Accreditation as Quality Assurance: Measures of Effectiveness

AUTHOR(S):
- Danielle Blouin, Queen's University, Canada (Presenter)

ABSTRACT

Background: Accreditation of undergraduate medical education (UME) programs serves as a significant quality assurance (QA) mechanism to ensure the quality of education offered by programs. Accreditation effectiveness has been studied mainly by looking at students' performances on national examinations. However, direct linkages between accreditation and the graduates' performances are difficult to establish.

Summary of Work: This qualitative study sought to identify novel markers of accreditation effectiveness. In 2016, Canadian medical education leaders (deans, UME deans, accreditation leaders, curricular leaders) participated in individual interviews and focus group discussions to share their perceptions of useful indicators of accreditation effectiveness. The constant comparative method of analysis associated with the grounded theory approach was used for data analysis. There are 17 medical schools in Canada; all are public. 16 were invited to participate; one school was excluded as the study would have interfered with ongoing accreditation activities.

Summary of Results: 63 individuals from 13 (81%) programs participated in interviews or focus groups. Proposed indicators were grouped under seven themes. Effectiveness of accreditation could be evidenced by looking at: 1. Process: quality of the processes and systems in place at UME programs; 2. Program: quality of curriculum, learning environment, assessment systems; 3. Expectations: whether programs' social accountability mandate is met, e.g., primary vs. specialist care ratio, geographic distribution; 4. Student/graduate performance: on national examinations, in postgraduate training, etc.; 5. Stakeholders' satisfaction: whether the public, government, faculty members, etc., are satisfied with programs' graduates; 6. Research productivity: by students and faculty members; 7. Faculty engagement: within UME programs and in activities aiming at enhancing teaching skills; 8. QA: whether programs demonstrate commitment to QA and to program evaluation.

Discussion and Conclusions: Several new potential indicators of accreditation effectiveness were identified that would help substantiate the value of accreditation as a QA mechanism in ensuring the quality of UME. Next steps involve an analysis of the feasibility and of the specific data required in each category.

Take-home Messages: 1. UME accreditation aims at ensuring the quality of medical education programs; 2. Current markers on accreditation effectiveness focus on learners' performance; 3. This study proposes several novel markers of accreditation effectiveness based on interviews and focus groups with Canadian education leaders.
Medical Students’ Perceived Readiness for Clerkship - 5 years of Survey data

AUTHOR(S):
- Simon Field, Dalhousie University, Canada (Presenter)
- Darrell Kyte, Dalhousie University, Canada

ABSTRACT

Background: Dalhousie University conducts an annual survey of medical students to evaluate their perceived readiness to begin clerkship. We have reviewed the past 5 years’ worth of data to assess areas where students feel well-prepared and evaluated differences based on a number of variables.

Summary of Work: Our Clerkship Readiness Survey is administered shortly after commencing clerkship, and allows students to self-evaluate their comfort in dealing with various aspects of clinical practice. It has been administered annually for the past 5 years.

Summary of Results: Survey results show consistency in the skills with which students are most and least comfortable. For example, students consistently report more comfort with communications skills and less comfort with proposing a management plan for their patient's problems. Results are also consistent across Dalhousie’s two campuses; however, differences were evident between male and female students with respect to a number of skills. Open-ended feedback showed students felt well-prepared in communication skills but suggested additional emphasis was needed in pharmacology and in particular prescribing.

Discussion and Conclusions: Students showed comfort with their communication skills, and less comfort with creating management plans. Male students showed higher confidence levels with domains directly related to acute patient care and communicating bad news, while female students had greater comfort in the domains of demonstrating compassion and communicating with colleagues. While our survey data did not show significant differences across a number of variables, there were domains in which male and female students differed in their levels of comfort in working within a clinical environment. We plan to cross-reference these results with student performance on OSCEs.

Take-home Messages: Student surveys over 5 years have shown consistency with top- and bottom-ranked skills across campuses and ages, and across some skill sets, but male and female students showed differences in their perceived abilities in selected physician activities.
A comprehensive approach to ensure educational comparability across geographically distributed clinical sites at an international medical school

AUTHOR(S):
- Robert Hecht, American University of the Caribbean School of Medicine, USA (Presenter)
- Stephen Ash, American University of The Caribbean School of Medicine, USA
- Ian Scobie, American University of The Caribbean School of Medicine, USA
- Joy Checa, American University of The Caribbean School of Medicine, USA
- Kimberly Kirkland, American University of The Caribbean School of Medicine, USA
- Julie Taylor, American University of The Caribbean School of Medicine, USA

ABSTRACT

Background: American University of the Caribbean School of Medicine (AUC) is an international medical school with a medical sciences campus in Sint Maarten and clinical sites at seventeen US and seven UK hospitals with vastly different structures, patient populations and environments. AUC has systematically developed a robust tracking strategy to ensure a comparable educational experience for all required clerkship students across 24 clinical settings.

Summary of Work: AUC has created multiple mechanisms for tracking clinical sites including 1) program evaluation and 2) student experiences and academic outcomes. Detailed clerkship evaluations provide significant quantitative and qualitative feedback from students after each clinical rotation. The annual site visit process produces comprehensive reports and action items. Clinical site caseloads are compared utilizing student-entered electronic case logs. Region-specific student government representatives liaise directly with deans. Students' academic performance, including clerkship grades, National Board of Medical Examiners (NBME) Subject Examination performance, United States Medical Licensing Examination (USMLE) Step 2 performance and National Residency Match Program residency attainment rates are also documented for each site and compared to mean data from US clinical sites, UK clinical sites and all clinical sites in the same specialties. Data are shared with site leaders and faculty at annual in-person clinical sites by AUC Clinical Deans. These tracking mechanisms facilitate data comparison by clinical site and by clerkship within each clinical site.

