 Evaluating the Effectiveness of the Annual Refresher Course for Family Physicians beyond Satisfaction

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Introduction

Despite its limited impact on practice, the live conference is still physicians' preferred format for continuing medical education (CME) (1-3). Follow-up activities might increase the conference’s impact by reinforcing acquired knowledge and enhancing knowledge translation (4,5).

Goal of the Study

This study evaluates the effectiveness of the Annual Refresher Course for Family Physicians (ARCFP) in terms of participation, satisfaction, knowledge and reported performance (6).

Method

a. Research Design: One-time intervention (no control group)
b. Outcomes evaluation approach.
c. Data Collection: Educational Intervention: 2012 ARCFP
d. Impact measures:
   - Evaluation Form (in-situ survey).
     • Completed by 86% of participants
     • Total number of comments: 352
     • Question : “Describe 2 ways in which you will change your practice as a result of attending this Course”
   - Linking Learning to Practice : Commitment to change (CTC) :
     • Completed by 21% of participants
     • Total number of comments: 121
     • Physicians identified in part I, a change they might implement as a result of the course. Three months later, in part II, they revisited decisions made in part I. External accessed resources were reported.
     • 50% (or 42 participants) completed part I and II of the log, while 50% (or 42 participants) completed part I only.
e. Data Analysis:
   - Descriptive statistics
   - Thematic analysis (variety of categories besides intended practice changes)
   - Triangulation of self-reported measures

Results

A. Participation Outcome
   - N=395
   - Format: hands-on workshops, plenaries
   - Course: up to 23.25 Mainpro-M1 credits
   - CTC : 2 Mainpro-C credits + 2 Mainpro-M1 credits

B. Satisfaction Outcome
   - 98% of the 338 respondents would recommend the course to other family physicians.
   - Overall, participants have an excellent opinion of the course

C. Knowledge Outcome

D. Performance Outcome

- Level of reported impact:
  • Total responses = 312
  • High = 70% (220/312)
  • Very high = 14% (43/312)
  • High + very high = 84% (263/312)

- Highest reported type of impact on practice:

- Inter-coder Reliability:
  • In-situ Evaluation form: 98%
  • CTC tool (Two -Part log): 93%

- Both impact measures showed that perceived conference impact on practice was high in diabetes and rheumatology.

- Highest reported clinical areas of impact on practice

- CTC tool results after three months:
  - Anticipated changes on practice
    • 74% of respondents (or 62 respondents) identified a ‘change 1’ to be implemented,
    • 19% of respondents (or 16 participants) fully implemented change 1.
    • 23% of respondents (or 19 participants) partially implemented change 1.
    • 82% of respondents (or 52 respondents) identified a ‘change 2’.
    • 15% of respondents (or 13 participants) fully implemented change 2.
    • 20% of respondents (or 17 participants) partially implemented change 2.

Conclusion

- The ARCFP effectiveness was measured in terms of participation, satisfaction, knowledge and reported performance outcomes (6).
- Attendance and satisfaction outcomes were achieved. Frequency of reported behavioral changes in practice was higher than attitudinal changes.
- The highest reported areas of impact were in diabetes and rheumatology practice, as well as diagnosis and referrals.
- External resources accessed after the ARCFP also influenced the reported changes in practice (4).
- The CTC provides an opportunity for reinforcing acquired knowledge and implementing changes in practice.
- Future research should combine triangulation of self-reported and objective measures.

References


Acknowledgement

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