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EDUCATIONAL/FACULTY DEVELOPMENT MATERIAL

Implementation of a multi-level evaluation strategy: a case study on a program for international medical graduates

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Abstract

Evaluation of educational interventions is often focused on immediate and/or short-term metrics associated with knowledge and/or skills acquisition. We developed an educational intervention to support international medical graduates working in rural Victoria. We wanted an evaluation strategy that included participants' reactions and considered transfer of learning to the workplace and retention of learning. However, with participants in distributed locations and limited program resources, this was likely to prove challenging. Elsewhere, we have reported the outcomes of this evaluation. In this educational development report, we describe our evaluation strategy as a case study, its underpinning theoretical framework, the strategy, and its benefits and challenges. The strategy sought to address issues of program structure, process, and outcomes. We used a modified version of Kirkpatrick's model as a framework to map our evaluation of participants' experiences, acquisition of knowledge and skills, and their application in the workplace. The predominant benefit was that most of the evaluation instruments allowed for personalization of the program. The baseline instruments provided a broad view of participants' expectations, needs, and current perspective on their role. Immediate evaluation instruments allowed ongoing tailoring of the program to meet learning needs. Intermediate evaluations facilitated insight on the transfer of learning. The principal challenge related to the resource intensive nature of the evaluation strategy. A dedicated program administrator was required to manage data collection. Although resource-intensive, we recommend baseline, immediate, and intermediate data collection points, with multi-source feedback being especially illuminating. We believe our experiences may be valuable to faculty involved in program evaluations.

Key Words: *Medical education; Educational measurement; Medical students*

INTRODUCTION

Evaluation is an essential step in curriculum or program development. However, evaluation is often not given promi-

nence during program development, as resources are directed towards implementation. There are benefits associated with evaluation strategies that evolve contemporaneously with program development. These include a clear focus on measurable program outcomes, and an educational design that may promote learning (e.g., deep levels of participant reflection) and can be scheduled as part of the program.

The program evaluation literature has extensively documented many approaches [1-8]. Program evaluation is essential for quality assurance. We adopted a 'traditional' approach to program evaluation that measures structure, process, and out-

comes. Examples of 'structural' elements include the content of the program, the number and timing of sessions, physical infrastructure, demographics, and expertise of the faculty. 'Process' elements refer to the usefulness or value of the educational methods and provide insight into faculty and participant reactions to specific sessions and the overall program. 'Outcome' elements refer to changes in participants as a consequence of participating in the program.

In this case study, we describe the development and implementation of the evaluation strategy for a program designed to support the international medical graduates (IMGs) working in rural Victoria, Australia. There are shortages of doctors working in rural practice and IMGs make a substantial contribution to healthcare services. Rural locations are often the first appointment for IMGs in Australia [9-11]. Orientation to the healthcare system is critical but often overlooked. We developed a program – Gippsland Inspiring Professional Standards for International Experts (GIPSIE) to support IMGs working in rural Victoria. Elsewhere, we describe the GIPSIE program and the results of the evaluation [12]. We have summarized key elements of the program in Appendix 1. The GIPSIE program comprised a weekend workshop and four subsequent evening sessions over three months. Simulation-based training was a prominent theme and addressed clinical knowledge, attitudes, and skills, and included a range of activities (e.g., procedural skills training with a part-task trainer, management of the acutely ill patient with manikins, patient assessment skills with simulated patients, etc.). Diverse clinical communication skills were explored (e.g., teamwork, handover, telephone, critical information, etc.). Audiovisual review of performance was enabled through the use of video playback in small groups and later for individual IMGs on iPod Nano devices. GIPSIE was underpinned by a website offering diverse learning resources. Content experts were invited to lead sessions that integrated knowledge and skills reflecting local practice.

