

Program Evaluation of the  
Planning and Implementation of Protégé Software  
at the Counseling Centers at Buffalo State College and the University at Buffalo

The counseling centers at the University at Buffalo (UB) and Buffalo State College (BSC) are making the transition from paper based scheduling and client data management to a computerized system. A formal evaluation has been planned as part of the transition.

## Background

### The Project

The counseling center directors at UB and BSC began discussing computer-based appointment scheduling with me during the 1999-2000 school year. I submitted a proposal to them in April 2000 for the planning and implementation of a computerized scheduling system. They each accepted the proposal. Planning sessions were held at each school during the summer of 2000. These planning meetings focused on defining needs, concerns, and goals in moving to a computerized system. The sessions were held weekly and lasted for two hours each. The directors and I felt that it was important for all staff members to be involved in the planning. Clinical and support staff attended as many of the planning sessions as they could. At BSC the health center computer system administrator was also included in many of the meetings because the new system would reside on their server. Input from these diverse perspectives was essential to designing a system that was accepted by everyone.

The sessions included looking at the strengths and weaknesses of their current paper based scheduling, creating a flow chart detailing how clients moved through their departments and how client information was managed at the time, brainstorming needs and desires for software, discussing security and ethical concerns and finally deciding to

go ahead with the project. (My proposal for the project, the planning session minutes and flow charts are attached as appendices)

Each school spent the first planning meeting discussing the pros and cons of their current paper based system and their goals for a new computer based system. Some of the problems they found with their current systems included: having to go to the front desk to check the schedule, things were not always legible, data is not readily available for reports, the books were messy and bulky, it was not as confidential as they would have liked it to be, there was not enough space in the filing cabinet, files were often hard to find, and the information was scattered over too many forms. There were less things they liked about their current systems: the staffs were familiar with it, everyone's schedule could be seen at once, color coding of some things made them stand out visually, they could view more than just one day, client records were divided by year, and that basic client information (name, address, phone) were easy to access in a rolodex or file card box. There was some skepticism about whether they could solve the identified problems while holding on to the things they liked. Everyone was realistic enough to understand that no system was perfect. At that first planning meeting they came up with the following list of goals and concerns:

	Buffalo State College	University at Buffalo
Process Goals	<ul style="list-style-type: none"> <li>o Everyone has an ownership or stake in the new system</li> <li>o Have comprehensive training</li> <li>o User friendly</li> <li>o Built-in evaluation process</li> <li>o On-going assessment of needs</li> <li>o Changes not be a burden for anyone, do not impose more work on anyone</li> </ul>	<ul style="list-style-type: none"> <li>o Everyone has an ownership or stake in the new system</li> <li>o Enough time to practice the new system before fall semester</li> <li>o User friendly</li> <li>o Automate steps in the client management process</li> <li>o Cannot leave out steps</li> </ul>
Product Goals	<ul style="list-style-type: none"> <li>o A system that everyone likes and uses</li> <li>o User friendly</li> <li>o Data is easily accessible</li> <li>o Ability to create reports as needed</li> <li>o Be able to cross-tab data</li> <li>o Produce standard reports quickly and easily</li> <li>o Individual schedules be portable</li> <li>o Students/clients can fill out in-take forms on-line</li> <li>o Students/clients can fill out satisfaction surveys on-line</li> </ul>	<ul style="list-style-type: none"> <li>o A system that meets your needs and everyone uses</li> <li>o Easier access to information</li> <li>o More time efficient</li> <li>o Everyone can access</li> <li>o Automates steps</li> <li>o Cannot bypass steps</li> <li>o User friendly</li> <li>o Does not crash easily</li> <li>o Extensive coding</li> <li>o Backup procedures</li> </ul>

