

Evaluating training success at a distance: survey of actions and attitudes after the international Anaesthesia in Developing Countries course (ADC)

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Introduction

ADC is for anaesthetists from a UK or similar training background, with interests in anaesthesia in low and middle-income countries¹. The course aim is to improve quality and safety in anaesthesia care in some of the most challenging locations in the world, by equipping delegates with additional relevant skills to work in this arena as clinicians, teachers or advocates. While immediate feedback at the course end has been consistently positive, we wondered what aspects of the experience ‘stay with’ delegates, influencing their actions and attitudes after the training week has ended.

Key questions

Six months after attending...

- Have delegates used the experience (if so, how)?
- How has it influenced their attitudes to working in developing countries?
- What do they recall as the most valuable features of the course?

Materials and methods

As part of an extended evaluation strategy for those attending the 2013 course, delegates were invited to complete a survey six months later asking how they had used the training and how ADC had influenced their attitude to overseas working. Subsequently using semi-structured telephone interviews based on identified learning tools and key learning areas a subgroup of delegates was invited to explore in detail what they now viewed as having been most valuable about the course. The evaluation methodology was developed collaboratively by the authors and piloted with a small group of 2012 course participants; Dr Forster (as independent evaluator) conducted the survey and interviews. Consent was sought and granted for anonymised material to be presented. The local ethics committee stated that ethical approval was not required for this project.

References

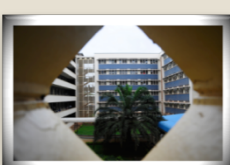
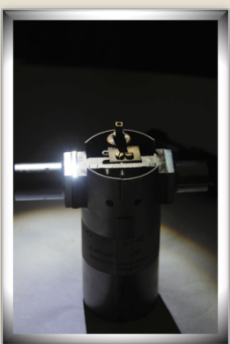
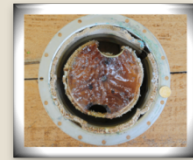
¹Dobson M. Training for world anaesthesia. *Bulletin of the Royal College of Anaesthetists* 2012; **71**: 6-8
²Martin J, Lloyd M, Singh S. Professional attitudes: can they be taught and assessed in medical education? *Clinical Medicine* 2002; **2**(3): 217-23

Acknowledgments

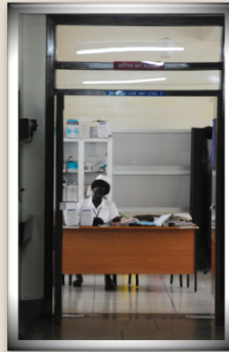
are due to Dr Jeanne Frossard, co-director of the course, Dr Mike Dobson (the originator), all faculty, Dr. Phil Blum for his photography and Mrs. Niki Andrew our course administrator.



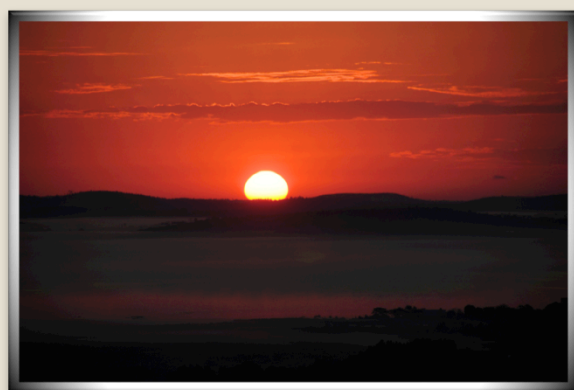
*“I think it’s the higher awareness of different kinds of approaches. I think now, if I had to go somewhere, I think there would be **more questions** about the project and how sustainable it is.”*



*“Doing the course, **you reflect** on why you might want to do work abroad...and I wondered whether I was suited to it, whether or not I would be able... whether or not my **motivation** was appropriate...”*



*“The most helpful thing I found from the course was **examining one’s motivations and attitudes** towards developing countries who are working with limited resources and all those, I guess, **psychological or philosophical, ethical issues** that aren’t really talked about, rather than the practical nuts and bolts”*



Results

12 of 17 delegates fully completed the survey (71%).
5 delegates were then interviewed.

Use made of the experience

All but one identified that they had used the course experience in some way within their home country (including teaching, local discussion/presentation, advocacy, adaptation of clinical practice). Two delegates had worked in the developing world (in a teaching capacity) during the six months after the course; six others had intentions to do so.

Attitudes to working overseas

The majority felt their interest in overseas working (9/12) and perceived competence (10/12) had increased following the course; one person had been prompted to reflect on their own suitability for working in this context and none felt their interest or competence levels had decreased.

Valuable features of the course

Three main areas of learning were identified as valuable by interviewees: 1) formal teaching on how to work as an anaesthetist in developing countries (including equipment and drugs) 2) attitudes towards and ethics of working overseas, 3) informal interactions and faculty experience and example. Areas 2) and 3) had not been expected by all interviewees but were viewed very positively, and felt to be enhanced by the location of the course (Uganda), opportunities to visit local hospitals and the small size of the delegate cohort.

Conclusions

This was a novel, purpose-designed, in-depth approach to evaluation for an unusual course. Although few delegates went to the developing world within six months of the course (consistent with the time required to plan work overseas), they used the course experience in diverse ways even within their home countries. We were encouraged that most respondents felt more interested and competent as a result of the course, 6 months on. Attitudinal aspects of training which are often difficult to intentionally teach and assess² are of particular value and seem to have been especially memorable.

Although numbers were small, this detailed, qualitative approach to assessment some months after the learning experience indicated where the strengths of the course lie, and what its longer-term effects may be. It seems likely that repeat study a number of years after the course would add information about the ways in which training meets the challenges of working overseas. We commend this ‘delayed evaluation’ approach to course organisers wondering what aspects of their training remain with their participants, and particularly in evaluating attitudinal change.

