Evaluation of the Master of Education in Health Sciences Education Program

Final Evaluation Report
December 2016

Barrington Research Group, Inc.
Barrington Research Group (BRG), Inc. is owned and managed by Dr. Gail Vallance Barrington. Since 1985, we have been providing research and consulting services in program evaluation and applied research in the fields of health, education, and training. We are acknowledged leaders in both Canada and the United States.

We use a variety of qualitative research methods including interviews, surveys, focus groups, case studies, document reviews, literature/internet searches, and on-site observation. We work collaboratively with clients, providing frequent feedback and personalized service. We have an established track record and over the past 30 years have worked with federal, provincial, and territorial governments, as well as with not-for-profits, post-secondary institutions, health organizations, and foundations.

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From the MEd in HSE Program Director

December 21, 2016

The MEd HSE program was created to meet a need within the community of health science educators, not only locally, but also across the province and the country. Health science educators are tasked with contributing to the development of future or existing health professionals’ knowledge, skills and attitudes to provide care in complex, dynamic environments. Our learners are also focused on the educational needs of patients, ensuring they are well informed about their care and conditions. The MEd HSE program was designed to develop the expertise and leadership in health science educators to help them meet these demands in health care.

After five-years and three cohorts of students, it was time to initiate a formal evaluation of the program. Is the program meeting the needs of learners, as identified during its development? What improvements are necessary to ensure a high quality program as we move forward?

The developmental and participatory nature of the evaluation was instrumental at this stage to help inform medium and long-term program goals. It also assisted with informing key decisions and confirmed some of my thoughts about improvements and overall program support. This early evaluation serves as the first external review of the program and forms the foundation of an annual evaluation. My next steps will be to work with the program’s advisory group to provide a formal response to the evaluation for planning and monitoring of improvements over time.

This past September, we started our fourth cohort of students. As the director of the program, it is exciting to see a new group of learners begin their journey in graduate studies. The MEd HSE program will continue to evolve and respond to the needs of our diverse learners.

Sincerely,

Sharla King, PhD
Program Director, MEd HSE

Acknowledgements

This evaluation was prepared by Barrington Research Group, Inc. (BRG) contracted by University of Alberta’s Faculty of Education.

Thank you to the graduates and current students of the MEd HSE program for participating in the evaluation. The demands on your time are great, so I appreciate your input to ensure we strengthen the program for future cohorts.

Special thanks also goes to Christine Andrews Stobart, PhD, a student at UAlberta at that time, for conducting an environmental scan of comparable programs in Canada and abroad.
Executive Summary

This study is the first evaluation of the Master of Education in Health Sciences Education (MEd in HSE) Program and came at the request of the Program Director. It reviewed the first five-years of the program (2010-2015) and included its first three cohorts or a total of 43 students and graduates. Because of the short duration of the program, the evaluation was formative and developmental in nature. We focused on identifying and measuring needs & expectations, program content & delivery, short-term outcomes and impacts, and program sustainability.

Our review included program documentation and management data, a scan of 7 comparable programs, 22 semi-structured interviews, and student & graduate online surveys which were completed by 74% of respondents.

Key findings that came from the evaluation indicate that the program has been exceptionally successful, producing 25 graduates and experiencing a remarkably low withdrawal rate of 6%. Students and graduates are very satisfied with the program. It has met their needs and expectations to a high degree. Graduates are continuing to advance in their careers. They link much of their continued success to the program and are proud to use their “new lexicon” for educational pedagogy and research.

Both students and graduates indicated that the program had had a transformational effect at the personal level, changing their frame of reference and encouraging critical reflection. The greatest impacts they identified include:

- Broadening their perspectives on teaching and learning
- Reflecting on their practice
- Identifying competencies and areas for growth
- Building their confidence
- Confirming their educational philosophy.

At the professional level, the impacts they report have also been extensive, particularly for graduates who identified the following changes:

- Career advancement
- Expanded professional networks
- Recognition and profile
- Leadership opportunities

This report provides a summary of the evaluation design, data collection process and findings.

Overall, we conclude that the program is demonstrating great early success. All stakeholders should be commended for this excellent result. That said, there are ways to enhance this young program. The evaluators have reflected on the evidence collected and the views of study participants, and in discussion with the Program Director, offer the following recommendations for consideration.
Recommendations

Program Development

1. **Core courses:** Continue to develop and improve core course offerings to demonstrate best practice in adult learning or, as the students say, *walk the talk.*

2. **Interprofessional approach:** Align the program curriculum to reflect the diverse health professions represented in each student cohort.

3. **Electives:** Develop an electives profile of the most appropriate, flexible, and accessible courses for these part-time students.

4. **Capping Project:** Provide clear support and more supervision for capping projects and ensure that students and graduates disseminate their knowledge.

Program Administration

5. **Communications:** Provide proactive and responsive communications to help students navigate the program.

6. **Performance measurement & management:** Improve databases, data collection, and knowledge management to support easy access to program management information.

Program Promotion and Sustainability

7. **Web site:** Enhance the program website with best practice educational, technological and market-oriented content.

8. **Annual program event:** Celebrate program success, foster a community of practice, and promote outreach by holding an annual event such as a symposium to showcase current student and graduate projects and promote collaborative interprofessional program research.
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1. Introduction

1.1 Overview of the MEd in HSE Program

The health sciences educational institutions require increased numbers of professionals with the higher-level knowledge, skills and experience to effectively integrate into interdisciplinary communities of clinical teaching and practice. However, few faculty members and clinical educators have advanced degrees in education and/or educational research.

The Master of Education in Health Sciences Education (MEd in HSE) program was developed to address this need. It is intended for practicing professionals to engage in part-time graduate study while employed full time. The goal of the MEd in HSE program is to extend the knowledge and skills of health sciences educators in the areas of educational pedagogy, educational research, and interprofessional leadership within the collaborative context of communities of practice of professional educators.

The program was developed by a planning committee with membership from the Faculty of Education, the health science faculties, and the Health Sciences Council (HSC) and is offered through the Faculty of Education in collaboration with the HSC.

The MEd in HSE is a component of a larger academic plan for interprofessional health scholarship at the University of Alberta. The collaborative partnership between the Faculty of Education and the health sciences Faculties promotes interdisciplinary leadership in health sciences educational scholarship. Six academic components serve as a foundation for the program (See Exhibit below).

Exhibit 1: MEd in HSE core program academic concepts

Knowles’ 5 Assumptions about Adult Learners

1. **Self-concept**: As adults mature their self-concept moves from being dependent towards being self-directed;
2. **Adult Learner Experience**: They accumulate a growing reservoir of experience that becomes increasingly a resource for their learning;
3. **Readiness to Learn**: Their readiness to learn becomes oriented increasingly to the learning needs of their social roles;
4. **Orientation to Learning**: Their time perspective changes from postponed application of knowledge to immediacy; accordingly, their orientation toward learning shifts from subject-centeredness to problem-centeredness;
5. **Motivation to Learn**: Their motivation to learn is internalized.

(Knowles, 1980, 1984)

Knowles’ 4 Principles of Adult Learning

1. Adults need to be involved in the planning and evaluation of their instruction.
2. Experience (including mistakes) provides the basis for learning activities.
3. Adults are most interested in learning subjects that have immediate relevance and impact for their job or personal life.
4. Adult learning is problem-centered rather than content-oriented.

(Knowles, 1984, Kearsley, 2010)
**MEd in HSE program features**

The MEd in HSE program has a number of unique features:

**Blended delivery format:** The MEd in HSE is designed as a blended delivery format:

- Blended delivery consists of a small number of face-to-face classes combined with synchronous and asynchronous online sessions.
- Each blended delivery course is of eight week duration. Two consecutive days of the course are face-to-face and may fall at the beginning or in the middle of the course.
- The summer session course is strictly face-to-face.

**Educational pedagogy and technologies:** The MEd in HSE embodies the educational pedagogy taught in the program:

- Clinically relevant educational content.
- Exposure to new technologies used in teaching, research and practice (e.g. simulations, digital media in health care, blended learning environments).
- Supports the concurrent application and sharing of new knowledge and skills with other educators and practitioners in the workplace.
- Adheres to adult learning principles including experiential learning, self-directed learning, and transformative learning.
- Facilitates regular opportunities for engagement, practice and critical reflection.