GIPSIE had three lead academic faculty (AW, MR, DN) supported by several other academics (including CH, CS), clinicians, and an administrator. Seventeen participants entered the GIPSIE program, which was implemented in 2008 and 2009. Fifteen participants completed GIPSIE and rated the program highly, especially the simulation-based activities with feedback and later audiovisual review on iPods and the GIPSIE website. However, suggestions were made for improving several aspects of the program. Participants reported increased knowledge, skills, and professionalism after the program. Although overall multi-source feedback (MSF) scores showed no statistically significant changes, there were positive directional changes for three items: technical, teaching, and communication skills. These developments were also supported by qualitative comments. Learning was reported to be sustained three months after the program.

In this case study on educational development, we describe the development and implementation process of the evaluation, along with the benefits, and challenges of educational development with the goal of sharing our experiences of the process rather than the outcome of this approach to evaluation.

MEASURES OF PROGRAM IMPACT

Kirkpatrick [13] developed a 4-level model for evaluating vocational/training programs. The different levels explore trainees' reactions, learning, behavioural changes, and any resulting change in organizational practice. Kirkpatrick's original model implied that all levels are recommended for full and meaningful evaluation of learning. Barr et al. [14] has adapted the original model. The adaptation reveals a 6-level model partly contextualized to healthcare. Appendix 2 illustrates the levels of evaluation, what is measured, examples of evaluation methods, and relevance and practicality [14]. The evaluation methods increase in complexity by level.

We had several goals in the evaluation of GIPSIE. Using the adapted version of Kirkpatrick's model of training impact (Appendix 2), we wanted to access as many levels as possible within our resources. We also wanted to address retention of learning, which is often omitted from training evaluations [15]. That is, we wanted to design an evaluation strategy that would elicit development in trainees' knowledge, attitudes, and skills and detect sustained changes in clinical practice. Here we outline the evaluation strategy and its challenges.

EVALUATION INSTRUMENTS, DATA COLLECTION, AND ANALYSIS

There were eight instruments in the evaluation strategy and these are listed in Appendix 3. We have divided the time frame for data collection into three stages – baseline data collected prior to participants starting the program, immediate response to the program (including participant reactions) collected during the program, and finally, intermediate-term response to the program when data was collected at least at least three months after the program. All GIPSIE participants were invited to participate in each evaluation activity.

Baseline data
Baseline data was collected in order to do the following: gain insight to our diverse participants, use this data to ensure a tailored educational program, and have a basis on which to compare outcome data.

Instrument 1: Demographics and experience of living and working in Gippsland (Pre-program)

Participants completed a paper-based survey recording age, sex, experience of living and working in Gippsland, career goals, and experience with a range of educational methods. Responses included ratings of satisfaction and free text responses. The survey content was derived from our reading of the literature and issues we considered relevant to our region.

Instrument 2: Baseline learning needs analysis (LNA) (Pre-program)

Prior to commencing the program, participants were sent a paper-based form and asked to identify their expectations and learning goals for the GIPSIE program. Responses were in a free text format. The individual and collated content of the LNA were used to adjust the program content and personalize learning. The participants reviewed their LNA during and on completion of the program.

Instrument 3: MSF (Pre-program)

The main outcome measure consisted of MSF (pre- and post-program). This is also known as peer assessment or 360 degree feedback. We used a validated instrument designed for workplace-based assessments that is easily integrated with clinical practice [16]. Each IMG was asked to nominate up to twelve colleagues to make judgments on sixteen facets of clinical practice. A six-point scale was provided to reflect level of competence. We also asked participants to self-assess using this form, so that they could build a picture of how they see themselves compared with others.

The process for collecting MSF data is presented in Appendix 4. MSF assessments were completed before and then three months after the program. Assessor identifiers were removed from the collated results provided to the participants.

IMMEDIATE RESPONSE TO THE PROGRAM

This data was collected to capture participants' experiences of GIPSIE including their perception of changes in knowledge and skills and the usefulness of the educational methods.

Instrument 4: Workshop evaluation (Weekend workshop)

After the weekend workshop, the participants were given a paper-based form and asked to rate the degree to which they met each prescriptive learning objective (1 = "not at all met" to 6 = "completely met") and the educational methods (1 = "not at all helpful" to 6 = "completely helpful"). Participants were also asked to identify what worked well and what needed to be improved.

