Challenges with practical evaluation of a “faculty driven” faculty development program

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I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
uOttawa DFM FD design cycle

Take home messages:
- Program evaluation is hard when programs are complex
- Evaluation philosophy may help guide outcome measurement
- Work in progress!
Program evaluation definition

- Evaluation: the “examination of the worth, merit, or significance of an object”
- Program: “any set of organized activities supported by a set of resources to achieve a specific and intended result.”

uOttawa Department of Family Medicine

- Largest department in the uOttawa Faculty of Medicine
- 557 faculty members (2017)
  - 11 Full Professors
  - 21 Associate Professors
  - 222 Assistant Professors
  - 294 Lecturers 9 Adjunct Professors
- Work in varied contexts
  - Academic teaching units
  - Community based sites
  - rural teaching sites
  - teach medical students +/- residents
  - in-patient +/- out-patient
  - classroom / academic teaching
  - researchers/ scholars or work as administrators
FD program (to 2016)

- Essential teaching skills 1, 2, 3
- ‘One-off’ workshops
  - During the year (1-2 hrs)
  - Yearly faculty retreat
- Webinars- synchronous short monthly broadcasts
- Other FD offerings:
  - CRAGs, informal rounds at Unit
  - Faculty of Medicine, FMF

Positive reactions to each of these. But often low attendance, and impact variable
BEME GUIDE

A systematic review of faculty development initiatives designed to enhance teaching effectiveness: A 10-year update: BEME Guide No. 40

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Understanding Mainpro+ Certification

Faculty Development in Assessment: The Missing Link in Competency-Based Medical Education

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Abstract
Room to grow? A Conceptual Framework to guide our FD program design

- Evidence-informed educational design
- Relevant content
- Experiential learning and opportunities for practice and application
- Opportunities for feedback and reflection
- Educational projects
- Intentional community building
- Longitudinal program design
- Institutional support

2017 Needs Assessment: Phase 1a&b (Leaders)

- Jan to Feb 2017
- A) informal interviews with educational leaders
  - UG leads, PG program director, unit PG directors, senior leaders and other leaders attending a curriculum retreat
- B) anonymous survey (Survey Monkey) to rank possible topics (Not required, possible, desirable, mandatory)
- What do they value (format, delivery)?
- 21 responses (representing a broad range of faculty from a wide range of ages and practice types)
2017 Needs Assessment: Phase 2
(Leaders+Teachers+Administrators+Researchers)

- March to June 2017
- Faculty surveyed on an open department newsletter using an anonymous online survey
- Select sessions they would personally be interested in attending
- 67 respondents
2017 Needs Assessment: Phase 3 (Literature Reviews)

- Rolling – prior to session planning 2018-2019
- focused literature review to identify additional learning gaps (unperceived needs)
What they value: Formats & WHO (participants, presenters)
Value: When, Where
Why

Based on unperceived needs
Develops presenter skills
Supports growth
Mainpro
Promotion
Innovation exposure
Wellness
TSAA
Dissemination
Connects us
Sample Topics from Needs Assessment
**Goal:** “To support the outcomes-based professional growth of individual uOttawa Family Medicine faculty and their Communities of Practice”

**Activities**

**Design and deliver sessions:**
- **Faculty driven:** Listen to faculty, Enlist and support diverse voices, bilingual
- **Diverse content connections:**
  - 1st sessions (synchronous F2F, blended)
  - 2nd sessions (asynchronous online)
- **Demonstrate best practices:** Use evidence based education theory* foundation, learner-centred methods, adult learning principles
- **Longitudinal & one-off sessions**
- **Clustered multiple offerings:** “Double features”
- **Design supports engagement and wellness implicitly:** “Fun”, socialization, networking, mentorship, charity (united in purpose). Varied formats, locations, session dates, times.
- **Access to materials:** practical online materials to use by participants, share by FD CoP champions
- **Accredited:** Mainpro+, TSAA credits

**Create FD curriculum:**
- **New content:** perceived & unperceived needs, responsive, deliberate content
- **Refreshed content:** ETS1,2,3 “refreshers”, self-study options
- **Classify levels of learning** (foundational, solidification, enhancement)
- **Aligned:** local, national frameworks

*Experiential learning, situated/case based learning, social constructivism, sociocultural learning, transformative learning
Outputs (to count)
Attendees / Participants:
- Total # participating
- # returning, new
- # From different CoP (eg different units, rural)
- TSAA awards received
- # faculty with eCV

Sessions:
- # faculty, speakers
- # CanMEDS-FM roles
- # Total, new sessions
- # longitudinal series
- # of different formats
- # views (online sessions), downloads
- # Mainpro+ credits
- #TSAA credits given

Kirkpatrick 1: (Reaction): Faculty:
- ↑ Engagement in session
- ↑ Satisfaction
- ↑ Engagement in educational CoP
- ↑ Perceive session relevant

Kirkpatrick 2 (Learning): Faculty:
- ↑ Learning (knowledge, skills, attitude) changes
- ↑ Confidence
- ↑ Commitment

Kirkpatrick 3 (behaviour): Faculty:
- ↑ Application, adoption, adaptation of materials with learners or patients
- ↑ Attempting techniques in workplace settings
- ↑ Assessment of learners
- ↑ Adoption of medical education principles in own teaching