**Educational Research:** The MEd in HSE prepares students to conduct educational research:

- Students choose either a course-based or a thesis-based MEd in HSE
- All students are admitted to the course-based route initially but they can change to a thesis route after completing at least six required courses
- All students are assigned an Advisor from the Department of Educational Psychology, Faculty of Education upon entry to the program.
- In consultation with their Advisor, course-based students select a health science faculty member to act as a second reader in their capping project. They must complete all requirements within six years of their registration in the program.
- If a student changes to the thesis route, a Co-supervisor is chosen from a health science faculty. These supervisors then mentor the student through the research element of their program. They must complete all the requirements within four years of their registration in the program.
- Regardless of route, students are expected to author or co-author interprofessional research to be presented and submitted for publication.

**Interprofessional leadership:** The MEd in HSE promotes interprofessional leadership:

- Emphasizes interprofessional teamwork in education, research, and practice.
- Instructors are selected from the Faculty of Education and various Health Sciences Faculties.
- Students are selected from different professional backgrounds, contexts, and perspectives.
- Course subject matter is interprofessional in nature.
Program delivery and requirements

- The program is delivered by a Program Director and 15 contractual instructors.
- The program’s core curriculum is delivered on a two-year cycle using a cohort-based model. Course-based and thesis-based students must complete all the requirements within four and six years respectively.
- The core curriculum includes 8 courses offered in two subsequent years (see exhibit below). Elective courses are selected in consultation with the students’ advisor/ supervisor(s).

Exhibit 4: MEd in HSE program core curriculum

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philosophy of Teaching</td>
<td>Program Evaluation</td>
<td></td>
</tr>
<tr>
<td>Learning and Teaching at the Adult Level</td>
<td>Integrating Technology Across the Curriculum</td>
<td></td>
</tr>
<tr>
<td>Introduction to Methods of Educational Research in the Health Sciences</td>
<td>Assessment and Evaluation in Health Sciences I &amp; II</td>
<td></td>
</tr>
<tr>
<td>Curriculum Studies in the Health Sciences</td>
<td>Elective courses selected in consultation with the students’ Advisor/Supervisor(s)</td>
<td></td>
</tr>
</tbody>
</table>

- Course-based MEd in HSE consists of 30 credits in graduate level coursework (24 credits from required courses, 6 from elective courses) and a 3-credit interprofessional research project (capping exercise).
- Thesis-based MEd in HSE consists of 24 credits of required graduate level coursework and a thesis (equivalent to 9 credits).

Program demographics

- Four cohorts have been formed since the inception of the program in 2011. 66 students enrolled to date, with only 4 withdrawals (6%).
- A total of 25 graduates to date.

Exhibit 5: MEd in HSE program statistics* by student cohort (As of Dec. 07, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Cohort 1</th>
<th>Cohort 2</th>
<th>Cohort 3</th>
<th>Cohort 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># of registrations</td>
<td>15</td>
<td>11</td>
<td>21</td>
<td>19</td>
<td>66</td>
</tr>
<tr>
<td># of withdrawn</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td># of students</td>
<td>15</td>
<td>7</td>
<td>21</td>
<td>19</td>
<td>62</td>
</tr>
<tr>
<td># of graduates</td>
<td>14</td>
<td>7</td>
<td>4</td>
<td>-</td>
<td>25</td>
</tr>
</tbody>
</table>

Most students enrolled to date were mostly female with medicine and nursing background.

Exhibit 2: Demographics of current program instructors’

| Gender | Female: 64% | Male: 36% |
| Field of study or academic background | Education: 50% | Medicine: 43% | Other: 7% |

Exhibit 3: Demographics of MEd in HSE students

<table>
<thead>
<tr>
<th>Field</th>
<th>Percent of current students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>78%</td>
</tr>
<tr>
<td>Male</td>
<td>22%</td>
</tr>
<tr>
<td>Medicine</td>
<td>48%</td>
</tr>
<tr>
<td>Nursing</td>
<td>22%</td>
</tr>
<tr>
<td>Dentistry</td>
<td>10%</td>
</tr>
<tr>
<td>Others (*)</td>
<td>30%</td>
</tr>
</tbody>
</table>

Percent of students (n=63) | Percent of cohort (cohort 1-2-3-4)

Note: Medical Laboratory Technology, Dental Hygiene, Pharmacy, Physical Therapy, Radiation Therapy, Paramedicine, Dietetics/Nutrition, and Enviromental/ Public Health.
1.2 Overview of the Evaluation

Evaluation scope

This study is the first comprehensive review of the MEd in HSE Program. It considered the first five-years of the program from 2010 to 2015 and the first three cohorts (Cohorts #1, #2, and #3).

Because of the short duration of the program to date, the evaluation was formative and developmental in nature and focused on the identification and measurement of short- to medium-term outcomes.

Evaluation objectives and questions

The following main objectives were addressed with nine evaluation questions (see Exhibit below):

- **Needs and expectations**: Determine if the program meets the expectations of students, instructors, and key stakeholder organizations
- **Program content and delivery**: Determine if the program curriculum offers appropriate curriculum and if the program model is appropriate for students, instructors, and key stakeholder organizations.
- **Outcomes and impacts**: Identify and capture the program outcomes and impacts for students and other program key stakeholders.
- **Program sustainability and alternatives**: Determine if the program governance, management, and activities ensure program stability given its cost-recovery nature.

Exhibit 6: MEd in HSE evaluation topics and questions

<table>
<thead>
<tr>
<th>Evaluation topics</th>
<th>Evaluation questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs &amp; expectations</td>
<td>1. To what extent has the program met the needs and expectations of:</td>
</tr>
<tr>
<td></td>
<td>a. Students?</td>
</tr>
<tr>
<td></td>
<td>b. Instructors?</td>
</tr>
<tr>
<td></td>
<td>c. Other key stakeholders?</td>
</tr>
<tr>
<td></td>
<td>2. To what extent the students and instructors are satisfied with the program delivery and the level of service/support?</td>
</tr>
<tr>
<td>Program content &amp; delivery</td>
<td>3. Does the program offer appropriate core and elective material given the proposed program of study?</td>
</tr>
<tr>
<td></td>
<td>4. Are program delivery mechanisms appropriate considering the learning needs of students?</td>
</tr>
<tr>
<td>Outcomes &amp; impacts</td>
<td>5. What effects does the program have on the competency of students in educational pedagogy, educational research and interprofessional leadership?</td>
</tr>
<tr>
<td></td>
<td>6. What effect does having a Master (MEd in HSE) have on:</td>
</tr>
<tr>
<td></td>
<td>a. Graduates’ careers and workplace?</td>
</tr>
<tr>
<td></td>
<td>b. UAlberta and other key stakeholder organizations?</td>
</tr>
<tr>
<td>Program sustainability &amp; alternatives</td>
<td>7. Is the program governance structure and administration appropriate to ensure the provision of high quality services to students?</td>
</tr>
<tr>
<td></td>
<td>8. Is the program management, outreach and business development appropriate to ensure program stability given its cost-recovery nature?</td>
</tr>
<tr>
<td></td>
<td>9. What opportunities or alternatives exist to improve the relevance, competitiveness and sustainability of the program?</td>
</tr>
</tbody>
</table>
Evaluation approach and process

The evaluation team used an approach inspired by developmental evaluation in order to allow for learning and the integration of emergent information. The findings from interviews informed the design of survey instruments. The study was designed and conducted in three phases. The main steps, meetings (M), formal deliverables (D) and data collection methods are summarized in the exhibit below.

Exhibit 7: Main steps for the evaluation of the MEd in HSE program

This developmental approach was also reflected in the process used to develop the logic model. The logic model was adjusted at each project phase to reflect new data/evidence. A simplified representation of the evaluation logic model is presented below (see Annex B for the full version).

Exhibit 8: Simplified MEd in HSE program logic model
Data collection methods

To answer the evaluation questions and address the topics identified in the logic model, four data collection methods were employed:

1. **Review of program documents and data**: Program documentation and files, cohorts’ data collected by the program, students’ assignments and publications, course evaluation, interview data with instructors collected by the program.

2. **Scan of comparable programs**: Scan of seven similar programs (2 in Canada and 5 in other countries) to compare the program design and delivery and degree of uniqueness.