Instrument 5: End of session evaluations (4 x evening sessions)

Immediately after each evening session, participants were given a paper-based form and asked to rate the degree to which they met prescriptive learning objectives and the educational methods using the same scale described above. Participants identified what worked well and what needed to be improved. We also asked participants to record up to five things they learned in each session providing us with insight into what they valued and what might have been new to them.

INTERMEDIATE-TERM RESPONSE TO THE PROGRAM (THREE MONTHS AFTER THE PROGRAM)

This data was compared with baseline data to measure the true impact of the GIPSIE program.

Instrument 6: Telephone interview (Post-program)

A topic guide was used to explore participants' experiences of the program and the impact of those experiences on their work. The topic guide content was developed by program faculty to reflect GIPSIE goals and participant perceptions of the program content and educational methods. Detailed notes were made during the telephone interviews scheduled at a time to meet the needs of participants. These notes were read back to each participant as a process of validation. Some verbatim statements were recorded.

Instrument 7: GIPSIE website evaluation (Post-program)

User access information was recorded and collated. Participation in online quizzes and other web-based learning activities (e.g., bulletin board) were monitored through frequency of log-in, time online, and number of contributions.

Instrument 8: MSF or Peer Assessment Tool (PAT) (Post-program)

See instrument 3. Data from individuals was presented in a collated form so that they could monitor their progress from program commencement to completion. We used overall summary data to measure the impact of the GIPSIE program on participants' performance.

The alignment of the evaluation strategy with Kirkpatrick is illustrated in Appendix 2. Baseline data was essential to identify gains post-program so instruments 1, 2, and 3 do not appear in the table, although they are critical to the process. Instruments 4, 5, 6, and 7 explored participant reactions at different points in time (Level 1). Instruments 6 (self-report) and 8 (MSF) provide insight to gains that were assessed after the program was finished, in knowledge (Level 2) and application of learning during and after the program (Level 3). The impact of participants on the clinical environment (Level 4) was

intended to be captured by Instrument 8 (MSF). It was not possible for us to address benefits to patients/clients (Level 5) within our resources.

DATA ANALYSIS

Quantitative data was entered into SPSS ver 18.0 (SPSS Inc., Chicago, IL, USA) for analysis. Descriptive statistics were used to summarize the data. The relatively small sample meant that we used non-parametric statistics. Individual differences pre- and post-program were identified using the Wilcoxon signed rank test. Statistical significance was established at $p < 0.05$.

Qualitative data (free text comments and telephone interview data) were thematically analysed. Themes were identified independently and then agreement negotiated by the researchers (DN, AW, CH). An external evaluator (CS) reviewed de-identified data to ensure rigorous evaluation.

BENEFITS AND CHALLENGES ASSOCIATED WITH INSTRUMENTS

In this section we identify benefits and challenges of the instruments as we experienced them.

Instrument 1: Demographics and experience of Gippsland
The benefits of this approach included the ease with which data was collected. Participants readily shared their experiences. Collated data was used in an early session of the program ensuring personalized content. Participants appeared to value this approach, and it provided a platform to share both the highs and lows of living and working in Gippsland. By exploring positives and negatives, we conveyed to participants that we wanted to hear all views. Collection and analysis of data was relatively easy. There were no significant challenges with this instrument except ensuring that individual participants' personal experiences were not revealed without their permission. Sensitive questioning and prompting provided opportunities for further elaboration of relevant information from participants themselves.

Instrument 2: Baseline learning needs forms
There were several benefits to using this instrument. The most obvious was that participants were encouraged to think deeply about what they wanted to achieve. It also provided us with insight into participants' perceptions of what they thought GIPSIE might be able to address. Learning needs outside the scope of GIPSIE could be clarified at the outset, an important aspect of matching program objectives with participant expectations. Data was easily recorded. The principal challenge (or weakness) was the quality of the information participants

provided. On the form, we gave examples of learning needs in order to illustrate how they might be described. Most participants then reported issues similar to the examples we provided. However, some participants provided additional examples and on questioning, the needs appeared genuine.

