

Developing the credential in medical education: summary results from our online survey

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Wales
Deanery
Deoniaeth
Cymru



AOME
ACADEMY OF
MEDICAL EDUCATORS



Why? To better understand views on the development of a credential in medical education from a range of different stakeholders.

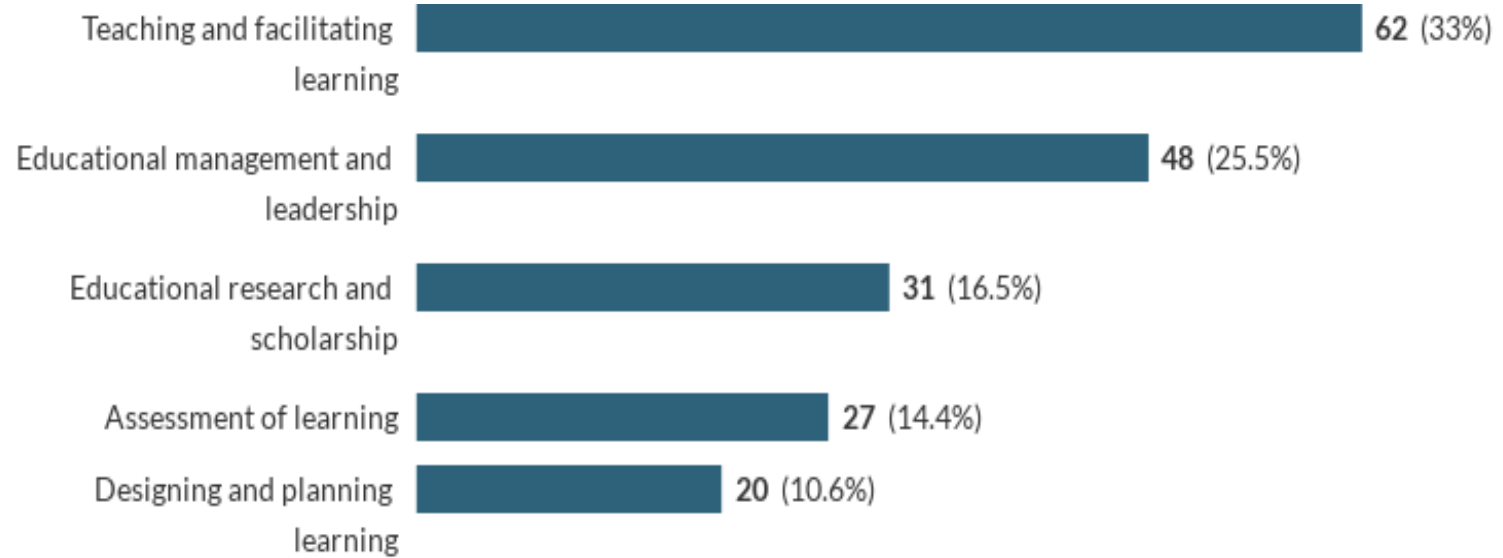
How? Using the five AoME domains mapping excellence in medical education to gather views on what qualities are deemed most important and how they can be evidenced.

Who? 188 participants completed the online survey.

When? The survey opened on 14th December 2015 and closes on 29th February 2016.

