

## Learner Evaluations: What did we find?

LEG Leads and Administrators Meeting November 6, 2016

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### **Conflict of Interest Declaration: Nothing to Disclose**

I have no financial or personal relationships to disclose



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#### **Medical Education QI**





#### **Educational Scholarship**

Systematic study of teaching and learning using approaches that allow dissemination of findings, opportunities for application and evaluation by others.

**Boyer** 



#### **Faculty Development**

Faculty development is enhancing faculty knowledge and skills so their contributions can advance the education program rather than just teaching within it.

Rubeck & Witzke



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#### **Faculty Evaluation Format**

- Quantitative questions
  - Questions (11)
  - Rating scale (0-5)
- Qualitative questions
  - Areas of strength
  - Areas for improvement
- Shared with preceptor
  - Yes/No



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### Your Physician Teacher:

Mean:

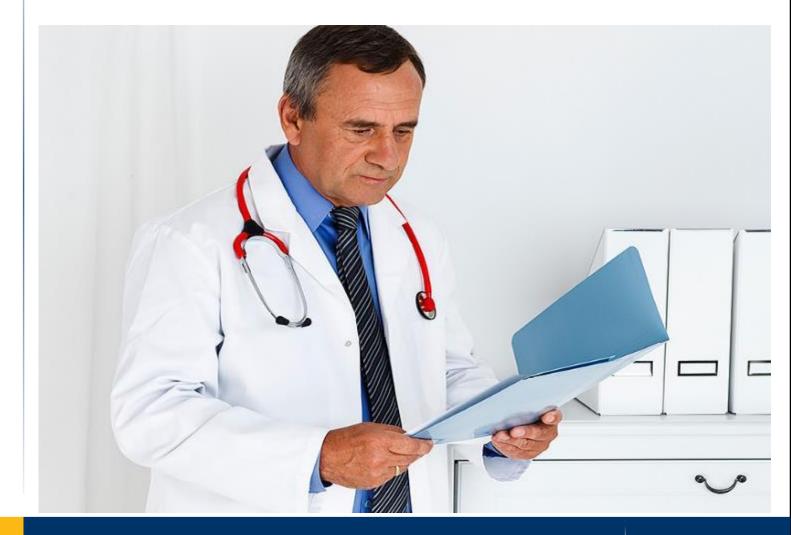
**Standard Deviation:** 

	NOSM faculty member		
	1. Clearly outlined the physician teacher's expectations of your patient care responsibilities	4.4	0.3
	2. Clearly discussed your learning objectives	4.4	0.2
9	3. Helped you meet your learning objectives	4.5	0.3
ì	4. Provided an appropriate level of supervision	4.6	0.3
	5. Was approachable	4.7	0.2
	6. Provided useful feedback to you	4.5	0.4
	7. Demonstrated an appropriate rapport with patients	4.6	0.2
	8. Explained the rationale for diagnostic tests to you, the patient, and the patient's family	4.6	0.4
	9. Respected and cooperated with other health care professionals	4.6	0.2
	10. Demonstrated the use of evidence-based medicine	4.6	0.3
	11. Had a positive influence on your ability to provide patient-centred care	4.6	0.3



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#### Impact of learner faculty evaluations





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#### **Local Education Groups**





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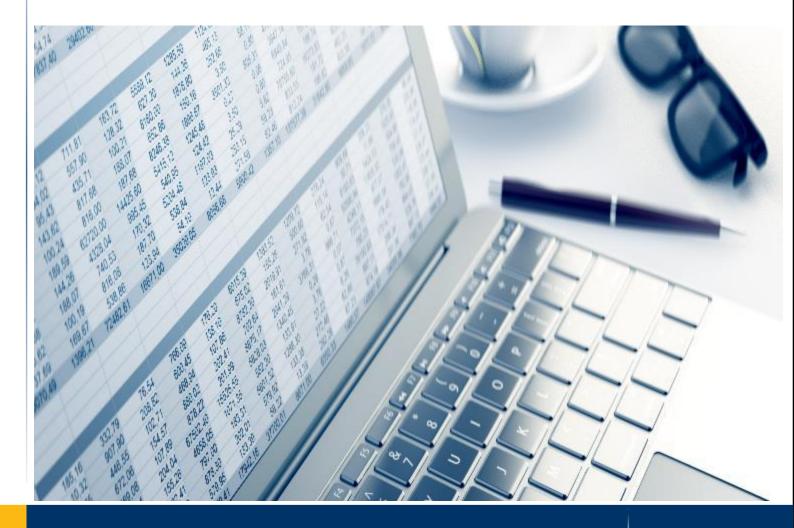
#### **Physician consent**





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### Compile and analyze learner evaluations





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## LEG faculty development workshop





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#### Reflections and discussion





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#### **Commitment to change**





Based on feedback provided by learners and our discussion, described two strategies you could implement to improve your role as a preceptor.



