Using "Empowerment Evaluation" to Get the Learning Environment Feedback You're Looking For

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We have all received them. Feedback surveys for items we have purchased or services we have received. Most times, we probably ignore them. Sometimes, if the product or service was exceptional or lousy, we complete the survey, wondering if anyone on the other end will act on the information.

For the NEUR S 655 and 665 P-Clinical Neurosurgery Clerkships (Seattle and Spokane) and the NEUR S 680 - Neurological Surgery Sub-Internship we wanted something better, so we implemented focus groups with the intent of "empowerment evaluation". Empowerment evaluation "mirrors the increasingly collaborative culture of medical education and offers tools to enhance the…students' learning environments" (Fetterman, 2010).

Noting both the survey-fatigue that students express and the importance of course evaluation, program directorship decided to pilot end-of-rotation focus groups which would evaluate process measures. As Ragsdale et al explain, process measures "focus on aspects of program and curriculum delivery, such as logistics of how teaching occurs [and] how courses are organized." After the final exam, the students meet with the Program Operations Specialist and the Administrator of Education for about 30 minutes to evaluate the course.

A key aspect of empowerment evaluation is the encouragement of "students and support personnel to actively participate in system changes" by "gathering, analyzing, and sharing data about a program and its outcomes" (Fetterman, 2010). Therefore, focus groups consist of the current student cohort, the Program Operations Specialist, and the Administrator of Education.

Program support personnel create a "safe place" for the session, so that students feel they can share opinions without repercussions. We stress that suggestions are noted without names; the "what" is important to us, not the "who". Also, comments are aggregated across 3 course groups. This not only protects anonymity, but also helps to identify trends vs outliers.

Two notetakers are present during each session - the Program Operations Specialist and the Administrator of Education – with the Administrator leading the discussion. This helps the lead focus on what is being shared, as well as guide the discussion. It also helps with accuracy; both compare notes after each session and discuss important follow-up topics.

The students are informed that they will be asked only 2 questions, "What was high yield?" and, "Where can we improve or innovate?". To put them more at ease, we begin with the positive, "What was high yield?" Then we wait.

The 15-second rule is important here. Students need a few moments to compose their thinking and formulate an answer. Although it will seem like a long time, give the students 15 seconds to think about their 4-week experience critically and to share their thoughts. If there is no discussion after 15 seconds, prompt with an example from a previous group.

We highlight the benefits the current student group is enjoying thanks to input from previous student groups. This not only helps spur discussion, but also reinforces that input is seriously considered and acted upon. In this way, students are encouraged to take ownership of the course experience because

“involving them as key stakeholders in their education can have a profound impact on students and the institutions that serve them” (Geraghty, 2020). We also share that positive comments about faculty and resident interactions are relayed to the Program Director and Department Chairman which may be considered during their review. These comments are also anonymous and aggregated over 3 course groups.

Giving the students time to think is as important as ensuring understanding. Throughout the discussion, the lead will paraphrase and repeat back key points. For example, “I want to make sure that I understand you correctly. You would prefer some case-based scenarios specific to emergency medicine to learn how neurological issues can be identified and addressed. Is that right?” Students appreciate that their voice is heard and valued. When students “serve as advocates, developing valuable skills important for future physicians” they learn about the systems-based practice of medicine (Geraghty, 2020).

Sometimes, changes are implemented immediately. We discovered during one session that some of the didactics were scheduled during the Spokane faculty OR time. Spokane students were missing educationally valuable procedure experience by attending Seattle-based didactics via Zoom. Didactics were re-scheduled outside of Spokane faculty OR time. Additionally, this prompted us to expand and update the asynchronous learning resources. If a student missed a didactic session, the recording was available for review.

When students express unease at sharing “criticism”, we stress that constructive feedback is not criticism. Whereas criticism implies judgment, constructive feedback implies observation shared to effect a positive outcome. By emphasizing constructive feedback and creating a safe environment within which to share it, we have learned which didactics need updating and which assignments need reconfiguration. Sincere appreciation for all suggestions is expressed.

The focus group session concludes with the lead reiterating the key points of discussion. If a suggestion is implemented, the group is sent a follow-up email noting the positive change their input effected.

End-of-rotation focus groups have now been regularly conducted for over a year. Consistent positive trends have been identified, and reactions to changing environments quickly addressed. The program directorship is thankful for all the students, for the “reflective practitioners”, who have expressed thoughtful and insightful comments about their educational experience (Fetterman, 2010).

References

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