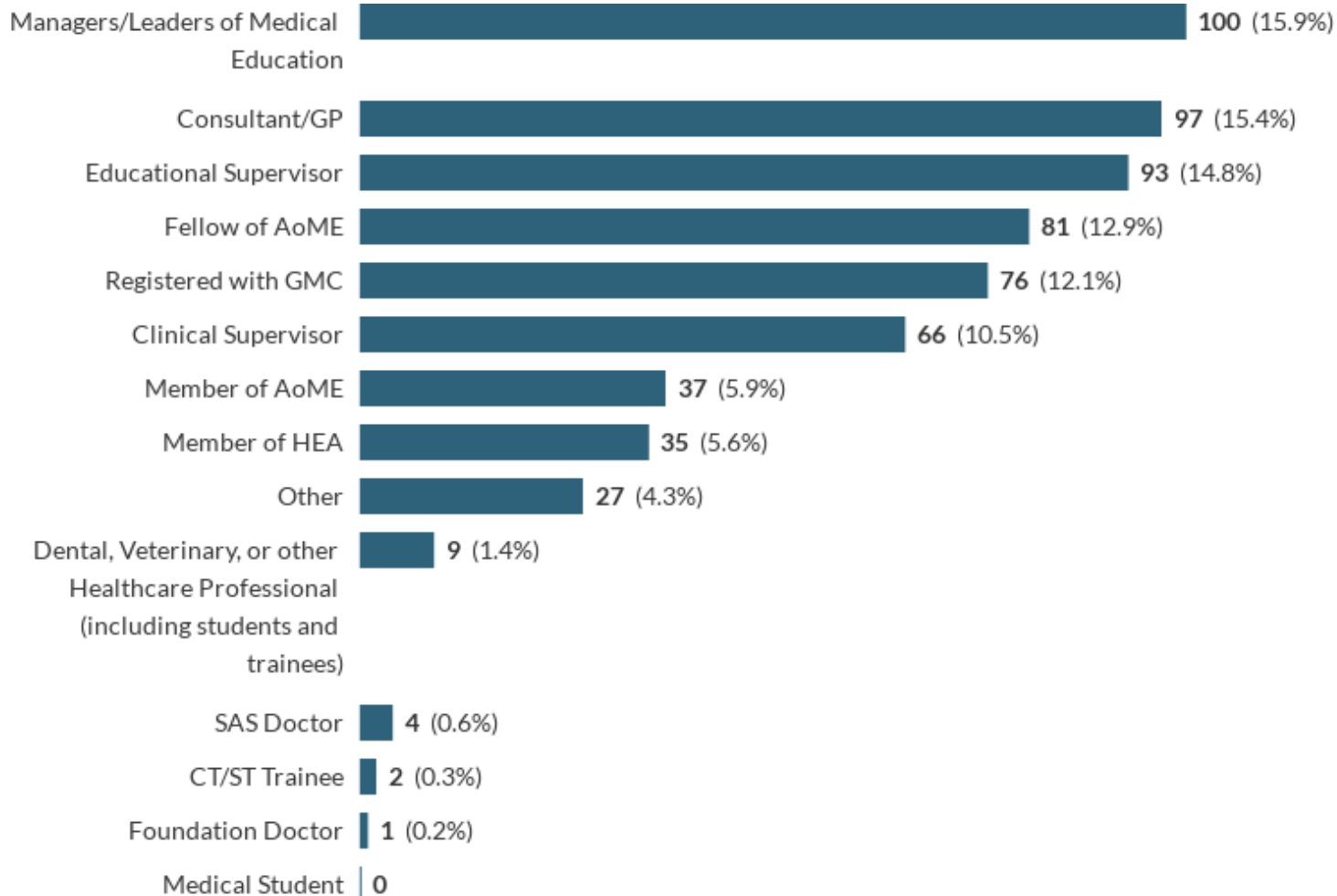


The Five Domains





Who took part?