Instruments 3 & 8: MSF
Instruments 3 & 8 are same but taken at different times. The main benefit of this instrument at the time of program commencement was that we were able to gain insight to the participants as their colleagues perceived them. Additionally, it conveyed to the participants' colleagues that they were enrolled in a prescribing training program. Although the numerical ratings were interesting, the free text comments were often more helpful, especially when they were detailed. However, the process of collecting the data was highly resource intensive. We collected the data prior to our personally meeting the program participants.

Some participants found it difficult to identify more than eight assessors because they had a relatively short work exposure or worked in small organizations where they were not well known to colleagues outside their unit. The process of collecting the assessor forms required significant follow up and so a designated program manager was required. Despite these challenges, our response rates were satisfactory. Each participant had between two and eight returns at baseline with six the modal return number. After GIPSIE, each participant had five to nine MSF returns with six the modal value. Respondents seemed highly engaged in supporting their IMG colleagues.

We asked IMGs to self assess using this instrument, which provided valuable insight to the participants as to how they viewed themselves in relation to their peers. Although there are issues associated with self-report, participants found the process insightful and sometimes confronting. We had to ensure that participants were supported in making sense of this data, which again, was labour-intensive but highly valued by participants as a learning experience.

Instruments 4 & 5: Workshop evaluation & End of session evaluations
The benefit of these evaluations was that we received immediate insight into participants' experiences of the program. This helped us adjust subsequent learning objectives and educational methods. For example, in some educational methods, we needed to invest more time in orienting participants to their use (e.g., GIPSIE website questionnaires). Because the evaluation data was collected immediately after the participants' experiences, we were able to adjust subsequent teaching methods. The challenges were associated with participants re-

sponding uncritically. Given the relatively small number of GIPSIE participants, there may have been a reluctance to share true feelings, especially if they were critical of the program. We tried to ensure that the completion of forms was a private event and that forms were returned anonymously.

Instrument 6: Telephone interview

There were several benefits to this method, including the highly personalized nature of data collection. Although participants might have provided what they considered were 'socially desirable' responses, we felt reasonably confident that participants spoke quite freely. The participants seemed to be authentic in their responses. There were very few criticisms. They appreciated the attention and value we placed on their feedback. The challenges were again human-resource related because the interviews were time consuming and there were difficulties in scheduling. We also could not always be certain of where the participants chose to receive the telephone call. The settings might have impeded their freedom to share experiences.

Instrument 7: GIPSIE website evaluation

Although we planned this collection of data, we did not use it in the final evaluation report. This was mainly associated with the 'remote' management of the GIPSIE website and the relatively small numbers of participants. That is, the website management was commissioned externally, and this seemed to create some communication challenges. Some participants were also very slow to start using the GIPSIE website and with the small cohort size, we were confident that the participants' self-reporting was adequate to meet our evaluation needs.

CONCLUSION

In order to evaluate the impact of a training program, a carefully planned and resourced strategy is essential. In health professional training, our goal is to ultimately improve the health services offered to patients. However, their direct involvement in evaluation is challenging. Further, programs are often offered by those distant to the workplaces of trainees. Ethical clearances make it difficult for the systematic collection of patient data.

In the project, we sought to implement an evaluation strategy that addressed most levels of the modified Kirkpatrick framework.

Based on our experience, we make the following recommendations:

1. Encourage broad stakeholder involvement in the development of the strategy (e.g., inclusion of Gippsland-based

IMGs and lay representatives).
2. Allocate adequate resourcing of administrative support, especially for MSF and booking telephone interviews.
3. Incorporate evaluation data into educational content and process. That is, schedule evaluation activities as part of the curriculum. Use data collected to engage participants in a personalized program while ensuring relevance.
4. If using MSF, then provide clear instructions to participants and assessors to minimize the encroachment on their time. Indicate that free text comments are highly valued if contextualized. Offer reassurance about confidentiality to assessors. Offer reassurance to participants that the results will not be used in any way to influence their employment with their health service.
5. Incorporate participant feedback into ongoing program refinement and delivery to allow for personalization of education strategies as well as clarification of program objectives.
6. Ensure externally commissioned contractual work is clearly articulated and include progress reports.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