	Buffalo State College	University at Buffalo
Concerns about Computerizing	o Availability of technical support for hardware	o Hardware problems
	o What happens if the system (network) goes down	o Security (links to Outlook)
	o Viruses	o Confidentiality
	o Confidentiality and security of data	o Practica student access
	o Backup	o Levels of access
	o Everyone will not do their part in using the system	o Concern that counseling center administration will become too hierarchical
	o Comfort level with computers is different	o Availability of tech support
	o Typing ability differs	o Adjusting to a new system
	o People will not follow established procedures	o The system will be too complicated
	o Will not be able to see everyone's schedule at once (concerns about scrolling)	
	o Everyone is on-board (has an ownership or stake in) the new system	
	o There is not a perfect system	
	o Doing things twice	

While there were many similarities in needs and goals there were also some differences. Both groups were concerned that the system be user friendly, protect the confidentiality of their clients, and that everyone have a stake or ownership in the system. Cost was also a concern to both groups. If they were going to do this it had to be a good system, however, neither had a lot of money to spend on software. The staff at BSC were more hesitant about the technology, partly due to having less experience with computers than the staff at UB.

Both counseling centers decided to use a software package that combined scheduling and client data management components. The package they choose was Protégé. Protégé was developed by Victor Ranft, PhD. Dr. Ranft is a counseling psychologist who has worked for many years at various university counseling centers. Protégé is currently in use at about 20 counseling centers in about 12 different states. (V.A. Ranft, personal communication, June, 2000) This package had two major assets. First, it is written in Microsoft Access making writing reports and queries very easy to do in-house. This gives end users the freedom to manipulate the data and create customized reports that fit their needs exactly without having to involve or pay the programmer. Second, Dr. Ranft is offering the standard program free of charge to create a market for it. He currently charges only \$600 per year for customization and technical support. This was affordable for both counseling centers.

### The Organizations

The counseling centers at BSC and UB provide individual and group psychotherapy to students currently enrolled at the schools. They assist students with a wide range of issues including crisis intervention, developmental issues, relationship problems, depression and anxiety. Psychiatric services are available for students needing psychotropic medications. The staffs also present workshops and training for the university community and assist school administrators in handling crisis situations involving students, faculty and staff on and off campus. Additionally the clinical staff consults with faculty, administrators and residence hall staff in handling the difficult situations they may encounter.

Both counseling centers also serve as a training site for student clinicians. UB sees this as a bigger part of their mission than BSC does. Both schools are placement sites for clinical and counseling psychology practica students. UB offers a pre-doctoral internship program accredited by the American Psychological Association. UB has also recently hired a full-time social worker and will become a fieldwork placement site for graduate social work students. Training activities include supervision of student clinicians, supervision of supervision, training seminars, and providing time for the interns to complete work on their dissertations. This additional training activity may be part of the reason the number of clients seen (as stated below) at both centers is closer than student enrollment figures or staff size would indicate.

It is here where the similarities end. The two counseling centers are located in very different institutions of higher education. Both schools are part of the State University of New York system, but have different educational missions. The counseling centers, as well, have very different 'personalities'.

UB is a major research institution. Its mission statement states

"UB serves the people of New York as State University's sole comprehensive research-intensive university and primary center for professional education and training. UB has as its defining characteristic and distinguishing mission research, scholarship, artistic creation, postbaccalaureate training in the arts and sciences, and in the professions." (<http://wings.buffalo.edu/faculty/handbook/ID.html>)

There are 24,830 students enrolled at UB. (Office of Academic Information and Planning, University at Buffalo, personal communication November 16, 2000)

The counseling center employs seven full-time PhD level psychologists, one full-time social worker, and two full-time secretaries. They also have three full-time pre-doctoral psychology interns. One part-time psychiatrist and a part-time psychiatric

resident are also on staff. Of these 11 staff members seven are new to the university, having worked there less than four months. Additionally, they have eight counseling psychology practica students and a half time graduate assistant this year. They see between 700 and 850 (722 during the 1998-1999 school year) clients per year.

(Counseling Center, University at Buffalo, personal communication, December 1, 2000)

Due to the recent staff turnover summer planning sessions were attended by only four staff members and two of last year's interns. The staff members involved in the planning are still at the counseling center. Newly hired staff had not begun working at UB during the planning sessions. Information from the planning meetings was shared with the new director before her arrival on campus. Her input and commitment to the project was requested.