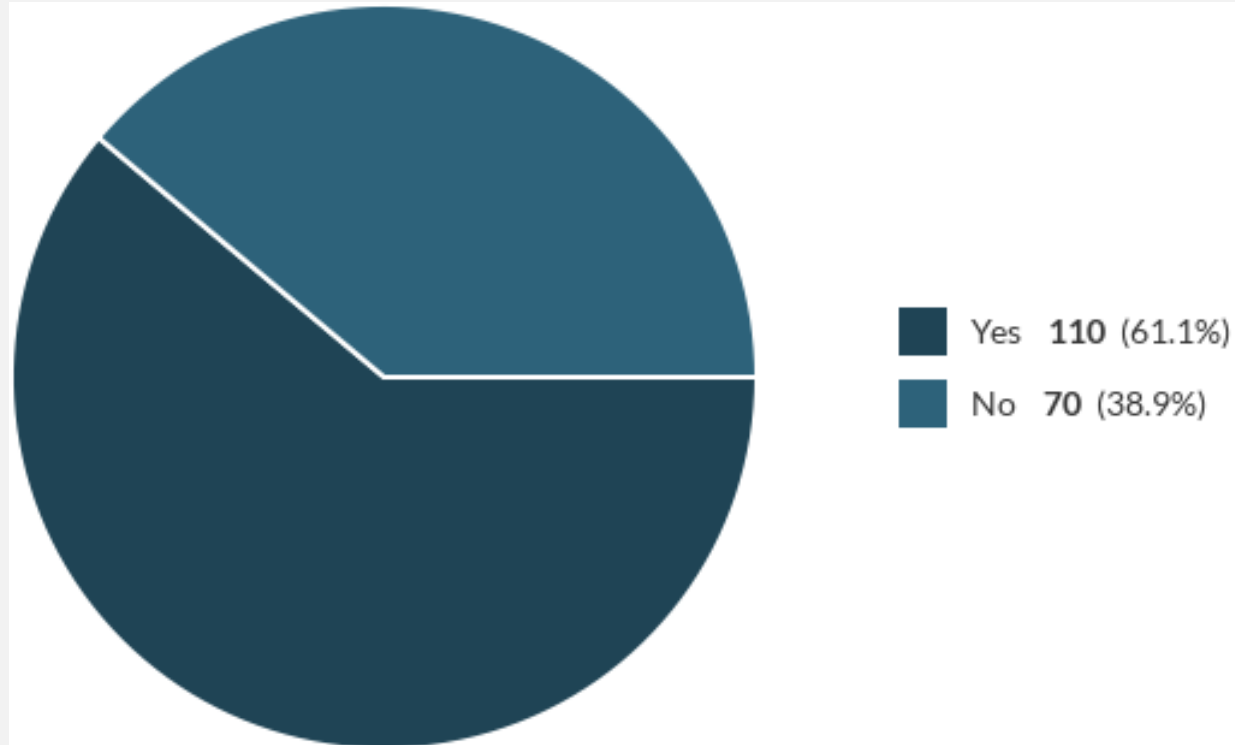




What were their views?

