____ |
| 2. How confident are you that the resources and tools will successfully attract all members of your target population?<br>1 2 3 4 5 6 7 8 9 10<br>(where 1 = not at all confident, 5 = somewhat confident, and 10 = completely confident)      |
| 3. What are the barriers you foresee that will limit your ability to successfully reach your intended target population?   |
| 4. How do you hope to overcome these barriers?   |
| 5. Rate how confident you are that you can overcome these barriers?<br>1 2 3 4 5 6 7 8 9 10<br>(where 1 = not at all confident, 5 = somewhat confident, and 10 = completely confident)   |

#### Questions to Improve EFFECTIVENESS

- |   |
|---|
| 1. What are the strengths of the resources and tools? |
|---|

2. What are the potential unintended consequences that may result from the resources and tools?
3. Rate your confidence that those resources and tools will lead to your planned outcome? 1 2 3 4 5 6 7 8 9 10 (where 1 = not at all confident, 5 = somewhat confident, and 10 = completely confident)
4. The resources and tools are categorized as evidence-based 1 2 3 4 5 6 7 8 9 10 (where 1 = not at all confident, 5 = somewhat confident, and 10 = completely confident)
5. The resources and tools are categorized as a new innovation 1 2 3 4 5 6 7 8 9 10 (where 1 = not at all confident, 5 = somewhat confident, and 10 = completely confident)
6. The resources and tools will achieve effectiveness across neurodivergent students 1 2 3 4 5 6 7 8 9 10 (where 1 = not at all confident, 5 = somewhat confident, and 10 = completely confident)

**Questions to Improve ADOPTION**

1. How confident are you that the resources and tools will be adopted by those settings and staff who provide services for people in your target population who have the greatest need? 1 2 3 4 5 6 7 8 9 10 (where 1 = not at all confident, 5 = somewhat confident, and 10 = completely confident)
2. What do you think will be the greatest barriers to other sites or organizations adopting the resources and tools? Do you have a system in place for overcoming these barriers?
3. What percent of your organization (e.g., departments, relevant staff, etc.) will be involved in supporting or delivering the resources and tools?

**Questions to Improve IMPLEMENTATION**

1. How confident are you that the resources and tools can be consistently delivered as intended? 1 2 3 4 5 6 7 8 9 10 (where 1 = not at all confident, 5 = somewhat confident, and 10 = completely confident)
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2. How confident are you that the resources and tools can be delivered by staff representing a variety of positions, levels and expertise/experience of the organization?

1 2 3 4 5 6 7 8 9 10

(where 1 = not at all confident, 5 = somewhat confident, and 10 = completely confident)

3. Are the resources and tools flexible (while maintaining fidelity to the original design) to changes or corrections that may be required midcourse?

4. What is the greatest threat to consistent implementation and how will you deal with it?

**Questions to Improve MAINTENANCE (individual)**

1. What evidence is available to suggest the intervention effects will be maintained six or more months after it is completed?

2. How confident are you that the resources and tools will produce lasting benefits for the participants?

1 2 3 4 5 6 7 8 9 10

(where 1 = not at all confident, 5 = somewhat confident, and 10 = completely confident)

3. What do you plan to do to support initial success and prevent or deal with relapse of participants?

**Questions to Improve MAINTENANCE (community)**

1. How confident are you that the resources and tools will be sustained in your setting a year after the grant is over and or a year after it has been implemented?

1 2 3 4 5 6 7 8 9 10

(where 1 = not at all confident, 5 = somewhat confident, and 10 = completely confident)

2. What do you see as the greatest challenges to the organizations continuing their support of the program and the resources and tools?

3. What are your plans for intervention sustainability? Will additional funding be needed?

4. How will the resources and tools be integrated into the regular practice of the delivery organization?

### 3. Methodology

#### 3.1 Process

The questions listed on the RE-AIM tool are generalized and meant as self-checks, so there is no problem not answering the ones that are not relevant to your unique program and situation. The process will be completed in three phases (see Annex 2):

- *1<sup>st</sup> phase: Before the piloting process* the REACH and the EFFECTIVENESS dimensions must be filled by the staff that will be involved in the piloting. *Deadline end of March/ April 2022*

Aim of this phase is to design and plan the piloting process. Each university will have to assign one member that has been trained, who will coordinate the piloting process within the university. He will present DEV2.3 and DEV2.4 to the staff that is going to implement the piloting.

*2<sup>nd</sup> phase: During the piloting process* the ADOPTION and the IMPLEMENTATION dimensions must be filled by the staff that is being involved in the piloting. *Deadline end of August/ September 2022*

Aim of this phase is to implement the piloting process. The coordinator of each university needs to monitor the piloting and makes sure that the staff will provide the raw data of the Strengths inventory and report on the results of both DEV2.3 and DEV2.4 (see 3<sup>rd</sup> phase).