BSC is more committed to educating undergraduate students than to research or graduate training. Its mission states that

“Buffalo State College is committed to the intellectual, personal, and professional growth of its students, faculty, and staff. The goal of the college is to inspire a lifelong passion for learning, and to empower a diverse population of students to succeed as citizens of a challenging world. Toward this goal, and in order to enhance the quality of life in Buffalo and the larger community, the college is dedicated to excellence in teaching and scholarship, cultural enrichment and service.”  
(<http://www.buffalostate.edu/about/mission.html>)

There are 10,549 students enrolled at BSC. (Office of Planning and Institutional Studies, Buffalo State College, personal communication, November 16, 2000)

The counseling center employs four full-time PhD level psychologists, one full-time master's level counselor and one full-time and two part-time secretaries. They also have a part-time psychiatrist, one part-time PhD level psychologist and a part-time social worker. Additionally, they have two counseling psychology practica students this



year. The counseling center staff sees about 600 (they are expecting about 575 clients this academic year based on the number of clients seen to date) clients per year.

(Counseling Center, Buffalo State College, personal communication December 1, 2000)

There has been little staff turnover during this project.

	Buffalo State College	University at Buffalo
Number of Students	10,549	24,830
Number of Staff	5 full-time clinical staff 5 part-time clinical staff 1 full-time support staff 2 part-time support staff	10 full-time clinical staff 10 part-time clinical staff 2 full-time support staff 1 part-time support staff
Number of Student Clinicians (included in Number of Staff above)	2 advanced practica students	3 pre-doctoral interns 3 advanced practica students 5 beginning practica students 1 psychiatric resident
Number of Clients	575	722
Percentage of Students Receiving Services	5.5%	3%

### Literature Review

The literature was searched using psychology and business databases. It focused on computer system implementation in mental health agencies. A few articles covering computer adaptation in other types of businesses were included when they addressed the topic of organizational change and computer system satisfaction because there was so little focusing on mental health's computer use.

Given the rapid pace of technology change those articles that have been published are very old. Most date from the late 1970s and early 1980s. It may be that this was a time when computerization of business was just beginning and computerizing an office was a major event for an organization. Today, computers are as common as

typewriters and calculators were 25 years ago. Changes in technology are so rapid that computer change and upgrading have come to be expected by most workers. Thus, adopting new technologies may not seem as compelling a topic as it was a couple decades ago. While the technology these articles discuss is outdated and the futures some articles predict are here, the organizational processes they describe are still applicable today. It also seems important to look at the history of mental health computing at this time.

Heglund, Vieweg, and Cho (1984) discuss the history of computer use in mental health. They trace mental health computing back to the early 1960s. They found that, “by-and-large, early automation of mental health information was undertaken in traditional hospital settings, on large mainframe computers” (p. 6). It was clinically based and it supported traditional mental health functions. Questions were asked about these omnibus systems. Pollak, Windle and Wuster noted that, “in a situation where we are developing systems for needs which as yet are unspecified and for uses which cannot be articulated” (1974 p. 330).

Heglund, Vieweg, and Cho (1984) also reported the following trends at that time: (a) general information systems were being replaced by systems that were more narrowly defined, those with a special purpose; (b) despite technological progress, personal computers (of the day) could handle only some of the mental health computing needs; (c) even though computers could not do everything that was needed applications were becoming more available and easier to use; (d) computerizing clinical documentation was seen as an illusive reality; and (e) the need for quality assurance was the most mentioned reason to automate clinical records. The authors went on to

report that by the early 1980s most clinicians who were using computers were using them for specific research purposes, automated psychological testing, computer-assisted biofeedback, and computer-aided instruction. As office applications like word processing, spreadsheets and database software became readily available computers were also increasingly used for practice management functions.