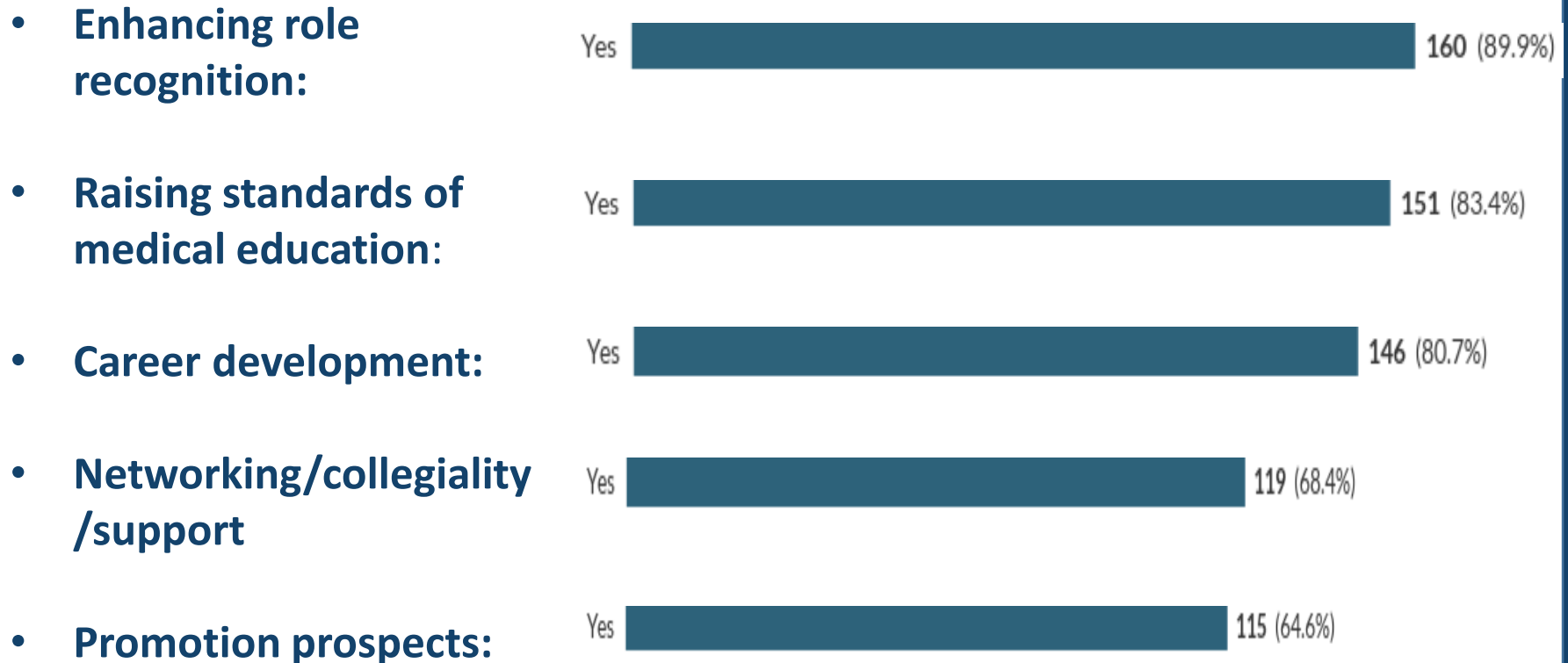


61% of respondents reported that they would be interested in pursuing a credential in medical education:





Will having the credential contribute to...





- How does it align with other qualifications (e.g. Masters, HEA) and TEF
- Is it needed? E.g. GP training ‘already credentialed’
- Risk of it being a tick-box, bureaucratic exercise
- All areas makes it too broad – depth is better
- If it’s too difficult, trainers will opt out



How should excellence in medical education be evidenced?



Domain 1: Educational Research and Scholarship (n=26)

Evidence	
Publications	31%
Presentations	23%
Masters/doctoral supervision	12%
Grants, income	12%
REF impact statement	8%



How should excellence in medical education be evidenced?



Domain 2: Assessment of Learning (n=23)

Evidence	
Feedback, assessment reports	22%
Blueprints, standard setting	17%
Portfolios	17%
Examples of questions	13%



How should excellence in medical education be evidenced?



Domain 3: Teaching and Facilitating Learning (n=54)

Evidence	
Learner feedback, evaluation	19%
Learner achievements, awards	6%
Qualifications	6%
Peer reviews, observations	6%
Pre/post-tests, controlled tests	4%
Portfolio	4%
Reflections	4%



How should excellence in medical education be evidenced?



Domain 4: Designing and Planning Learning (n=19)

Evidence	
Curriculum materials, plans, syllabus	26%
Learner feedback	21%
Course evaluation	16%
Learner outcomes	16%
Pre, post-test	11%
Interviews with learners, stakeholders	5%



How should excellence in medical education be evidenced?



Domain 5: Educational Management and Leadership (n=46)

Evidence	
360/ Multisource feedback	28%
Learner outcomes/progression	26%
Innovation, strategic planning, quality improvement	26%
International recognition and influence	17%
Publications	17%
Learner feedback	11%
Team member progression	11%
Portfolio	9%
Impact case studies	9%
Qualifications	7%
Course evaluation	7%
Referees	4%
Grants/funding	4%



Collecting more ideas and information to help develop the credential...

Facilitated Discussion 1:

- What makes a Credential in Medical Education attractive?
- What would make it unattractive?

30 minutes discussion followed by short feedback (2 minutes and 4 points per table)



Collecting more ideas and information to help develop the credential...

Facilitated Discussion 2:

- Practical issues and implications

30 minutes discussion followed by short feedback (2 minutes and 4 points per table)



Collecting more ideas and information to help develop the credential...

Facilitated Discussion 3:

- Assemble questions for panel

30 minutes discussion followed by short feedback (2 minutes and 4 points per table)