ACKNOWLEDGMENTS

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Appendix 1. Key components of the GIPSIE program

Preparation (one month in advance of the program commencement)
- Participants nominate assessors for multi-source feedback (MSF)
- Program administrator commences data collection
- Individual participants complete learning needs analysis (LNA)
- Collation of MSF and LNA data for individuals (learning focus) and summarily (program evaluation)

Two-day weekend workshop
- Individual participants set learning goals
- Educational methods - Discussion-based activities; Experiential activities (including simulations); Web-based activities
- Participants complete written post-workshop evaluations

Four evening sessions (over two months)
- Educational methods - Reflect on learning between sessions; Presentation and discussion of weekly topic; Experiential activities (including simulations); Web-based activities
- Participants complete written post-session evaluations

Workplace observations (at two months)
- Individual participants observed in the workplace by program faculty who used semi-structured observation guides
- Educational methods – Focused discussion on progress, challenges and areas for development; Plan future learning

Post-program evaluation (Three months after the program finishes)
- Telephone interviews conducted by program faculty
- Program administrator commences MSF data collection

GIPSIE: Gippsland Inspiring Professional Standards for International Experts.

Appendix 2. Modified Kirkpatrick levels of evaluation (after Barr et al. [14], 2000)

Level	Evaluation type (what is measured)	Evaluation description and characteristics	GIPSIE evaluation instruments*
1	Participant reaction	Reaction evaluation is how the participants felt about the training or learning experience	4, 5, 6, 7
2	Learning	Learning evaluation is the measurement of the increase in knowledge - before and after the intervention	6, 8
3	Behaviour	Behaviour evaluation is the extent of applied learning back in the clinical setting - implementation	6, 8
4	Results	Results evaluation is the effect on the environment by the trainee	8
5	Benefits to patient/clients	Any improvement in the health and well being of patients as a direct result of an educational program	Not measured

GIPSIE: Gippsland Inspiring Professional Standards for International Experts.
*Instruments 1, 2 & 3 were used to establish baseline data in order to make sense of post-program data.

Appendix 3. Instruments in the evaluation (compressed for presentation)

Instrument 1: Demographics and experience of living and working in Gippsland

1. How old are you?

2. What sex are you?   Male/Female

3. What is your country of birth?

4. What is your nationality?

5. What language/s do you speak fluently?

6. What language do you predominantly speak at home?

7. How many years have you been in Australia?

8. How many years have you been in Gippsland?

9. Why did you choose to come to Gippsland?

10. What do you enjoy about Gippsland?

11. What do you dislike about Gippsland?

12. Do you intend to stay in Gippsland?
    a. If yes, why?
    b. If no, why not? Where do you think you will go?

13. What professional qualifications do you have?
    Please list and record the university and country of award

Qualification	University/College	Country

14. To what extent do you enjoy your workplace?

Not at all					Completely
1	2	3	4	5	6

15. To what extent do you think you are supported as an international medical graduate in your workplace? (Circle one)

Not at all					Completely
1	2	3	4	5	6

16. How could you be better supported in your workplace?

17. Have you taken any educational programs designed to support international medical graduates?   Yes/No
    If yes, please list and indicate if it was helpful to you.

18. Have you used any of the following simulation-based activities for learning?
    a.   Part task trainers   Yes/No
    b.   Manikins   Yes/No
    c.   Simulated patients   Yes/No

19. Have you ever been the focus of multi-source feedback?   Yes/No
    This is an assessment process that is completed by your work colleagues who make judgments about your abilities so you can build up a picture of how others see you. It is sometimes called 360 degree feedback.

20. Have you ever completed a learning needs analysis form?   Yes/No
    This is a form designed to help you identify your own learning needs so that a program can be designed to help you meet the needs and goals that you think are most important.