- *3<sup>rd</sup> phase: After the piloting process* the partners or the staff that is being involved in the piloting must fill in the MAINTANANCE dimension (both at individual and community level). *Deadline end of October 2022*

Aim of this phase is to gather all data and report. The coordinator together with the staff involved will have to answer the questions on MAINTANANCE

#### 3.2 Participants

LA partners will pilot DEV2.3 and DEV2.4 to a minimum 40 participants from last two classes at school and all levels at the university level. All partners are encouraged to complete piloting to as many students as possible. The deadline for this piloting process is August 2022.

#### 3.3 Analysis

The staff from LA partners that have been trained will pilot the tools. Each University will have to assign a coordinator that will monitor the whole process and that will collect the data. For the quantitative data the User Experience Questionnaire will be used (see Annex

2). This questionnaire will be filled from both staff and students. The qualitative data will follow the structure of the RE-AIM Framework (see Annex 1).

#### 4. Results

Each university needs to report the results of the piloting process by providing both qualitative and quantitative data.

- Quantitative data from students: The staff that has been involved in the piloting process needs to run the User Experience Questionnaire (Annex 2) to select the quantitative data from the students. Those analyzed data will be send to the coordinator.
- Quantitative data from staff: The staff that has been involved in the piloting process will fill in the User Experience Questionnaire (Annex 2). Those data will be analyzed by the coordinator.
- Qualitative data: The coordinator in cooperation with the staff that has been involved in the piloting process will fill in the Annex 1.

After that each partner university needs to prepare a small report based on the qualitative and quantitative data that has been collected.

At the *Maintenance (individual level)* both the views of students that participated in the piloting and the staff that conducted the piloting must be taken into consideration

Based on those dimensions some recommendations can be also proposed focusing on improvements and sustainability.

#### Literature

Lee, R., Galaviz, K., Soltero, E., Chaves, J.R., Jauregui, E., Levesque, L., Hernandez, L. O., et al. (2017). Applying the RE-AIM conceptual framework for the promotion of physical activity in low- and middle-income countries, *Revista Latino-Americana de Enfermagem* (RLAE) DOI: 10.1590/1518-8345.1894.2923

#### Online sources

- <https://www.re-aim.org/resources-and-tools/self-rating-quiz/>
- <https://www.ueq-online.org/>
- <https://www.re-aim.org/resources-and-tools/asures-and-checklists/#top>
- <https://cancercontrol.cancer.gov/sites/default/files/2020-11/PlanningTool.pdf>

## ANNEX 1 Report of the results

<https://www.re-aim.org/resources-and-tools/measures-and-checklists/#top>

RE-AIM Dimension	Questions
<b>Reach (Individual Level)</b>	What percent of potentially eligible participants a) were excluded, b) took part and c) how representative were they?
<b>Efficacy or Effectiveness (Individual Level)</b>	What impact did the intervention have on a) all participants who began the program; b) on process intermediate, and primary outcomes; and c) on both positive and negative (unintended), outcomes including quality of life?
<b>Adoption (Setting Level)</b>	What percent of settings and intervention agents within these settings (e.g., students, schools/educators) a) were excluded, b) participated and c) how representative were they?
<b>Implementation (Setting/agent Level)</b>	To what extent were the various intervention components delivered as intended, especially when conducted by different staff members?
<b>Maintenance (Individual Level)</b>	What were the long-term effects (minimum of 6-12 months following intervention)? b) What was the attrition rate; were drop-outs representative; and how did attrition impact conclusions about effectiveness?
<b>Maintenance (Setting Level)</b>	a) To what extent were different intervention components continued or institutionalized? b) How was the original program or tools modified?

## ANNEX 2 User Experience Questionnaire

(<https://www.ueq-online.org/>)

### Please make your evaluation now.

For the assessment of the product, please fill out the following questionnaire. The questionnaire consists of pairs of contrasting attributes that may apply to the product. The circles between the attributes represent gradations between the opposites. You can express your agreement with the attributes by ticking the circle that most closely reflects your impression.

#### Example:

attractive	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	unattractive				
------------	-----------------------	----------------------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	--------------

This response would mean that you rate the application as more attractive than unattractive.

Please decide spontaneously. Don't think too long about your decision to make sure that you convey your original impression.

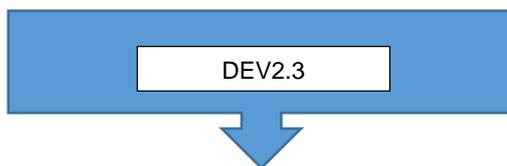
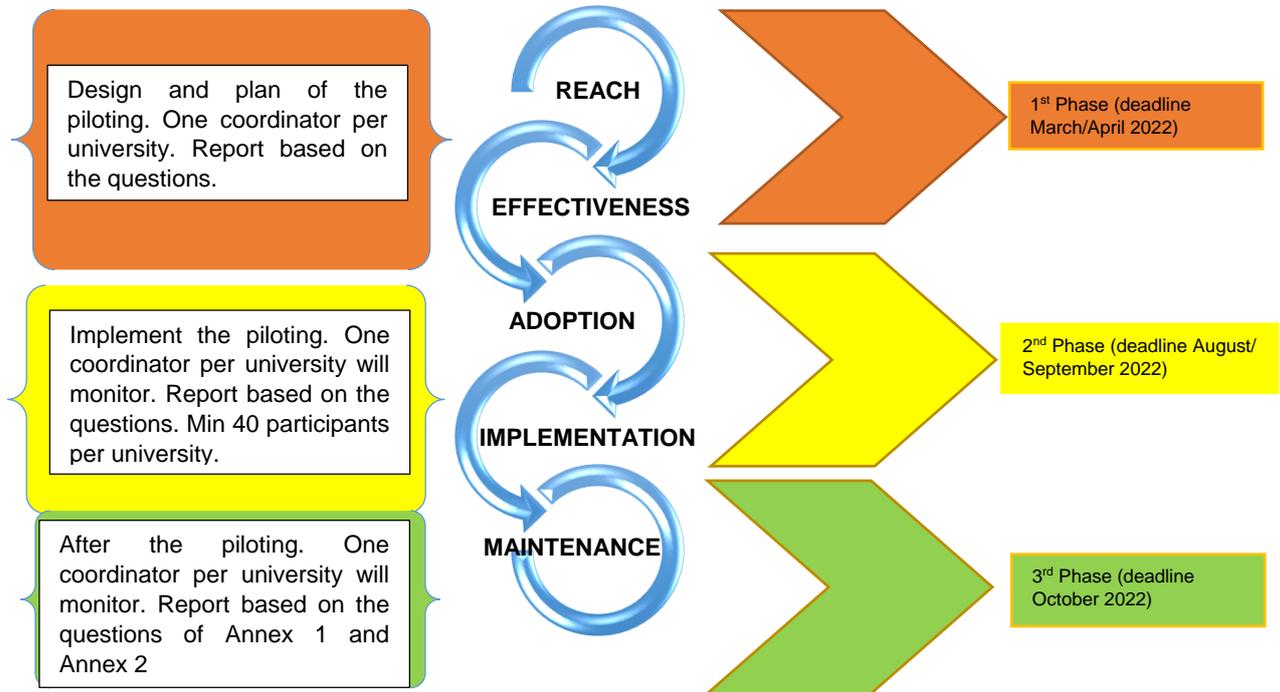
Sometimes you may not be completely sure about your agreement with a particular attribute or you may find that the attribute does not apply completely to the particular product. Nevertheless, please tick a circle in every line.

It is your personal opinion that counts. Please remember: there is no wrong or right answer!

Please assess the product now by ticking one circle per line.

	1	2	3	4	5	6	7		
annoying	<input type="radio"/>	enjoyable	1						
not understandable	<input type="radio"/>	understandable	2						
creative	<input type="radio"/>	dull	3						
easy to learn	<input type="radio"/>	difficult to learn	4						
valuable	<input type="radio"/>	inferior	5						
boring	<input type="radio"/>	exciting	6						
not interesting	<input type="radio"/>	interesting	7						
unpredictable	<input type="radio"/>	predictable	8						
fast	<input type="radio"/>	slow	9						
inventive	<input type="radio"/>	conventional	10						
obstructive	<input type="radio"/>	supportive	11						
good	<input type="radio"/>	bad	12						
complicated	<input type="radio"/>	easy	13						
unlikable	<input type="radio"/>	pleasing	14						
usual	<input type="radio"/>	leading edge	15						
unpleasant	<input type="radio"/>	pleasant	16						
secure	<input type="radio"/>	not secure	17						
motivating	<input type="radio"/>	demotivating	18						
meets expectations	<input type="radio"/>	does not meet expectations	19						
inefficient	<input type="radio"/>	efficient	20						
clear	<input type="radio"/>	confusing	21						
impractical	<input type="radio"/>	practical	22						
organized	<input type="radio"/>	cluttered	23						
attractive	<input type="radio"/>	unattractive	24						
friendly	<input type="radio"/>	unfriendly	25						
conservative	<input type="radio"/>	innovative	26						

## ANNEX 3 Plan of the piloting



**Assessment tool and strengths inventory**

When: during the whole academic year

How: At the beginning and after the intervention the tools must be given

What: the two instruments must be given and based on the results an intervention must be implemented.

Who: Trained staff

How many: at least 40 participants



**Welcome to University program**

When: at the beginning of the academic year

Who: Trained staff

What: material as within the report of DEV2.4

How many: to all first year students.