What works and what doesn’t
- in a national formal advisory program in Denmark?

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The research group

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Take home messages

Success in the form of perceived benefit of advisory programs depends on advisors’ skills and motivation. This supports the need for training and continuous Faculty Development of advisors.

But as this provides no guarantee for motivation it raises the question if all doctors should serve as advisors – or if we should enroll only motivated candidates?
Background

- Denmark 1998

- A national, formal advisory program (NFAP)

- One advisor for every trainee in each rotation of PGME

- At least three appraisal meetings in each rotation

- To guide and oversee the trainees work and progress regarding learning objectives and milestones
Aim

To investigate differences between PGY1-doctors, who experienced the most beneficial respectively least beneficial in order to identify “What makes it work and what doesn’t”.
The Success Case Method

Ref: Brinkerhoff, 2003

Very beneficial = success

Not beneficial at all = non-success

STEP 1: A survey
STEP 2: Individual interviews
Study design

- A survey was conducted among all 115 actively employed in their first 6-month rotation of PGME in Central Denmark Region
- 77 PGY1-doctors were included (RR=67%)
- A cluster-analysis identified 8 successes and 7 non-successes
- Semi-structured interviews were conducted with 6 successes and 5 non-successes
The SCM-buckets

What was used?
What results were achieved?
What good did it do?
What helped?
What were the barriers?
What was used?

- Longer appraisal meetings
- An introduction to purpose and process
- The personal learning plan
- Feedback on clinical skills and global performance
- Career guidance
- A contact person

Non-success no. 126: "...and it should not take more than 20 minutes, as he had to pick up his kids"

Success no. 83: "I could come to talk to her, if there was something special, I needed"
Outcome

- Focus on education in an otherwise busy work plan
- Time and space for reflections
- Agreements on goals and areas of improvement
- Ideas as to what was going well and what to do different
- Awareness and clarification of career opportunities
- Having someone to address problems to
Facilitators?

- Advisor prioritized time for meetings
- Advisor showed empathy, engagement and interest
- Advisor was knowledgeable and experienced
  - setting up frames for the meetings
  - the learning plan was used as intended
Barriers?

- Clinical workload
- Advisor lacked skills and knowledge
- The learning plan was seen as a bureaucratic formality
- Advisor seemed indifferent
Conclusion and discussion

Appraisal meetings can foster clarification of and reflections on educational goals, progress and career as well as self-confidence and a feeling of security.

However success seems to depend on advisor’s motivation and skills, which supports the need for training and continuous Faculty Development of advisors.

But as skills provides no guarantee for motivation we raise the question if all doctors should serve as advisors – or if we should enroll only motivated candidates?
Thank you for your attention