Currently, there are many software packages that clinicians can use for practice management. In addition to general office software suites, specific and integrated software packages are available for mental health practices. Most organizations are using some type of back-office automation. There are accepted standards for many of these functions. Clinicians have been less enthusiastic in automating their clinical paperwork (Delpizzo, 2000). Delpizzo continues his article by looking at what clinicians want from a computerized information management system. He sees the overriding concern as “paperwork,” that is, the need to make paperwork easier and less time consuming freeing up time to spend with clients. Related to this need is the ability to access information easily. The author goes on to say the largest barrier to providing clinicians with the computer tools they want is a lack of understanding on the part of software developers and vendors.

In an article looking at organizational preparedness for technology change Johnson, Williams, Giannetti and Klinger (1978) conducted an experiment using the A-VICTORY model of organizational change. The model says that the success of change is affected by the organization’s: “Abilities (the availability and willingness to commit resources to change), Values (attitudes conducive to change), Information (ongoing and wide dissemination of information – especially relating to planned change),

Circumstances (other aspects of an organization which favor rather than interfere with planned change), Timing (appropriate timing for change), Obligation (felt need to take action), Resistances (feared negatives consequences to a proposed change), and Yield (expected rewards from a change)” (p.188). The study looked at the Psychiatric Assessment Unit of a Veteran’s Administration Hospital in Salt Lake City. Specifically, the researchers wanted to know if there were factors in the organization’s preparations for establishing an on-line, computer-assisted assessment system that affected acceptance of the new system. The authors (who were also were involved in the establishment of the system) found a lack of enthusiastic acceptance for the system. The staff felt that the organization had the resources for the system but the hospital did not feel any obligation to install it. In their role as consultants, the authors believe that they could have better communicated the need for the system to the hospital staff. They felt that the organization was not prepared well enough for the changes.

“The introduction of new technology is not only a ‘logical’ but also a ‘political’ problem. One of the central issues is who should be involved in the decision-making and in what way: management, computer experts and users” (Algera, Koopman, & Vijlbrief, 1989 p. 87). The authors of this article researched the question, “what are the effects of different decision-making strategies on the effectiveness of the project and the acceptance of the system” (pp. 87-88)? They studied 15 cases in 4 Dutch businesses. The data collected consisted of reviewing company documents relevant to the cases, interviewing 15 – 30 key figures per case, and surveying system users. The researchers found four situations where user input seemed to have the most impact: (a) small-scale projects, (b) when knowledge of the end users is important to good

results, (c) when organizational uniformity is not necessary, and (d) when there is a consensus about the project goals.

Gutek, Bikson and Mankik (1984) investigated the construct of technological determinism, “the way a specific organization is shaped and changed when a specific technological innovation is introduced into it” (p. 233), by researching 55 diverse offices or work groups. The staff members completed written questionnaires and lengthy interviews were completed with someone who could speak for the office, usually a manager. Through the factor analysis of 17 information-related activities they found the following four categories: (a) management of text information, (b) creation and alteration of text, (c) programming and maintenance of a database, and (d) manipulation of numbers and distribution of information. They also completed a factor analysis of 18 routine computer use characteristics they defined the following four underlying dimensions of information technology: (a) functionality, the way the system enters, alters, organizes and stores information; (b) equipment performance, the quality of the hardware, speed of the system, and quality of maintenance; (c) interaction, how user friendly the system is; and (d) environment, the ergonomics of the equipment, furniture and space.

This research also looked at the effects of information technology changes on offices and individuals. The authors reported that none of the 55 managers said that they considered organizational impacts when implementing technology changes. They seemed to be more concerned on solving specific problems and increasing productivity. Similarly, the managers did not consider changes in job tasks or characteristics when planning for the new technology. However, 52% of the surveyed employees reported

different performance standards after the new technology was introduced even though there were few changes in job titles or pay rates. Questions asking about use of the new technology found that it was significantly higher in the support offices than in management or administration offices. They also found that the new technology was not being used to its greatest potential. Employees identified access to equipment, problems with the system, and lack of training as the most important barriers.

Increase in productivity was another area that this research focused on. While objective measure of this were lacking, the authors, relying on self-report, found that 40% of the offices had a great deal of improvement, 47% had some improvement, and 27% reported no change. The employees estimated their own productivity as a 3.7 on a 4-point scale. The employees also evaluated their speed, quantity, type and quality of work as between 3.4 and 3.5 on the same 4-point scale. Workers tended to believe that their own productivity had increased more than that of the office as a whole.