Summary of Results: The team will present the student clerkship evaluation tool, the site visit process and a templated site visit report. Two clinical dashboards, one for internal use and the other for external reporting, track both program and student outcomes iteratively.

Discussion and Conclusions: Vastly different clinical sites can provide variable student educational experiences and academic outcomes. AUC employs a broad array of quantitative and qualitative measures to ensure comparable clinical clerkship educational experiences across diverse clinical sites. This information is used to 1) drive program improvements and identify best practices and 2) to identify outliers in student experiences and academic outcomes.

Take-home Messages: Detailed tracking and analysis of clerkship, site, and student outcomes can demonstrate comparability of the educational experience at diverse clinical sites.
Students Making a Change (SMAC) - Using an innovative education platform to collect medical undergraduate feedback for real-time improvement

AUTHOR(S):
- Shabina Yasmin Rahman, University Hospitals of Leicester NHS Trust, UK (Presenter)
- Chiraag Thakrar Karia, University Hospitals of Leicester NHS Trust, UK
- Shelina Sachedina, University Hospitals of Leicester NHS Trust, UK
- Stephen Williams, University Hospitals of Leicester NHS Trust, UK
- Sue Carr, University Hospitals of Leicester NHS Trust, UK

ABSTRACT

Background: Student feedback is an important aspect of curriculum development. Currently, feedback is collected retrospectively by the local Medical School at regular intervals using a mixture of Likert scale and open-ended questions. Generally, response rates are low and there is no opportunity for real-time improvements in response to feedback.

Summary of Work: In total, fifteen focus groups were conducted over 17 months (September 2017 to February 2019) midway through 3rd and 4th year clinical placements. These sessions utilised TopHat, an innovative education platform to collect real-time feedback. Four questions were asked to allow students to contribute meaningful, structured feedback: 1) What works well? 2) What requires improvement? 3) What would you change? 4) How would you change it? Students were asked to rank preferred areas of improvement and provide constructive suggestions for improvement.

Summary of Results: An average of 12 students attended each focus group with several common themes emerging, including positive tutor exemplars, timetabling issues, clarification of student expectations and bedside teaching opportunities. Feedback and the students’ suggestions for improvement were communicated to clinical placement block leads for implementation in real-time. Changes made were disseminated to students through a quarterly newsletter.

Discussion and Conclusions: The use of TopHat to collect real time feedback has allowed the rapid implementation of improvements during a clinical placement experience. This has also improved student engagement with the process of giving feedback by promoting discussion and empowering them to create meaningful change. In addition, students are developing an awareness of quality improvement which is a skill listed in the General Medical Council's 'Outcomes for Graduates'.

Take-home Messages: Using an innovative, online education platform to collect feedback can help to engage and empower medical students and lead to real-time improvements in their clinical placements.
#5N  Short Communications - Curriculum - Accreditation and Curriculum Evaluation

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Evaluating the Neonatal Intensive Care Nursing MSc Program Based on CIPP Model in Isfahan University of Medical Sciences

AUTHOR(S):
- Mahshid AbdiShahshahani, Isfahan University of Medical Sciences, Iran (Presenter)
- Zeinab Hemati, Isfahan University of Medical Sciences, Iran
- Alireza Irajpour, Isfahan University of Medical Sciences, Iran
- Maryam Allahbakhshian, Shahid Beheshti University of Medical Sciences, Iran
- Maryam Varzeshnejad, Shahid Beheshti University of Medical Sciences, Iran
- Babak Hamidfar, Isfahan University of Medical Sciences, Iran

ABSTRACT

Background: Following the expansion of neonatal intensive care units in Iran and the potential of ill and low-weight infant survival, neonatal nursing MSc program was first introduced in 2009. Since this program has not been evaluated systematically, it requires systematic and coherent evaluation for qualitative and quantitative improvement. Therefore, the purpose of this study was to evaluate the neonatal intensive care nursing MSc program based on CIPP model in Isfahan University of Medical Sciences.

Summary of Work: As a CIPP-based educational evaluation, this descriptive cross-sectional study was performed in 2014 on 40 participants including one head of department, 7 faculty members of pediatric nursing department, 25 students and 7 graduates of NICU nursing MSc program at Isfahan University of Medical Sciences. Participants were selected by means of census method. The program was evaluated using a researcher-made CIPP-based questionnaire that consisted of context, input, process, and product dimensions. Experts’ opinion was used to verify face and content validity and Cronbach’s alpha coefficient was used to determine the questionnaire’s reliability. Data were analyzed in SPSS software.

Summary of Results: Findings showed that the mean scores of context (47.18±7.77), process (120.23±24.5) and product (59.85±17.16) were significantly higher than the average while the mean score of input (84.18±17.9) was lower (p=0.003).

Discussion and Conclusions: Results indicate that the input aspect of the neonatal intensive care nursing MSc program at Isfahan University of Medical Sciences is at an undesirable level. Therefore, it seems that improvement of the educational quality and revision of the program require greater emphasis on enhancing factors that might affect the input, especially curriculum and faculty members.

Take-home Messages: Policymakers should pay more attention to the revision of the curriculum and implement formative and summative assessments consistently in order to promote the quality of neonatal intensive care nursing MSc program.