21. Have you ever reviewed yourself on videotape performing a professional activity? (e.g., interviewing a patient)   Yes/No

Instrument 2: Learning needs analysis

    1. What are you expecting to learn in the Gippsland Inspiring Professional Standards for International Experts (GIPSIE) program?

    2. With respect to your current clinical practice, what areas do you feel most confident with?

    3. With respect to your current clinical practice, what areas do you think you most need to develop?

    4. Think about situations in which you learn most effectively. What are the characteristics of those situations?

Based on your Self mini-PAT (Peer Assessment Tool or Multi-source feedback form) and your answers above, set yourself five learning goals for the GIPSIE program.
Examples:

    • To learn to communicate more effectively with colleagues, especially phoning consultants about new admissions.

    • To improve my knowledge of current management of stroke

    • To prepare for the Australian Medical Council examinations

Goal 1

Goal 2

Goal 3

Goal 4

Goal 5

Instrument 3: Multi-source feedback

Doctor's Name:
Assessor's Name:

How do you rate this doctor in their:	Below expectations		Borderline	Meets expectations of safe and competent performance	Above expectations		Unable to comment
	1	2	3	4	5	6	7
Good Clinical Care							
1. Ability to diagnose patient problems							
2. Ability to formulate appropriate management plans							
3. Awareness of their own limitations							
4. Ability to respond to psychological aspects of illness							
5. Appropriate use of resources e.g ordering investigations							
Maintaining Good Medical Practice							
6. Ability to manage time effectively / prioritise							
7. Technical skills (appropriate to current practice)							
Teaching and Training, Appraisal and Assessing							
8. Willingness and effectiveness when teaching/training colleagues							
Relationship with Patients							
9. Communication with patients							
10. Communication with carers and/or family							
11. Respect for patients and their right to confidentiality							
Working with Colleagues							
12. Verbal communication with colleagues							
13. Written communication with colleagues							
14. Ability to recognise and value the contribution of others							
15. Accessibility / Reliability							
16. Overall, how do you rate this doctor's performance?							
*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.							

Anything going especially well?

Please describe any areas that you think you should particularly focus on for development

Instrument 4: Workshop evaluation

Please help to identify the strengths and weaknesses in this program by completing the following evaluation form.

To what extent did you meet the following learning objectives?

		Not at all				Completely	
1	Describe general principles of information giving	1	2	3	4	5	6
2	Outline how these principles fit within a consultation	1	2	3	4	5	6
3	Demonstrate competence in giving informa-tion to patients about a procedure	1	2	3	4	5	6
4	Reflect on ways to maintain and develop communication skills for information giving	1	2	3	4	5	6

How effective do you think the following educational techniques were in relation to meeting the learning objectives?

		Not at all				Completely	
5	Session guide	1	2	3	4	5	6
6	Discussion	1	2	3	4	5	6
7	Feedback from simulated patient	1	2	3	4	5	6
8	Feedback from tutor	1	2	3	4	5	6
9	Feedback from peers	1	2	3	4	5	6

Please add further comments here.

Instrument 5: Session evaluation (one example)

Please help to identify the strengths and weaknesses in this program by completing the following evaluation form.

To what extent did you meet the following learning objectives?

		Not at all				Completely	
1	To identify effective patient-centred communication skills	1	2	3	4	5	6
2	To reflect on difficult communication challenges in clinical settings	1	2	3	4	5	6
3	To practice patient-centred interviewing skills in a simulated consultation	1	2	3	4	5	6
4	To demonstrate a logical approach to a clinical problem (infection)	1	2	3	4	5	6
5	To stratify the risk of complications by understanding appropriate tools that identify important elements of a patient's assessment	1	2	3	4	5	6
6	To improve knowledge with respect to specific infections including staphlococcal sepsis and community acquired pneumonia	1	2	3	4	5	6
7	To apply the knowledge gained in the infection lecture to a simulated clinical interaction	1	2	3	4	5	6
8	To reflect on communication challenges in the simulated clinical interaction	1	2	3	4	5	6

How effective do you think the following educational techniques were in relation to meeting the learning objectives?