While the number of articles included above is small, they inform this project and its evaluation. Among all the points made in these articles, two stand out as being most applicable to this project. Algera, Koopman, Vijlbrief's (1989) four situations where user input is helpful are very similar to the conditions found in the counseling centers computerization project. End user input was an important element in the planning and implementation. Johnson, Williams, Giannetti and Klinger's (1978) discussion of organization preparedness for technological change was also an important goal of the summer planning sessions.

## Evaluation

A formal evaluation was one of the goals of this project from the beginning. It was mentioned as a need in the initial planning sessions. The evaluation will have two major components. It will look at user satisfaction with the system and will identify any improvements that need to be made in the software, or the policies and procedures supporting its use. Additionally, the evaluation will assess if the objectives discussed during the planning process are being met.

In planning this evaluation some situational characteristics had to be taken into account. (a) There is no money to spend on evaluation tools. Any measures that are considered for use must be freely available. (b) The staff time for this evaluation is minimal. Any measures must be short and easy to complete. (c) Because we will be doing the evaluation during the semester breaks some staff meeting time may be available. (d) The number of participants will be small. Quantitative differences will have to be very large to be statistically significant. (e) Qualitative measures may be more appropriate to the improvement goal of this evaluation.

After a review of job satisfaction, service satisfaction, and computer anxiety scales none were found to be appropriate for this project. There were some computer software satisfaction surveys listed in the searched databases, however, the forms and scoring reports had to be purchased. Given the cost constraints, that was not an option. Developing an instrument in-house should best meet the needs of this evaluation. It can ask questions that are specific to this project and setting. The best data can likely be obtained by asking the same questions to the system users at both counseling centers.

After reviewing the planning documents and goals established for the project a short survey containing both qualitative and quantitative questions has been developed. Input from key counseling center users members was considered in the development of the questionnaire. All of the computer system users will complete the written survey and will be invited to attend a user's meeting near the end of the spring 2001 semester. The collected data will then be analyzed. The quantitative questions focus on user satisfaction and comfort with computers in general.

After the data has been analyzed it will be presented to the user's at an informal meeting. At that time everyone will have a chance to comment on and discuss the evaluation data. Additional information gathered at these meetings will be added to the survey data and included in the final report.

### Data Analysis

The qualitative questions and information gathered from the users meeting focuses on identifying improvements that are needed with the software. This data will be analyzed using heuristic research methods as described by Moustakas (1990). This will allow the researcher to look at the open-ended questions in the context of a participant's role in the counseling center. From this data a list of needed and/or wanted software changes will be generated. Senior staff members will review this data and a request for software updates will be made to the programmer.

Because of the small number of participants who will be involved in this project, statistical analysis of the quantitative data will be limited. Standard deviations and means will be calculated and histograms will be plotted in order to see trends in each of the quantitative items that are scored on a Likert scale. Items requiring a



frequency response will then be compared with items requiring a importance rating with pattern matching. Each will be sorted by two investigators in order to resolve disagreements and limit bias.

### Strengths and Weaknesses

All projects have their strengths and weaknesses, this one included. The use of a survey developed in-house has both. A standardized measure would have information on its reliability and validity, but it would not be able to address this project specifically. Because a major goal of this evaluation is improvement of the computer system, a survey designed specifically for this situation should be able to provide more useful data to the organizations. Scheduling of the evaluation also has its pros and cons. The senior staff and interns will have more time to devote to the evaluation over the semester break when they are not seeing as many clients. However, the practica students may not be available to provide their input. One solution to this problem may be to distribute the survey before the spring semester is completed and follow up with the users meeting during the semester break. Practica students would be invited to participate in the users meeting if they want to.

### Relevance

Implementing Protégé has been a major change in the way the Buffalo State College and University at Buffalo counseling centers schedule staff activities and manage client data. On-going informal discussions are taking place among the staff during this implementation phase. Information from the survey and the users meeting will be used to generate a list of requests for software modifications from the programmer. It will also be used to develop policies and procedures around the use of

Protégé. Finally the data will be used to determine if there are additional training needs among the users. By generating data related satisfaction and improvement a formal evaluation of the project will provide additional direction for the counseling center leadership and end-users.