Based on feedback provided by learners and our discussion, described two strategies your LEG could implement to improve their educational activities.



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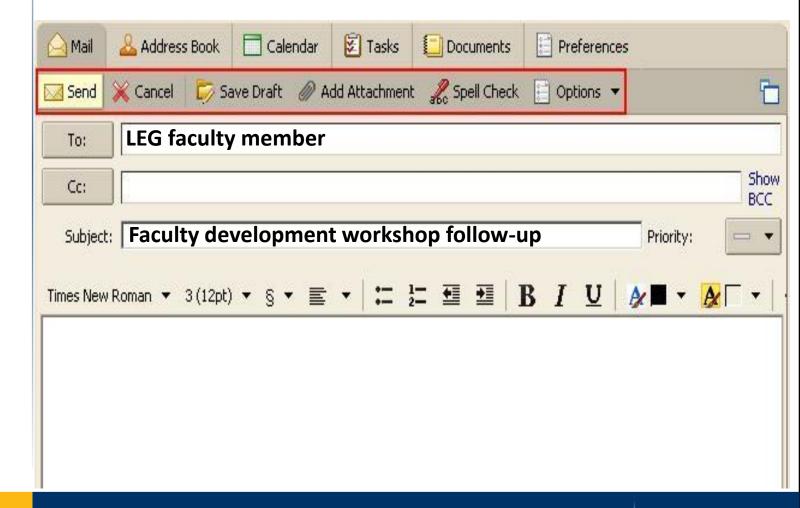
#### **Summary of evaluations**





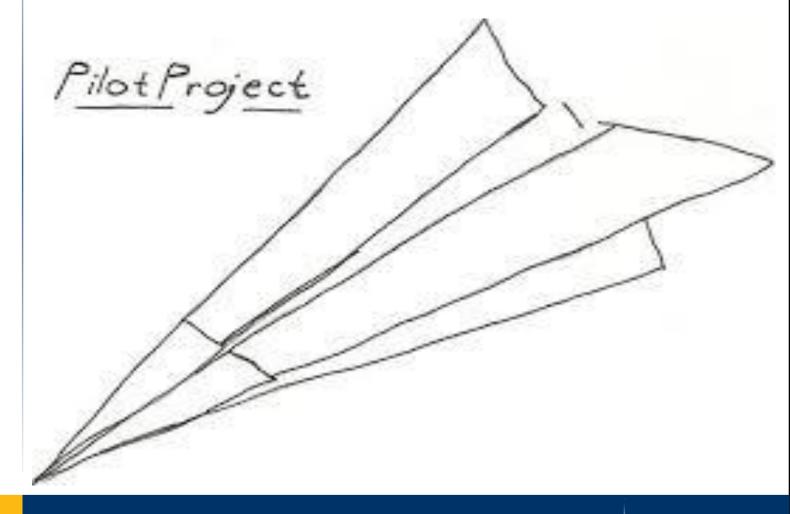
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#### Follow-up email





#### **LEG pilots 2015-16**





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#### **Research Ethics Approval**





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#### **Sioux Lookout LEG**





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#### **Sioux Lookout LEG Data Set**

	Clinical Faculty Evaluation	VAR Evaluation	Family Medicine Evaluation	Pediatrics Evaluation
Date range	2011-2016	2011-2016	2013-2016	2013-2016
Evaluations	225	40	24 residents	10 residents
Faculty	23	8	n/a	n/a
Quantitative	11	12	19	5
Qualitative Focus	Areas of Strength; Areas for Improve- ment	Content; Technology; Facilitator	Strengths; Improve- ments	Strengths; Weaknesses; Improve- ments



### **Faculty Evaluations Qualitative Comments**

- Areas of strength
  - Comments (195)
- Areas for improvement
  - Comments/Suggestions (45)



### UME Phase 2 Strengths

- Exemplary patient care
- Preceptor approachable
- Balances learner independence with appropriate support
- Provides feedback
- Commitment to teaching
- Learner centred
- Supporting learning



## UME Phase 2 Areas for Improvement

- **Feedback**
- Organization
- Students roles & responsibilities
- Balancing student clinical and personal responsibilities



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### Project team: James, Clare, & Penny





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# Thank-you for your commitment to training the future physicians of Northern Ontario





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#### **Questions or comments?**





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