Kirkpatrick 4: Faculty:
- ↑ Create culture of: engagement, learning, mentorship, celebration, professional identity as medical educators
- ↑ Wellness, resilience, ↑ sense of meaning from work, ↓ burnout
- ↑ Scholarship/dissemination
- ↑ Creation of teaching dossiers & applications for promotion
- ↑ Recruit. & retention

Learners:
- ↑ Satisfaction
- ↑ Engagement
- ↑ Wellness
- ↑ Learning

Patients:
- ↑ satisfaction
- ↑ health

Session assessment questions
# Program: Sample Outputs

<table>
<thead>
<tr>
<th>Output</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td># sessions</td>
<td>20</td>
<td>28</td>
<td>27</td>
</tr>
<tr>
<td># unique attendees</td>
<td>99</td>
<td>115</td>
<td>143</td>
</tr>
<tr>
<td># repeat attendees</td>
<td>44</td>
<td>40</td>
<td>55</td>
</tr>
<tr>
<td># Mainpro credits</td>
<td>375.5</td>
<td>861</td>
<td>879.75</td>
</tr>
<tr>
<td>Total distance</td>
<td>585.4 km</td>
<td>3987.9 km</td>
<td>9164.3 km</td>
</tr>
<tr>
<td>Distance/attendee</td>
<td>5.91 km</td>
<td>34.3 km</td>
<td>63.64 km</td>
</tr>
</tbody>
</table>

* Partial data only – incomplete list of session offerings
Tracking outcomes

- Original program evaluation plan: >30 indicators involved some form of survey of faculty members
- Survey fatigue: “There is a well of good will... stop dipping your bucket in the well”
- A call for indirect measures
Longitudinal workshop series:
Patient Centered Interviewing

- 3 longitudinal workshops, 1 hr each
  - December 6 2017 “That didn’t go so well!”: **Interventions to help learners struggling with patient-centred communication challenges**
  - March 9 2019: “FIFE with style!”: Helping learners to demonstrate active listening skills, context integration, and exploration of a patient’s illness experience”
  - June 15 2018: “Landing in Common Ground”: **Helping learners use the Patient Centred Communication Method to negotiate a care plan, close the interview and self-reflect**
- All recommended use of new Pt-centred eFN
Results: Application of materials with learners

- 56 attendees
  - 17 faculty not eligible
  - 39 eligible faculty
- Total eFN by attendees: 5327
- Ave. eFN by eligible attendee: 143.97
- Total Pt centred eFN (attendees): 44 (by 10 attendees)
- Pt centered eFN (non attendees): 197
“Create culture of: engagement ...”

- Challenge with defining engagement
- Participation by different groups
- Assembled database of all participants (2016-2019)
2016

- Google Maps
2016+2017
+2018

- >250 participants (2016-2019)
Reflecting on date: new analyses needed

- (Re)define engagement
  - eg early-, mid-, late-career MDs
  - role in DFM)
- Need to consider more than calendar year
A community of practice (CoP) is a group of people who "share a passion for something they know how to do and who interact regularly to learn how to do it better" (Wenger, 2006).

- Mutual engagement
- Common goal
- Shared repertoire of skills and experiences
Future work

- Better digital databases
- New data sources (eg eLearning)
- Focused qualitative feedback & needs assessment in future
- Assessment of motivation of faculty
Thank you. Any questions?

Faculty Development at DFM: Activities

- **Formats**: Flexible, evidence-based learning strategies, modular, use of online resources
- **Accredited** (Mainpro, TSAA)
- **Communities of practice & individuals** are supported & strengthened
- **Design** supports wellness – explicitly and implicitly
- **Engage faculty**: Responsive to faculty needs, increase faculty confidence, and commitment to apply, adapt, adopt and attempt practical materials/techniques
- **Voices** are diverse: seasoned educators + “nesting ground” for new voices
Developmental Evaluation Philosophy: for complex systems

- "Are we walking the talk? Are we being true to our vision? Are we dealing with reality? Are we connecting the dots between here-and-now reality and our vision? And how do we know? What are we observing that's different, that's emerging?"


Perfectionnement du corps professoral au DMF

- Pour développer et soutenir les communautés de pratique
- Engager le corps professoral: accroître la confiance du corps professoral, l'engagement à appliquer, adapter, adopter et essayer des matériaux / techniques pratiques
- Réaliser en réponse aux besoins de la faculté
- Formats et stratégies d'apprentissage souples et fondées sur des données probantes, modulaires, utilisation des ressources en ligne
- Conçu pour soutenir le bien-être implicitement et explicitement
- Organisé en fonction des besoins des membres du corps professoral avec des formats
- Revu/Accrédité (Mainpro+, Certificat d'aptitude à l'enseignement)
- Perspectives: des voix diverses de membres du corps professoral
Help us improve. Your input matters.

- Download the ICRE App, or
- Go to: www.royalcollege.ca/icre-evaluations to complete the session evaluation.

Aidez-nous à nous améliorer. Votre opinion compte!

- Téléchargez l’application de la CIFR
- Visitez le www.collegeroyal.ca/evaluationscifr afin de remplir une évaluation de la séance.
References