### Human Subjects

Given that the methods used in this program evaluation are only a questionnaire and a users meeting, risk to the participants is minimal. Participants will be asked to sign an informed consent, which outlines the purpose of the project, participation requirements, and the potential risks and benefits. Their signature on that form will indicate a willingness to participate in the project.

## References

Algera, J.A., Koopman, P.L., & Vijlbrief, H.P.J. (1989). Management strategies in introducing computer-based information systems. Applied Psychology: An International Review, 38(1), 87-103

Buffalo State College. (2000). College Mission Statement. [On-line]. Available: <http://www.buffalostate.edu/about/mission.html>.

Delpizzo, Les. (2000). IM technology: What do clinicians really want? Behavioral Health Management, 20(1) 24-27

Gutek, B.A., Bikson, T.K. & Mankin, D. (1984) Individual and organizational consequences of computer-based office information technology. In Stuart Oskamp (Ed.), Applied social psychology annual 5: Applications in organizational settings (pp. 231-254) Beverly Hills, CA: Sage Publications

Hedlund, J.L., Vieweg, B.W., & Cho, D.W. (1984). Mental health computing in the 1980s: General information systems and clinical documentation. Computers in Human Services (pre-print copy)

Johnson, J.H., Williams, T.A., Giannetti, R.A. & Nakashima, S. R. (1978). Organizational preparedness for change: Staff acceptance of an on-line computer-assisted assessment system. Behavior Research Methods & Instrumentation, 10(2), 186-190.

Moustakas, C. (1990). Heuristic research: Design, methodology and applications. Newberry Park, CA: Sage Publications, Inc.

Pollak, E.S., Windle, C.D. & Wurster, C.R. (1974). Psychiatric information systems: An historical perspective. In J.L. Crawford, D.W. Morgan & D.T. Gianturco

(Eds), Progress in mental health information systems: Computer applications (pp. 319-331). Cambridge, MA: Ballinger.

University at Buffalo. (2000). University Mission Statement. [On-line] Available: <http://wings.buffalo.edu/faculty/handbook/ID.html>.

## Protégé Evaluation Questionnaire

1. Which of these best describes your role at the counseling center? (Choose one)
  - a. Support Staff
  - b. Full-time Clinical Staff
  - c. Part-time Clinical Staff or Psychiatrist
  - d. Practica Student
  - e. Intern or Resident
  
2. Which of these best describes your clinical supervision responsibilities at the counseling center? (Choose as many as apply)
  - a. Supervise practica students, interns or residents
  - b. Supervise clinical staff members
  - c. Supervise the supervision of clinical staff or interns
  - d. Do not supervise anyone
  
3. Which of the terms below best describes your ability or experience in using computer before using Protégé?
  - a. Confident, used computers often for many different tasks
  - b. Comfortable, used computers often for only 1 or 2 different tasks
  - c. Unsettled, used computers only when absolutely necessary
  - d. Afraid, I'm worried that I will ruin something if I use the computer
  
4. Which of the terms below best describes your ability or experience in using computers since you began using Protégé?
  - a. Confident, used computers often for many different tasks
  - b. Comfortable, used computers often for only 1 or 2 different tasks
  - c. Unsettled, used computers only when absolutely necessary
  - d. Afraid, I'm worried that I will ruin something if I use the computer

5. Which of the following describes your typing ability?
- a. Very good
  - b. Good
  - c. Adequate
  - d. Hunt and peck
  - e. I don't type at all

Please respond to the statements below using the following scale  
1=Always, 2=Often, 3=Sometimes, 4=Rarely, 5=Never, NA=Not Applicable

6. I feel like I have a role in the successful implementation of Protégé  
1 2 3 4 5 NA
7. I use Protégé  
1 2 3 4 5 NA
8. I like using Protégé  
1 2 3 4 5 NA
9. My co-workers are using Protégé as much as I am  
1 2 3 4 5 NA
10. Protégé has made my job easier  
1 2 3 4 5 NA
11. Protégé has added tasks or responsibilities to my job  
1 2 3 4 5 NA
12. Protégé is user friendly  
1 2 3 4 5 NA
13. My client data is easy to use  
1 2 3 4 5 NA
14. I can access other clinician's client data easily when I need to  
1 2 3 4 5 NA
15. I can use my schedule easily  
1 2 3 4 5 NA
16. I can access other staff member's schedules easily when needed  
1 2 3 4 5 NA

17. Protégé training has been adequate to my needs  
1 2 3 4 5 NA
18. I know who to ask for help with Protégé when I have a question or problem  
1 2 3 4 5 NA
19. There has been adequate technical support to solve our Protégé problems  
1 2 3 4 5 NA
20. There has been adequate technical support to solve our hardware or network problems  
1 2 3 4 5 NA
21. I get answers to my Protégé questions or problems in a timely manner  
1 2 3 4 5 NA
22. I am sure that client data is secure and confidential in Protégé  
1 2 3 4 5 NA
23. I am confident that my schedule is secure in Protégé  
1 2 3 4 5 NA
24. There is less congestion or traffic around the front desk  
1 2 3 4 5 NA
25. I have ethical concerns about using Protégé  
1 2 3 4 5 NA

The following items were identified as goals of this project during the planning sessions. Rank each of the following statements on a scale of 1 to 5 where 1=Very Important and 5=Not Important

26. Having a stake or ownership in the successful implementation of Protégé  
1 2 3 4 5
27. The software needs to be user friendly  
1 2 3 4 5
28. Data is easily accessible

1      2      3      4      5

29. The implementation of Protégé will not impose more work for anyone

1      2      3      4      5

30. Reports are easily created

1      2      3      4      5

31. Data is easily accessible

1      2      3      4      5

32. The system meets our needs

1      2      3      4      5

33. The system does not crash easily

1      2      3      4      5

34. The data is secure and confidential

1      2      3      4      5

35. There is adequate technical support

1      2      3      4      5

36. There is adequate training

1      2      3      4      5

An important part of this survey is to gather data about changes that you need or want to be made in Protégé and give you additional ways to add your input to (express your feelings about) the further implementation of Protégé at the counseling center.

37. What do you miss about the paper and pencil methods that were used before Protégé was installed?



38. List three adjectives that describe your experience using Protégé
  
  
  
  
  
  
  
  
  
  
39. What do you like best about Protégé?
  
  
  
  
  
  
  
  
  
  
40. What problems have you had using Protégé?
  
  
  
  
  
  
  
  
  
  
41. In a perfect world what would you like changed about Protégé? (Include anything you would add, delete or change about the software)
  
  
  
  
  
  
  
  
  
  
42. Add any other comments that you have about Protégé.

Program Evaluation  
The Use of Protégé Software at the Counseling Centers at the University at Buffalo and  
Buffalo State College

A need for a formal evaluation process was identified during the planning and implementation of Protégé at UB and BSC. We are asking you to help in this evaluation by completing the attached questionnaire. The evaluation process will also include a users meeting which you will be invited to as soon as a date and time are established. Completing the questionnaire does not obligate you to attend the users meeting.

The purpose of the evaluation is to gather data on user satisfaction with Protégé and to generate information from the software users on needed or wanted changes in the software and the policies and procedures that affect its use. Your participation will allow you to express your opinion on the use of Protégé at the counseling center. There are no known risks of participating in this project.

All of your responses will remain confidential. No identifying information other than an indication of your role at the counseling center will be added to the questionnaire. You may refuse to answer any of the questions you do not wish to answer.

Your participation in this program evaluation is completely voluntary and refusal to participate will not affect you in any way. You may stop participating at any time. If you have any questions about this program evaluation you may contact Liz McGough 835-0620 or Dr. James Donnelly

Thank you for your help with this project. Your signature below indicates your willingness to participate.

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Participant's Signature

Printed Name

Date