		Not at all				Completely	
1	Session guide	1	2	3	4	5	6
2	Lecture session on communication	1	2	3	4	5	6
3	Discussion and review of videos of simulated consultations	1	2	3	4	5	6
4	Participating in the simulations	1	2	3	4	5	6
5	Feedback from simulated patients	1	2	3	4	5	6
6	Feedback from tutors on performance in simulation	1	2	3	4	5	6
7	Giving feedback to peers on performance in simulation	1	2	3	4	5	6
8	Receiving feedback from peers on performance in simulation	1	2	3	4	5	6
9	Lecture session on infection	1	2	3	4	5	6

List five things you learned in the session. These are not always 'new' things but the opportunity to revisit things you already knew but see them differently, in more detail, in a new context etc. This process is to help you reflect on what you are getting from the GIPSIE program.

1.
2.
3.
4.
5.

In order to help us evaluate the session, please answer the following questions:
What worked well?
What needs development?

Instrument 6: Telephone interview

The following questions are a guideline for the individual interviews with participants after the GIPSIE program.

1. What thoughts do you have about the GIPSIE program?
2. What was valuable?
3. What was not?
4. What needs to be improved?
5. What could have been added?
6. What could have been left out?
7. What do you think about the use of simulation to help you learn?
8. What do you think about the multi-source feedback to help you learn?
9. What do you think about the GIPSIE website to help you learn?
10. What do you think about working in small groups as you did on the GIPSIE program?
11. Would you recommend this program to others?

Instrument 7: GIPSIE website evaluation

The following activities will be monitored on the GIPSIE website by participant (de-identified).

1. Frequency of log-in
2. Length of time on line
3. Time of day
4. Relative to program meetings
5. Sections of website accessed
   a. Quizzes
   b. Program information (scheduling, etc)
   c. News
   d. Discussion forum
   e. Other

Instrument 8: Multi-source feedback

As for instrument 3

Appendix 4. Instructions for GIPSIE participants

Please read and return to the Gippsland Inspiring Professional Standards for International Experts (GIPSIE) project manager (INSERT NAME) by (INSERT DATE).

Multi-source feedback (MSF) enables you to learn how others see you compared with how you see yourself. It is not always comfortable but it is a powerful way of learning. It is also a way that we can evaluate the impact of the GIPSIE program.

The GMS faculty are experienced teachers who will work with you to help make sense of the feedback constructively. Based on the MSF results and your own learning needs analysis, activities in the GIPSIE program can be adjusted to meet your individual needs (without disclosing details of your feedback to peers or anyone else).

The MSF rating form has 16 items – each item is important in describing the all round performance of doctors.

You are asked to nominate twelve assessors, including their contact details. Selecting people with whom you work closely is important and should include peers, senior doctors, nurses and other health professionals. It is also appropriate to have administrative staff who may not be able to rate all items but that is also acceptable.

You will not know who has given the rating. This will be de-identified.

After nominating your assessors, the project manager will contact the assessors by mail and invite them to complete and return the form. The MSF form is designed to take less than 10 minutes to complete.

On receiving the completed forms, the project manager will enter the results into a database enabling summary results to be produced for each of you. These will be given to you at the beginning of the GIPSIE program. You will develop a learning plan based on the MSF and your own learning needs analysis.

Nominations for multi-source feedback

Try to select at least two people from each role. The more you include the better. Try to obtain a minimum of eight nominations. Please identify people at your current workplace. You need only provide one address, just indicate the best way to contact the nominee in the hospital (e.g., ward).

Name	Role	Work address (ward)
	Senior doctor	
	Senior doctor	
	Senior doctor	
	Peer	
	Peer	
	Peer	
	Nurse	
	Nurse	
	Nurse	
	Other health professional	
	Other health professional	
	Other health professional	
	Administrator	
	Administrator	
	Administrator	

Place of work: