The NIH Director's
Council of Public Representatives (COPR)

Performance Review Work Group:
COPR Update on Progress and Outcomes

Presentation to the NIH Director
April 21, 2006

Presented by

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Performance Review Work Group Co-Chairs

Performance Review Work Group Products

1. COPR Planning Table for COPR Internal Processes – Used when COPR is considering a new effort, report, or activity

2. "COPR Post-Report Evaluation of Effectiveness Tracking Table – Tracks what has happened to date for a report or set of recommendations

COPR Planning Table for Internal Processes

COPR PLANNING TABLE

Note to COPR Members: This table would be used when COPR is considering the development of a new report. COPR would then revisit the table after the completion of a report to measure if COPR met its initial objectives and followed its original plan.

Date of this Review:	Reviewed by:
1. Name of Report/Activity	
2. Rationale for Report/Activity	2a. Rationales may include: At the Director's request, in response to public interest, related to Roadmap, other strategic relevance, COPR-perceived need.
3. Work Plan	3a. Identify issues and goals (Agenda Work Group). 3b. Evaluate feasibility of goals, assess the expected impact of the report/activity, and develop project strategy (COPR). 3c. Indicate persons/groups responsible for each step and time required for completion. 3d. Indicate person(s) responsible for overall monitoring of the project.

COPR Planning Table for Internal Processes

4. Sources of Data Collection	4a. Sources for data collection may include workshops, conferences, presentations by speakers, meetings, review of literature, public input, consultation with COPR Associates. 4b. Indicate steps taken by COPR to solicit broad public input.
5. Findings	5a. Include assessment of most effective ways for COPR to communicate its findings. 5b. Indicate areas for dissemination of report/activity—may include publications, Web sites, presentations, constituency newsletters.
6. Recommendations	6a. Indicate expected feasibility of implementing COPR's most important recommendations and/or response from the NIH regarding the recommendations. 6b. Indicate expected timeline for a response and/or possible implementation of COPR's top recommendations.

COPR Planning Table for Internal Processes

7. Communicating Recommendations and Findings to the Director	7a. Indicate which recommendations are most important to COPR.
	7b. Indicate which recommendations are most likely to resonate with the Director.
	7c. Indicate which recommendations require long-term responses or feedback.
	7d. Indicate the source of the expected response to the findings and recommendations (e.g., Director, NIH PTI, IC representatives, etc.).
	7e. Indicate the time by which a response is expected (e.g., six months, one year, etc.).

COPR Planning Table for Internal Processes

8. Evaluation of Effectiveness and Related Outcomes. This will not necessarily be in terms of measurable/qualitative results or outcomes (See NIH Director's Comments—October 2005 COPR Meeting Minutes at http://www.copr.nih.gov/meetings.asp.) Quite often, COPR's effectiveness comes from giving actionable advice to the NIH Director and leadership. COPR's input and feedback to NIH leadership often indirectly shapes and influences programs, activities, and policies at NIH.	8a. Indicate responses to COPR findings and recommendations. 8b. Indicate whether/which COPR recommendations were responded to and how. This might include enhancements to existing efforts/programs, corollary activities that complement the idea, and other concurrent and synergistic activities that combine to achieve outcomes and results. 8c. Consider qualitative measures on the direct and indirect impact of the COPR's effectiveness by asking the following questions: (1) Did the COPR give actionable advice to the NIH Director and leadership? (2) Was there movement and progress (direct and indirect) related to the issue area? (3) How has COPR's and the NIH Director's selection of COPR meeting and work group day agenda topics and the participation of NIH experts directly and indirectly provided forward movement and progress for certain topic areas? (4) Can progress be directly or indirectly connected to the COPR effort and recommendations via tangible actions such as meetings and on-going dialogues with NIH leadership or requests for COPR members to talk to various groups? (5) Is there access to COPR reports beyond the NIH community, and is there proactive distribution when appropriate?

COPR Planning Table for Internal Processes

9. Follow-Up	9a. Indicate follow-up actions taken.
	9b. Indicate whether any additional follow-up is needed.

COPR Post-Report Evaluation Tracking Table

1. Name of Report/Activity
2. Summary of Report/Activity
3. Timeframe for Development of Report/Activity
4. Process for Development of Report/Activity
5. Recommendations to the NIH Director
6. Other Actions Generated by the Report/Activity
7. Further Action to Be Taken

Other PRWG Recommendations and Progress

Suggestion	Progress
Include the mission of COPR, COPR work groups, and the NIH in meeting notebooks	Done for the April 2006 COPR meeting. Will be done for future COPR meetings.
Communicate with NIH staff the need to connect their talks and presentations to COPR and its reports.	▪ For each speaker, a COPR member will discuss context and potential COPR role. (Done for April 2006 meeting and will be done for future meetings. ▪COPR members will receive materials in advance highlighting the connection between COPR and the topic or speaker. (Done for April 2006 meeting and will be done for future meetings.

Other PRWG Recommendations and Progress

Suggestion	Progress
Provide information on the status of COPR activities to help orient new members	What has been done for the April 2006 meeting: •COPR Meeting and Work Group Day minutes (provided) •Orientation teleconferences (Two one-hour calls conducted) •Mentor matches (New members matched with senior members) •Special advance materials for COPR meetings •Orientation day (Trainings, discussions, and tours) •New Post-Report Evaluation Tracking Tables

Other PRWG Recommendations and Progress

Suggestion	Progress
Share status of COPR reports with COPR alumni who worked on those reports	Regular communications through the COPR Alumni Listserv and the new COPR Post-Report Evaluation Tracking Tables
COPR on COPR alumni for advice	•COPR alumni were invited to the April 2006 COPR meeting as special experts •COPR alumni are called on for special work groups and activities by the NIH Office of the Director and IC Directors
Prepare a progress report on COPR activities	•COPR Post-Report Evaluation Tracking Tables •The Agenda Work Group will track other COPR activities and work group efforts for each COPR meeting

Other PRWG Recommendations and Progress

Suggestion	Progress
Debrief outgoing COPR members	COPR members may want to volunteer to do this between the April and October meeting each year

Conduct self-assessments	• COPR members can informally evaluate their progress each year; Formal five-year or seven-year assessments might be a goal
	• Set aside a session on the work group day agenda to review progress documented by the:
	  1. COPR Planning Table Tool
	  2. Post-Report Tracking Table – to assess accomplishments and to refine work going forward