3. **Semi-structured interviews**:
   - Students (n=6 of 21);
   - Graduates (n=6 of 22);
   - Instructors (n=5 of 15)
   - Program director / stakeholders (n=5)

4. **Online student/graduate surveys**
   - Overall response rate: 74.4% (32/43)
   - Margin of error: 8.9%
   - See Exhibit 9 for the sample distribution.

The evaluation instruments are available under separate cover in a document entitled Appendices.

Study strengths and limitations

A number strengths were demonstrated in the conduct of this study, including:

- Extensive collaboration with the Director of the program including input into study design, instrument design, and report preparation to ensure appropriateness, relevance, and clarity;
- The evaluation framework and methods were revised as new information emerged;
- The external validity of this study is quite high as only 16% (7 of 43) of the total population did not participate in the study. Also, the survey instruments were pre-tested and designed based in-depth interviews with a relatively large sample of students and graduates (28%);
- Adherence to privacy and confidentiality requirements and maintenance of data security;
- Adherence to the Canadian Evaluation Society's Code of Conduct, the American Evaluation Association's Guiding Principles, and the Program Evaluation Standards (2014), and;
- Credentialed Evaluators designed and conducted the study; they have extensive experience in studies of a similar scope and nature.

Some challenges or limitations were also experienced that could limit the robustness of the findings and so this report should be read with the following in mind:

- Small sample size due to brief duration of the program;
- Emergent nature of study findings and participatory nature of the evaluation process meant that early findings may have influenced later program development.
Organization of the report

This report is organized by key evaluation question. Findings from the interviews, graduate and student surveys are integrated to assist in the interpretation of findings.

2. Needs & Expectations

Q1. To what extent has the program met the needs and expectations of students and instructors?
Q2. To what extent the students and instructors are satisfied with the program delivery and the level of service/support?

2.1 Main factors influencing student enrollment

The main reasons for enrolling in the MEHSE Program are summarized in the following graph:

Exhibit 10: Ranking: Most important reasons to enroll in the program (students/graduates; n=32)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Factors to enroll</th>
<th>Rank distribution</th>
<th>Score</th>
<th>Total respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Combination of education and health sciences</td>
<td></td>
<td>164</td>
<td>24</td>
</tr>
<tr>
<td>2</td>
<td>Part-time and blended delivery</td>
<td></td>
<td>152</td>
<td>23</td>
</tr>
<tr>
<td>3</td>
<td>Provides a recognized credential in education</td>
<td></td>
<td>106</td>
<td>16</td>
</tr>
<tr>
<td>4</td>
<td>Improvement of teaching skills</td>
<td></td>
<td>89</td>
<td>14</td>
</tr>
<tr>
<td>5</td>
<td>Interprofessional focus</td>
<td></td>
<td>65</td>
<td>12</td>
</tr>
<tr>
<td>6</td>
<td>Others</td>
<td></td>
<td>55</td>
<td>8</td>
</tr>
<tr>
<td>7</td>
<td>Location (Edmonton)</td>
<td></td>
<td>48</td>
<td>10</td>
</tr>
<tr>
<td>8</td>
<td>University of Alberta’s reputation</td>
<td></td>
<td>8</td>
<td>2</td>
</tr>
</tbody>
</table>

Note: **Score**: The score is a weighted calculation. Items ranked first are given a higher value or “weight.” The score, computed for each answer, is the sum of all the weighted values. For example, in the report above, because there are 8 options, the weighted sum for an option that was placed in the first position (1) would be worth 8. **Distribution**: Distribution is a diverging stacked bar where a shade is assigned to each possible rank. The width of each section is determined by the number of times that option assigned that rank. The first position is represented in dark green while the last position is in light green.

Source: Data compiled by BRG from the student/graduate surveys.

The combination of education and health science was the most important factor for enrollment.

“*The focus on health science education. Classmates are health care/medical providers and are educators like me*” – Student

“*The blend of education and health science was unique compared to most programs I compared*” – Graduate

“*The connection to health sciences was absolutely crucial as teaching in health sciences has many unique aspects as compared to teaching in other areas.*” – Graduate

The part-time and blended delivery model was a key reason for enrolment.

“*It allowed me to continue my current job as the program delivery was in a format that did not interfere with my clinical practice.*” – Graduate

“*The blended delivery was probably the most important thing to me. This was a great way to continue to work while going to school.*” – Graduate
The program’s credential in education was recognized as being useful for career development as the following student comments suggest:

“*For career development, to get full-time permanent position, the position requires at least a Masters degree. Also, we do teach a lot in our program, nobody has formal training in education, so I thought it was a good idea also to get more confidence in my teaching*” – Student

“*Career advancement, wanted to increase my opportunities within the health authority and to do that I needed to pursue a Master-level degree. Always enjoyed student, better teaching/I was considering other options and I was interested in education for a while. Considered doing a master in my discipline, but not sure what opportunities or career option it would give. I wanted something a little bit broader*” – Student

The interprofessional focus was also a key reason for enrollment. As graduates commented:

“*The program has a much wider focus on education compared to the master of nursing/medical education. Attracted by the inter-professional format, having a lot of people from different health occupations...*” – Graduate

“*There were different teachers who represented different disciplines, and then my personal class was quite diverse in the health field. It was nice to work with nurses, radiation therapists, dentists, physical therapists, etc. It was nice to be inter professional*” – Graduate

### 2.2 Main factors attracting instructors

Several factors were key in attracting instructors to the program:

1. An opportunity for interaction, exchange, and collaboration with students, with a variety of health science professionals, and with educational specialists.
2. A chance to learn about a new field.
3. Interest in Master’s-level teaching, to develop health profession education expertise, and to contribute to student success.
4. The trust, familiarity, and collegiality of program staff
5. The flexibility of the online delivery model
6. Interest in mentoring and student guidance to build capacity and prepare the next generation of instructors, a means to give back.

### 2.3 Meeting the expectations of students & graduates

In selecting this program, students and graduates expected to meet two principal needs (Exhibit 11):

- to obtain an educational credential and gain professional advancement as a result; and
- learn about education theory and practice in order to become an effective educator.

A less pressing but important need was to gain research and evaluation theory and skills for evidence-based practice.

Exhibit 11 compares the extent these expectations were met and highlight the difference between the two groups. While it is too early for students to fully benefit from the credential and professional advancement, this aspect was met or exceeded to date for more that over 70% of respondents.
Exhibit 11: Main expectations of students and graduates for the program (# of respondents)

<table>
<thead>
<tr>
<th>Main expectations</th>
<th>Survey</th>
<th>Unsatisfactory</th>
<th>Improvement needed</th>
<th>Meets expectations</th>
<th>Exceeds expectations</th>
<th>Exceptional</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>To obtain the education credential and professional advancement</td>
<td>Students</td>
<td>50%</td>
<td></td>
<td>14%</td>
<td>7%</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Graduates</td>
<td>56%</td>
<td>6%</td>
<td>38%</td>
<td>16</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>To learn education theory and practice in order to be an effective educator</td>
<td>Students</td>
<td>14%</td>
<td>36%</td>
<td>50%</td>
<td>14</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Graduates</td>
<td>19%</td>
<td>50%</td>
<td>25%</td>
<td>6%</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>To gain research and evaluation theory and skills for evidence-based practice</td>
<td>Students</td>
<td>57%</td>
<td></td>
<td>43%</td>
<td>7</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Graduates</td>
<td>10%</td>
<td>70%</td>
<td>10%</td>
<td>10%</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Other(s)</td>
<td>Students</td>
<td>50%</td>
<td>25%</td>
<td>25%</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Graduates</td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
<td></td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

Source: Data compiled by BRG from the student/graduate surveys.

The students and graduates rated the extent to which their expectations were met. Their scores are summarized in the Exhibit 12.

Exhibit 12: Rating of the extent that students’ and graduates’ expectations were met

<table>
<thead>
<tr>
<th>Main expectations</th>
<th>Survey</th>
<th>Unsatisfactory</th>
<th>Improvement needed</th>
<th>Meets expectations</th>
<th>Exceeds expectations</th>
<th>Exceptional</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>To obtain the education credential and professional advancement</td>
<td>Students</td>
<td>50%</td>
<td></td>
<td>14%</td>
<td>7%</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Graduates</td>
<td>56%</td>
<td>6%</td>
<td>38%</td>
<td>16</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>To learn education theory and practice in order to be an effective educator</td>
<td>Students</td>
<td>14%</td>
<td>36%</td>
<td>50%</td>
<td>14</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Graduates</td>
<td>19%</td>
<td>50%</td>
<td>25%</td>
<td>6%</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>To gain research and evaluation theory and skills for evidence-based practice</td>
<td>Students</td>
<td>57%</td>
<td></td>
<td>43%</td>
<td>7</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Graduates</td>
<td>10%</td>
<td>70%</td>
<td>10%</td>
<td>10%</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Other(s)</td>
<td>Students</td>
<td>50%</td>
<td>25%</td>
<td>25%</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Graduates</td>
<td>33%</td>
<td>33%</td>
<td>33%</td>
<td></td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

Source: Data compiled by BRG from the student/graduate surveys.

In their interviews, the students and graduates confirmed that their expectations were met, and some cases exceeded, by the program. Sample comments follow.

“The degree I obtained has directly impacted my career, as it provided me with the credential required to obtain my current position, and has a great effect on how coworkers see me as a resource regarding education.” – Graduate

“They were highly met and beyond what I had anticipated about getting out of the program. I did not know anything about educational research, I had no idea about the educational research database, journals, or even what educational research is. It’s very different from clinical research. It is a different way of thinking, more like philosophy, very different to my postsecondary education.” – Graduate

“Definitely, I expanded my experiences because I did educational work, which I would not have gained outside the program. However, with respect the theory, less. But overall, I feel that my expectation was met.” – Graduate

On their surveys, students and graduates were asked to identify unique aspects of this program compared to other similar ones. Their responses are summarized in the following table.
Exhibit 13: Unique aspects of the MEd in HSE Program compared to similar programs

<table>
<thead>
<tr>
<th>Unique aspect compared to similar programs</th>
<th>Students</th>
<th>Graduates</th>
<th>Total comments</th>
<th>% of comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part-time &amp; blended delivery: ability to work full time</td>
<td>8</td>
<td>7</td>
<td>15</td>
<td>50%</td>
</tr>
<tr>
<td>Combining education/teaching with health sciences/Interprofessional focus</td>
<td>4</td>
<td>6</td>
<td>10</td>
<td>33%</td>
</tr>
<tr>
<td>Location</td>
<td>1</td>
<td>5</td>
<td>6</td>
<td>20%</td>
</tr>
<tr>
<td>Development of local relationships/networking</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>Supportive program director</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>Use of technology in education</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>Recommended by colleague</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>Less expensive than similar programs</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>7%</td>
</tr>
<tr>
<td>Don't know</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>7%</td>
</tr>
</tbody>
</table>

Source: Data compiled by BRG from the student/graduate surveys.

Again, the part-time blended model was a key attraction. As one student explained:

“Largely the flexibility of the program. It was very easy to deal with things like licensing exams for work while continuing my Master’s. I definitely would not have done a Master’s if this level of flexibility had not been offered.” – Student

2.4 Student & graduate satisfaction

The students and graduates were asked to rate their satisfaction with key aspects of the program. This information is summarized in the following graph.

Exhibit 14: Satisfaction of students and graduates overall and with key aspects of the MEd in HSE Program (students: n=16; graduates: n=16; standard deviation bars in green)

<table>
<thead>
<tr>
<th>Program aspects</th>
<th>Students</th>
<th>Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall satisfaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall program delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program climate and instructional approach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program core courses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program curriculum aspects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Elective courses, guidelines, program coherence)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program diversity and collaboration</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Satisfaction scale: 1-star: Not at all satisfied; 2-star: Dissatisfied; 3-star: Neutral; 4-star: Satisfied; 5-star: Very satisfied.

Source: Data compiled by BRG from the student/graduate surveys.

The satisfaction levels of both students and graduates were high and in retrospect, graduates’ views were uniformly higher than those of students. This suggests that once they had an opportunity to use their newly acquired skills, the value of the program increased for them.

A detailed analysis of the ratings of students and graduates on various aspects of the program follows the score card on this section.
Scorecard: Program Needs and Expectation

- **Key reasons for program enrollment:**
  - ✓ Combination of education and health sciences/interprofessional focus
  - ✓ Part-time blended delivery
  - ✓ Recognized credential

- **Main expectations and how they were met:**
  - ✓ Obtaining the credential & professional advancement
    - + Met or exceeded: 100% students & 100% graduates
  - ✓ Learning about educational theory & practice to be more effective educators
    - + Met or exceeded: 86% students; 81% graduates
  - ✓ Gaining research & evaluation theory & skills for evidence based practice
    - + Met or exceeded: 100% students; 90% graduates

- **Overall satisfaction rates are 4.0 or higher for:**
  - ✓ Overall program
  - ✓ Program delivery
  - ✓ Program climate & instructional approach
  - ✓ Core courses
  - ✓ Program diversity & collaboration

- **Satisfaction slightly lower for curriculum aspects including:**
  - ⇒ Electives
  - ⇒ Use of guidelines
  - ⇒ Program coherence

- **Graduate satisfaction rates as high as or higher than students in all cases.**
3. Program Content & Delivery

Q3. Does the program offer appropriate core and elective material given the proposed program of study?

Q4. Are program delivery mechanisms appropriate considering the learning needs of students?

Using five-star rating scales in the surveys, students and graduates were asked to rate the level of importance and level of satisfaction on a series of program topics. The matrix graphics of importance vs satisfaction allow an additional analytical dimension: the identification of key program aspects to preserve and the prioritization of aspects to be improved.

See Annex A for a more detailed explanation of this method.

3.1 Findings about Program Content

Core Courses

Program participants rated the core courses. In most cases, overall ratings were high.

- Philosophy of Teaching
- Learning & Teaching at the Adult Level
- Introduction to Methods of Educational Research
- Curriculum Studies
- Program Evaluation
- Integrating Technology Across the Curriculum
- Assessment & Evaluation I
- Assessment & Evaluation II

Exhibit 15: Core courses: Stated Importance vs. Satisfaction

Note: Importance scale: 1: Not at all important; 2: Unimportant; 3: Neutral; 4: Important; 5: Very important.
Source: Data compiled by BRG from the student/graduate surveys.
Satisfaction ratings for various aspects of program delivery were compared with importance ratings provided by both students and graduates on a series of program topics. The results illustrate some interesting patterns, although it must be noted that all the comparisons rest within the positive range of responses.

It must also be remembered that some students had not completed specific courses at the time they completed these rating scales and so may not have responded. As a result the graduates’ perspective can be considered more definitive. Here is a brief interpretation of this comparison.

- **Quadrant 1 Important & Satisfied** (top right quadrant)
  - Graduates clearly valued and were satisfied with Assessment & Evaluation I & II. However, while the students also valued these courses, they were less satisfied with them. For their part, the students valued and were satisfied with Learning & Teaching at the Adult Level and Introduction to Methods of Educational Research. Interestingly, the graduates valued these courses less and were less satisfied with them.

- **Quadrant 2 Less Important but Satisfied** (bottom right quadrant)
  - Both groups indicated that Integrating Technology Across the Curriculum was less important although they were satisfied with the course.

- **Quadrant 3 Not Important & Less Satisfied** (bottom left quadrant)
  - Both groups saw less value and were less satisfied with the Philosophy of Teaching course. Graduates also put Introduction to Methods of Educational Research and Learning & Teaching at the Adult Level in this category.

- **Quadrant 4 Important but Less Satisfied** (top left quadrant)
  - Graduates valued but were less satisfied with Curriculum Studies and Program Evaluation. The students held similar views. The students also put Assessment & Evaluation I & II in this category.

Both students and graduates offered suggestions of ways to improve core courses. In summary, they commented as follows:

- **Curriculum Studies**—too short to provide necessary depth; more depth needed on curriculum development;
- **Pedagogy of Adult Learning**—not seen as applicable
- **Assessment & Evaluation I & II**—have overlaps. There were markedly different views about these courses: students (somewhat important but not satisfied) and graduates (very satisfied and very important).
- **Program Evaluation**—not always offered; generally, they viewed the course as important but were not satisfied.
- **Philosophy of Teaching & Learning**—requires more depth on educational theory and practice, more challenge needed.

Another suggestion was to provide more choice in core courses depending on individual students’ backgrounds (e.g., already well versed in research methods). A few commented that the clinical relevance of core courses was low.
Curriculum Electives and Supports

Program participants rated the following supports for the overall program curriculum:

- Support in the selection of elective courses
- Access to diverse elective courses
- Program coherence & progression
- Consistent guidelines across courses
- Linkages between core courses/assignments

Exhibit 16: Curriculum aspects: Stated Importance vs. Satisfaction

- Quadrant 1 Important & Satisfied (top right quadrant)
  - Students valued and were satisfied with program coherence and progression, linkages between core courses (and assignments) and consistent guidelines across courses. Graduates only agreed in terms of their ratings of program coherence & progression.

- Quadrant 2 Less Important but Satisfied (bottom right quadrant)
  - Graduates saw less value, although they were satisfied, with linkages between core courses (and assignments).

- Quadrant 3 Not Important & Less Satisfied (bottom left quadrant)
  - Students saw less value and were less satisfied with support provided in the selection of elective courses. Graduates were slightly more satisfied with this component but were moderate about its perceived value. They also saw less value and were less satisfied with the consistency of guidelines across courses.

- Quadrant 4 Important but Less Satisfied (top left quadrant)
  - Both groups valued but were less satisfied the access provided to diverse elective courses.

Source: Data compiled by BRG from the student/graduate surveys.
Both students and graduates offered suggestions about ways to improve elective courses. In summary, they commented as follows:

- **Access**: students need access to electives offered on line and at other institutions
- **Choice**: many electives were suggested such as:
  - Quantitative research methodology
  - Qualitative research methodology
  - Applied educational technology (more examples of tech tools and platforms)
  - Educational policy
  - Leadership in education
  - How to do/ write a systematic review
- **Scheduling**: regular on-campus electives do not suit students work schedules; more short-term summer electives and online courses were possible solutions

They also made suggestions about such curriculum supports as use of scaffolding and linkages and better use of new technology.

In particular they suggested:

- **More scaffolding and linkages**
  - More consistency, more explicit connections across courses;
  - More overt linkages between courses; relationship to the whole;
  - Greater use of rubrics & guidelines for all courses;
  - Provide examples of assignments.
- **Better use of new technologies**
  - More instructor training;
  - More use of videos;
  - Better forum communications;
  - Better use of web platforms;
  - Archiving of past forums.

Exhibit 17: Suggestions to improve the course offering core course/topic and program curriculum*

Note: *Based on 20 answers to an open-ended question.
Source: Data compiled by BRG from the student/graduate surveys.

**Want more quotes?**

Additional quotes are provided in Annex D.
The Capping project

At or near the end of the program, students complete a capping project which provides an opportunity to investigate an issue relevant to professional practice that arrives at a practical conclusion. It is carried-out under the guidance of a course instructor who assists the student in identifying a topic, deciding on the form, and writing-up the project. The project is worth three credits.

Students and graduates were asked to rate the adequacy of support received for their capping project (see Exhibit 19, next page). It must be noted that many students had not yet completed their project and therefore did not respond. As a result the graduates’ perspective can be considered more definitive.

Both students and graduates offered a number of suggestions to improve their capping project experience. They indicated that in fact the capping project was too self-directed. They felt they needed more guidance, suggesting:

- More preparation/clarifying expectations
- Clearer timeframes (i.e., many students actually take three years to complete)
- Providing examples of actual capping projects
- More scaffolding
- More guidance in the selection of supervisors and co-supervisors
- More feedback from supervisors

Graduates were also asked to describe what had happened as a result of their capping project (see Exhibit 18, next page).

While capping project application levels were high in graduates’ workplaces and practice areas, there was less evidence that their work had been submitted for publication. This suggests that:

- More support for publication of results is required.
### Exhibit 19: Adequacy of support provided to students and graduates for their capping project (# of respondents)

<table>
<thead>
<tr>
<th>Adequacy of support provided (capping project)</th>
<th>Not at all adequate</th>
<th>Not very adequate</th>
<th>Somewhat adequate</th>
<th>Quite adequate</th>
<th>Very adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance and support for the selection of the topic of your capping project</td>
<td>0</td>
<td>25</td>
<td>50</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>Guidance and support on the requirements for the capping project</td>
<td>0</td>
<td>25</td>
<td>50</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>Guidance and support for the selection of your supervisor and co-supervisor(s)/co-reader(s)</td>
<td>0</td>
<td>25</td>
<td>50</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>Mentoring and guidance on capping project from the Program Advisor</td>
<td>0</td>
<td>25</td>
<td>50</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>Mentoring and guidance on capping project from your supervisor</td>
<td>0</td>
<td>25</td>
<td>50</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>Mentoring and guidance on capping project from your co-supervisor(s)/co-reader(s)</td>
<td>0</td>
<td>25</td>
<td>50</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>Feedback on capping project from your supervisor</td>
<td>0</td>
<td>25</td>
<td>50</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>Feedback on capping project from your co-supervisor(s)/co-reader(s)</td>
<td>0</td>
<td>25</td>
<td>50</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>Feedback on capping project from the Program Advisor</td>
<td>0</td>
<td>25</td>
<td>50</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>

Note: Cumulative scores are the sum of weighted ratings on 100 (Not at all adequate: 0; Not very adequate: 25; Somewhat adequate 50; Quite adequate 75; Very adequate: 100) divided by the number of respondents.

Source: Data compiled by BRG from the student/graduate surveys.

### Exhibit 20: Graduate outputs resulting from the research/capping project (# of respondents in brackets)

<table>
<thead>
<tr>
<th>Outputs as a result of the research/capping project</th>
<th>Not at all</th>
<th>To a very small extent</th>
<th>To a small extent</th>
<th>To a moderate extent</th>
<th>To a fairly great extent</th>
<th>To a great extent</th>
<th>To a very great extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflect on what you have learned in the program/using program concepts</td>
<td>0</td>
<td>20</td>
<td>40</td>
<td>60</td>
<td>80</td>
<td>100</td>
<td>(16)</td>
</tr>
<tr>
<td>Apply the project to your workplace or practice area</td>
<td>0</td>
<td>20</td>
<td>40</td>
<td>60</td>
<td>80</td>
<td>100</td>
<td>(16)</td>
</tr>
<tr>
<td>Present your research at conference(s) and professional event(s)</td>
<td>0</td>
<td>20</td>
<td>40</td>
<td>60</td>
<td>80</td>
<td>100</td>
<td>(15)</td>
</tr>
<tr>
<td>Submit for publication and publish your research in specialized journals</td>
<td>0</td>
<td>20</td>
<td>40</td>
<td>60</td>
<td>80</td>
<td>100</td>
<td>(15)</td>
</tr>
<tr>
<td>Publish your research in a book and/or publicly available reports</td>
<td>0</td>
<td>20</td>
<td>40</td>
<td>60</td>
<td>80</td>
<td>100</td>
<td>(15)</td>
</tr>
<tr>
<td>Disseminate your research in your workplace (e.g., meetings, brown bag session, or informal discussion)</td>
<td>0</td>
<td>20</td>
<td>40</td>
<td>60</td>
<td>80</td>
<td>100</td>
<td>(15)</td>
</tr>
</tbody>
</table>

Note: Cumulative scores are the sum of weighted ratings on 100 divided by the number of respondents.

Source: Data compiled by BRG from the student/graduate surveys.
3.2 Findings about Program Delivery

Program Delivery Model

Aspects of the program delivery model rated by participants:

- Two-year cohort model
- Cohort/class size
- Part-time & blended model
- New technologies & online environments
- Immediately relevant
- Interprofessional approach
- Clinically & professionally relevant
- Administration & support services for students
- Support from Program Advisor
- Overall program delivery

Exhibit 21: Program delivery aspects: Stated Importance vs. Satisfaction

Here is a brief interpretation of this comparison.

- **Quadrant 1 Important & Satisfied** (top right quadrant)
  - Students value and are satisfied with the part-time nature of the program, the overall delivery methods, and the immediate relevance of the information. Graduates tend to have similar ratings but relevancy slips to the center of the graph perhaps because they now view it from a post-program perspective.

- **Quadrant 2 Less Important but Satisfied** (bottom right quadrant)
  - Students are satisfied but do not feel that the following are particularly important: the two-year model, new technologies, and class size. While graduates share similar views about the two-year model, class size is seen as less important and they feel less satisfied with new technologies.

- **Quadrant 3 Not Important & Less Satisfied** (bottom left quadrant)
  - Students value less and are less satisfied with administrative support and the program’s interprofessional approach. They are less satisfied with administrative supports than are graduates.
• **Quadrant 4 Important but Less Satisfied** (top left quadrant)
  ▶ Students value but are not satisfied with the clinical relevance of course work and are less satisfied with advisor support. Graduates recall advisor support in a somewhat more positive way but are still not as satisfied with it compared to their views on other program components.

The overall response from students and graduates to program delivery was high. The part-time delivery mechanism was seen as both effective and essential for these working students. However, “part time” was seen as intensive enough. As one student commented:

"The courses and the work hours required are intensive. So while the program is advertised as part time, in essence while immersed in each course it is a full time commitment for working professionals. Future cohorts should be well aware of this so they are not caught off guard by the time and work required" – Student

The blended format (in-person and on-line) was both popular and appreciated. Students suggested maintaining at least one face-to-face session for each course. As some commented:

"I really liked the online format but feel the face-to-face component was vital to establishing relationships with members in my cohort. The bonds formed provided great support throughout the program and surely contributed to me staying in the program. I had a strong desire to graduate with my classmates so this motivated me to keep on track and finish my project in a timely fashion" – Student

"I really enjoyed having at least 1-2 face-to-face sessions as part of the blended delivery. It created a strong sense of community that is difficult to create digitally/online. Once the rapport and sense of belonging was established face-to-face, it helped to carry over into the online environment." – Graduate

On the other hand, class size was seen as less important by both students and graduates. While most seemed to consider the two-year model to be only moderately important, a few students noted that the rigidity of the format did not fit with lifestyle demands where a gap year might be required. One commented:

"I would very much appreciate the ability to take the required courses in a more flexible order. The way the program is currently structured, one is only able to enroll every 2 years and there is no option to take the required courses off cycle at all" – Student

**Adult learning principles**

A number of adult learning principles were rated by participants:

- Experiential
- Collaborative
- Respectful
- Informal
- Problem-centered
- Self-directed
- Challenge, breadth & depth
- Active learning
- Best practice examples
- Reflective learning
- Personalized/choices
Here is a brief interpretation of this comparison.

- **Quadrant 1 Important & Satisfied** (top right quadrant)
  - Students value and are satisfied with the fact that the program is respectful and offers active learning, personalization and choice, and challenge, breadth and depth. Graduates tend to agree but also value and are satisfied with the collaborative nature of the program. Their views of program challenge, breadth and depth slip are average. On the other hand, students see collaboration as much less important and are decidedly less satisfied with this program component.

- **Quadrant 2 Less Important but Satisfied** (bottom right quadrant)
  - Students are satisfied with but do not particularly value the program being informal, problem-centered, and self-directed. However, graduates are satisfied with but tend to value the informal nature of the program less than students. Interestingly being self-directed becomes something graduates are less satisfied with post-program.

- **Quadrant 3 Not Important & Less Satisfied** (bottom left quadrant)
  - Both students and graduates value less and are less satisfied with reflective learning opportunities and students indicate their dissatisfaction with the collaborative nature of the program. On the other hand, graduates are less satisfied with and value less the experiential nature of the program (an area where students’ opinions differ) and both groups see the self-directed aspect of the program as less important.

- **Quadrant 4 Important but Less Satisfied** (top left quadrant)
  - Students value but are somewhat dissatisfied with the experiential nature of their learning and although they value the use of best practice examples they are clearly dissatisfied with this aspect of the program. While their view is somewhat more moderate, graduates agree that the use of best practice examples is not satisfactory.
Generally speaking students were satisfied that the program was personalized, respectful, provided active learning and assignments were flexible. They were satisfied with their interaction with instructors during the program and found them to be accessible and willing to support learners. As one student commented:

“*I found the approach to be very good because each of the instructors recognized the importance of choosing assignments and projects that were relevant to each of us and would help with our current teaching.*” – Student

Overall, they found collaboration in the program to be strong:

“*The level of collegiality was second to none. This was true between students and instructors and even between students. I have never experienced a better learning environment than I did during this program.*” – Graduate

“*This has been one of the best parts of the program. Since I have finished I have had contact with 4 of instructors about teaching, learning and assessment questions or projects. I have greatly appreciated having them as assets when it comes to improving teaching and learning in my department and also would feel comfortable connecting with any and all of them in the future.*” – Graduate

On the other hand a few students felt that collaboration needed to be enhanced. They saw that while their cohort was multi-disciplinary, students tended to work independently. Some who were not associated with the Faculty of Medicine felt a bit alienated.

Both students and graduates offered a number of useful comments about best practice:

- **The program should demonstrate best practice:**
  - Best practices in online learning are taught but not consistently applied in program courses
  - Instructors need to “walk the talk”
  - Course syllabi, grading rubrics and assignment outlines need to model best practice

### Exhibit 23: Suggestions to improve program delivery, climate & instructional approach*

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Suggestion</th>
</tr>
</thead>
<tbody>
<tr>
<td>33%</td>
<td>Increase interprofessional focus to include professions beyond physicians/nurses, and encourage those “other” professionals to contribute their unique perspective to the curriculum</td>
</tr>
<tr>
<td>13%</td>
<td>Encourage each course instructor to have at least one face-to-face session so the cohort may meet, if only for morale and support</td>
</tr>
<tr>
<td>11%</td>
<td>A person needs to be readily available and responsive to student questions and concerns. This was not the experience of our cohort throughout this program</td>
</tr>
<tr>
<td>10%</td>
<td>Decrease focus on medical/nursing education</td>
</tr>
<tr>
<td>10%</td>
<td>More face-to-face sessions with students/instructors</td>
</tr>
<tr>
<td>10%</td>
<td>More responsive/consistent administrative support</td>
</tr>
<tr>
<td>10%</td>
<td>Must use best practices for education/improved course material</td>
</tr>
<tr>
<td>10%</td>
<td>Improved IT platforms</td>
</tr>
<tr>
<td>10%</td>
<td>Other</td>
</tr>
</tbody>
</table>

Note: *Based on 48 answers to an open-ended question.
Source: Data compiled by BRG from the students/graduates surveys.

**Want more quotes?**

Additional quotes are provided in Annex D.
Diversity and Collaboration

Aspects of program diversity and collaboration were rated by participants:

- Interprofessional diversity of students
- Diversity of students’ academic backgrounds
- Interprofessional diversity of instructors
- Interprofessional collaboration between students from different professions during the program
- Interactions with instructors during the program
- Interactions among graduates after the program (MEd in HSE Program alumni) Graduates only
- Interactions of graduates with instructors after the program (MEd in HSE Program community) Graduates only

Exhibit 24: Diversity and collaboration: Stated Importance vs. Satisfaction

Note: Importance scale: 1: Not at all important; 2: Unimportant; 3: Neutral; 4: Important; 5: Very important.
Source: Data compiled by BRG from the student/graduate surveys.

Here is a brief interpretation of the stated importance vs satisfaction regarding program diversity and collaboration.

- **Quadrant 1 Important & Satisfied** (top right quadrant)
  - Students valued and were satisfied with the interprofessional diversity of students, their diverse academic backgrounds and the collaboration they shared during the program. They also valued and were satisfied with their interactions with their instructors. Graduates were also valued and were satisfied with the interprofessional diversity of students and their collaboration with them and felt similarly about their interactions with instructors during the program.

- **Quadrant 2 Less Important but Satisfied** (bottom right quadrant)
Graduates saw less value, although they were satisfied, with the diversity of students’ academic backgrounds but were less positive about the interprofessional diversity of instructors.

- **Quadrant 3 Not Important & Less Satisfied** (bottom left quadrant)
  - Graduates saw less value and were less satisfied with interactions among program alumni and instructors after the program.

- **Quadrant 4 Important but Less Satisfied** (top left quadrant)
  - Students valued but were less satisfied with the interprofessional diversity of instructors in the program. Graduates saw this as less important but were moderately satisfied.

Generally students and graduates valued the interprofessional diversity of the program and had a number of positive things to say about it:

- “While I had not anticipated such great diversity, the ability to discuss common obstacles, ways to tackle problems, etc., with other professionals was one of the most valued parts of this course for me.” – Student
- “This was a great aspect of the program. I loved getting to hear about other programs through my diverse cohort and through faculty from many other professional programs. At times it seemed a bit heavy from medicine, I was nervous about the fact that there were no other members of my profession in the teaching or classmate aspect but in the end I loved the diversity.” – Graduate
- “It was great to have a wide range of professions in our cohort. It was good to see that challenges were often the same in spite of the discipline but also to see that unique solutions could also be adapted for one’s own profession. The diversity is a significant strength to the program and should be encouraged.” – Graduate

Yet they had a number of suggestions of ways to improve interprofessionalism:

- Student diversity needs to be broadened with more representatives from health profession outside of medicine/nursing.
- Faculty diversity needed to be broadened to a wider range of health professionals.
- Content needs to be broader, more best practice examples, increased clinical relevance, more cross-discipline contexts.

Students and graduates saw **building a community of practice** as an important way to enhance interprofessionalism. A number of suggestions were offered:

- Enhance student interaction with graduates

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**Interprofessional & Interdisciplinary**

"**Interprofessional** is defined as a group of individuals from different disciplines working and communicating with each other individuals. In the interprofessional learning environment each member provides his/her knowledge, skills, and attitudes to augment and support the contributions of others”

Hall and Weaver, 2001

"**Interdisciplinary** instruction entails the use and integration of methods and analytical frameworks from more than one academic discipline to examine a theme, issue, question or topic ... makes use of disciplinary approaches to examine topics, but pushes beyond by: taking insights from a variety of relevant disciplines, synthesizing their contribution to understanding, and then integrating these ideas into a more complete, and hopefully coherent, framework of analysis.”

Science Education Learning Center – Carleton University
- Mentors or counsellors/program guidance
- Examples of capping projects
- Presentations and events
- Collaborative research projects
- Contact lists and website

Both students and graduates were positive about their interaction with instructors:

“Interactions within the program with instructors were great. Everyone was very helpful and engaged in the teaching process. I never felt like the instructors were forced to teach the courses—they all seemed to be fully engaged in the process.” – Graduate

However, they also offered suggestions to improve instructor quality:

- Attract high profile instructors from a wide variety of disciplines
- Provide more instructor capacity building
  - More awareness and communications across courses
  - More chance to “walk the talk”
  - More training on use of IT
  - Development of rubrics, guidelines, examples
- Succession planning for instructor turnover
- Build a community of practice among instructors so they develop a sense of program ownership

Exhibit 25: Suggestions to improve the program diversity and collaboration*

Note: *Based on 18 answers to an open-ended question.
Source: Data compiled by BRG from the students/graduates surveys.

Want more quotes?
Additional quotes are provided in Annex D.
### Score Card: Program Delivery

**Core Courses**
- Core courses & instructional approach rated high
- Linkages between core courses and assignments high
- Assessment & Evaluation I & II rated highest by graduates (4.5 and 4.6)
  - Assessment & Evaluation I rated lowest by students (3.8)
  - Learning and Teaching at the Adult Level rated lowest by graduates (3.6)
  - Curriculum Studies viewed as too short (one week) to provide the depth required

**Electives**
- Program coherence and progression high
- Consistent guidelines across courses
  - Access to diverse electives limited by format, choice, scheduling, available information

**Capping Project**
- Graduates rated guidance and support for selection of capping project topic and project requirements as very adequate
- Students and graduates indicated capping project too self-directed, needed more preparation, scaffolding, examples, guidance and feedback

**Delivery Format**
- Overall delivery rated high
- Blended format very popular
- Part time rated high
  - Two-year model and cohort size seen as less important

**Program Climate and Instructional Approach**
- Personalized, respectful, provides active learning; assignments personalized and flexible
- Satisfied with interaction with instructors during the program; accessible and willing to support learners
  - Program should further demonstrate the best practices it promulgates

**Interprofessionalism**
- Interprofessional diversity of the program valued
  - Greater diversity desired in terms of students, instructors and content
  - Building a community of practice would enhance interprofessionalism
  - Instructor capacity building would increase quality and consistency across courses
4. Program Outcomes & Impacts

Questions addressed in this section:

Q5. What effect has the program had on the competency and skills of students and graduates in terms of their educational pedagogy and educational research?

Q6. What effect has having a Master (MEd in HSE) had on students/graduates workplace and careers?

Q7. What do students and graduates report have been the most significant impacts or transformational changes they have experienced as a result of the program?

4.1 Impact on educational competencies and skills

In their surveys, students and graduates were asked to rate the impact of the program on their competencies and skills.

Exhibit 26: Extent the program has had an impact on students’ and graduates’ competencies and skills (# of respondents)

<table>
<thead>
<tr>
<th>Impacts on competencies and skills</th>
<th>Not at all</th>
<th>To a small extent</th>
<th>To some extent</th>
<th>To a great extent</th>
<th>To a very great extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broadened my educational philosophy and understanding of my own education philosophy</td>
<td>Students: (16)</td>
<td>Graduates: (16)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developed and applied my educational pedagogy / teaching at work</td>
<td>Students: (16)</td>
<td>Graduates: (16)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provided a framework and skills for research and evidence-based inquiry</td>
<td>Students: (16)</td>
<td>Graduates: (15)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developed and applied my educational research skills at work</td>
<td>Students: (12)</td>
<td>Graduates: (15)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developed/applied my information technology literacy/actually using new information technology at work</td>
<td>Students: (14)</td>
<td>Graduates: (15)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developed and applied my skills in interprofessional teamwork and collaborative practice at work</td>
<td>Students: (15)</td>
<td>Graduates: (16)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Cumulative scores are the sum of weighted ratings on 100 (Not at all: 0; To a small extent: 25; To some extent: 50; To great extent: 75; To a very great extent: 100) divided by the number of respondents.

Source: Data compiled by BRG from the student/graduate surveys.

For many student and graduates, the program provided a broader educational philosophy and understanding of their own education philosophy. It provided a framework for curriculum design and evaluation and reflective practice. For some, it validated their thinking and approach to teaching and education in general. In their interviews, students commented:

“Giving me a second language, being able to communicate with education language and transfer that to other physicians/ For example with the assessment and evaluation course, now I understand how to evaluate what we do and to extent is so important to do it on a regular basis for our teaching program.” – Student

“I think that my classes are now much more of a conversation than a lecture, much more engagement for the students. Yeah, very different [based] on what I now know on adult learning theory... It’s really transformational for my class for sure.” – Student
The program also provided a **framework and skills for research and evidence-based inquiry**. As graduates commented in their interviews:

“More insight in reading and interpreting research. For clinical learning, I have a better sense now where to go to find the information I am looking for.” – Graduate

“Looking for evidence-based material to support my clinical work.” – Graduate

Some students and graduates indicated in their interviews that they were doing **additional research** stemming from their original capping projects developed in the program and applying the research expertise they had gained:

“I am already thinking in the upcoming year as program director of things to research and publish on—the competency model; a lot of comparative research I can produce or even basic material about the candidacy selection process, to think of better ways to select better candidates in a standardized way and then publish that. I would never have thought of that before.” – Graduate

“I am working toward applying the facilitator evaluation work developed during the capping project, in collaboration with a co-worker who taking a master in health promotion at UofA, within our own series for health care providers. Applying as many success case models that we had originally developed during the capping project within our own team. [We] are looking to do an evaluation of this initiative.” – Student

Creating connections and a **community of practice** was a valuable and unexpected program outcome for students, graduates and instructors. As one graduate commented:

“A lot is networking. Some people I have met as students now get involved with us in other initiatives time and time again with my department, teaching my course, running a simulation in our simulation centre. We are more connected to a number of people in health simulation, creating a lot of connections.” – Graduate

### 4.2 Impact on workplace and careers

In their surveys, students and graduates were asked to rate the impact of the program on their workplace and careers.

**Exhibit 27: Extent the program has had an impact on students'/graduates’ workplace/careers**

<table>
<thead>
<tr>
<th>Impacts on workplace and career</th>
<th>Not at all 0</th>
<th>To a small extent 25</th>
<th>To some extent 50</th>
<th>To a great extent 75</th>
<th>To a very great extent 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved my performance at work (efficiency,</td>
<td>(12)</td>
<td>(16)</td>
<td>(16)</td>
<td>(16)</td>
<td></td>
</tr>
<tr>
<td>effectiveness and productivity)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gained profile / credential</td>
<td>(16)</td>
<td>(16)</td>
<td>(16)</td>
<td>(16)</td>
<td></td>
</tr>
<tr>
<td>Gained confidence in my educational-related</td>
<td>(16)</td>
<td>(16)</td>
<td>(16)</td>
<td>(16)</td>
<td></td>
</tr>
<tr>
<td>abilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognized by my peers at work as key resource in</td>
<td>(12)</td>
<td>(16)</td>
<td>(16)</td>
<td>(16)</td>
<td></td>
</tr>
<tr>
<td>educational pedagogy/research</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced my career / promotions</td>
<td>(14)</td>
<td>(16)</td>
<td>(16)</td>
<td>(16)</td>
<td></td>
</tr>
<tr>
<td>Provides options for future changes in tasks or</td>
<td>(15)</td>
<td>(16)</td>
<td>(16)</td>
<td>(16)</td>
<td></td>
</tr>
<tr>
<td>position</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: # of respondents in brackets. Cumulative scores are the sum of weighted ratings on 100 (Not at all: 0; To a small extent: 25; To some extent: 50; To great extent: 75; To a very great extent: 100) divided by the number of respondents.

Source: Data compiled by BRG from the student/graduate surveys.
In their interviews, students and graduates provided many diverse examples of how the program has **improved their performance**, offering examples of positive changes experienced by them:

- Improvement of client service, teaching strategies and methods, self-reflective and evidence-based practice
- Communication of educational research materials to others
- Collaboration with and contribution to other teams of professionals

As one graduate commented:

> “I work with other medical educators, at the national level. When I am working with other program directors, when I am working with other clinicians and educators at the Royal College on concepts around leadership, I am taking concepts from my Capping Project and other concepts from the program and applying them. I also sit on a post graduate medical education committee, working on future directions and the skills and knowledge (evidence-based) from the program are very useful, more assessment theory, more evidence based. I use my new lexicon.” – Graduate

Key benefits mentioned repeatedly by interviewees is that they had **gained confidence** and were receiving **greater respect and recognition** from co-workers. They were finding themselves the **go-to person** for education issues. Interestingly, these changes happen to students even while they were taking the program, not just after they had graduated. As one student explained:

> “I can say that given the program, given that people know I am doing it, perhaps they give me a bit more credibility and probably a bit more influence. I noticed that already. Also, I have done a little bit of in-service teaching and sharing resources. Doing the program in education is giving me more credibility or legitimacy within my own department… I am recognized by colleagues for educational issues.” – Student

Most importantly, career advancement and access to options otherwise not available were mentioned frequently not only by graduates but also by students still enrolled in the program. As one student commented:

> “I was given more opportunities to take a lead in education, was given the Program Director position, my predecessor appointed me. My change was from being an Assistant Program Director to full time Program Director.” – Graduate

### 4.3 Most significant impacts or transformational changes

In their surveys, students and graduates were asked to rate the most significant impacts or transformational changes they had experienced as a result of the program.

**Exhibit 28: Extent the program has had an impact on students and graduates**

<table>
<thead>
<tr>
<th>Transformational effect</th>
<th>Not at all</th>
<th>To a small extent</th>
<th>To some extent</th>
<th>To a great extent</th>
<th>To a very great extent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At the personal level</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e.g., changes in your frame of reference or way of seeing the world, encourages critical reflection)</td>
<td>0</td>
<td>25</td>
<td>50</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td><strong>At the professional level</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e.g., changes or impact on your career, practice, workplace and professional network)</td>
<td></td>
<td></td>
<td>[16]</td>
<td>[16]</td>
<td></td>
</tr>
</tbody>
</table>

Note: # of respondents in brackets. Cumulative scores are the sum of weighted ratings on 100 (Not at all: 0; To a small extent: 25; To some extent: 50; To great extent: 75; To a very great extent: 100) divided by the number of respondents.

Source: Data compiled by BRG from the student/graduate surveys.
Both students and graduates indicated that the program had had a transformational effect at the personal level. When asked to describe these impacts, the greatest impacts were:

- Broadening their perspectives on teaching and learning
- Allowing them to reflect on their practice, identifying competencies and areas for growth
- Building their confidence and confirming their educational philosophy.

Some of their comments are summarized in Exhibit 29 below.

They also indicated that the program had had a transformational effect at the professional level although the impact was greater for graduates. Both groups described the greatest impacts at the professional level as:

- Career advancement
- Expanded professional networks
- Recognition and profile
- Leadership opportunities

Some of their comments are summarized in Exhibit 30.

Program Effect: Most significant impacts or transformational changes

**Personal-level**

Exhibit 29: Most significant program effects at personal-level*

Note: *Based on 30 answers to an open-ended question.
Source: Data compiled by BRG from the student/graduate surveys.

**Professional-level**

Exhibit 30: Most significant program effects at professional-level**

Note: **Based on 33 answers to an open-ended question.
Source: Data compiled by BRG from the student/graduate surveys.
**Score Card : Program Outcomes & Impacts**

**MEHSE Graduates (and Students to a lesser extent) have experienced the following program effects:**  

- **Impact on Skills and Competencies Personally**  
  - ✔ Broadening educational philosophy--changed frame of reference or way of seeing the world, broader perspective on teaching and learning  
  - ✔ Building confidence  
  - ✔ Reflecting on practice--identifying areas for growth  

- **Impact on Skills and Competencies at Work**  
  - ✔ Applying educational pedagogy at work; greater comfort with terminology and concepts  
  - ✔ Using educational research skills at work  
  - ✔ Using a research framework and skills for evidence based inquiry  
  - ✔ Applying information technology literacy at work  
  - ✔ Applying skills in interprofessional teamwork and collaborative practice at work  
  - ✔ Communicating educational research materials to others  

- **Impact on Workplace and Career**  
  - ✔ Improved performance (efficiency, effectiveness, productivity):  
  - ✔ Increased profile, recognized by peers as a key resource in educational pedagogy and research  
  - ✔ Career advancement/credential/promotion  
  - ✔ Opportunities for future development  
  - ✔ Leadership opportunities  

- **Most transformational effects personally**  
  - ✔ Broadening their perspectives on teaching and learning  
  - ✔ Allowing them to reflect on their practice, identifying competencies and areas for growth  
  - ✔ Building their confidence and confirming their educational philosophy  

- **Most transformational effects professionally**  
  - ✔ Career advancement  
  - ✔ Expanded professional networks  
  - ✔ Recognition and profile  
  - ✔ Leadership opportunities
5. Program Sustainability

Questions addressed in this section:

Q7. Is the program governance structure and administration appropriate to ensure the provision of high quality services to students?

Q8. Is the program management, outreach and business development appropriate to ensure program stability given its cost-recovery nature?

Q9. What opportunities or alternatives exist to improve the relevance, competitiveness and sustainability of the program?

The MEHSE program is still quite young. Only two cohorts have completed their studies. The evaluators were able to contact 12 students and graduates for interviews as well as 5 instructors. In addition, 16 students and 16 graduates completed the on-line surveys (a response rate of 74%).

A great deal of useful information was obtained but it is early days. Limited information was available about program sustainability or about medium- or long-term outcomes. As a result, this section is very preliminary in nature.

5.1 Program administration

Several areas of program delivery elicited a number of suggestions from both students and graduates. They suggested that the administration & support services for students need greater attention. In particular they suggested that the Program Director needs to provide/consider:

- More regular student communication
- More curriculum development, use of guidelines and rubrics
- Cross-course consistency
- Instructor capacity building and team building
- Ongoing performance measurement
- Succession planning

More broadly, the program administration needs to provide more responsive & consistent support:

- To direct inquiries to and speak with about the program
- To help students navigate the program as a whole
- To ensure that instructors are setting students up for success.
- Be readily available and responsive to student questions and concerns.
- To provide more support for logistics (e.g., room booking, textbook ordering, timelines)
- To ensure adequate database maintenance and information retrieval

5.2 Program promotion and outreach

In their interviews, students, graduates and instructors offered a number of suggestions to improve program promotion and outreach. Currently, the promotion of the program profile and benefits is mainly realized by word of mouth via professional colleagues or with students/graduates, the program website and direct interactions with the Program Director.
Many students were aware of the program because they were already employees and/or students at UAlberta. As one graduate commented:

"I want the program to be successful. I don't hear much about the program recruitment and promotion. I think the program needs to be more exposed and promoted because it is excellent." – Graduate

It was seen that increased program recruitment was needed to ensure diverse and interprofessional cohorts. Instructors suggested that competitiveness could be improved by highlighting and promoting high profile instructors to attract students. They also wanted to ensure that quality standards are maintained and suggested focusing course offerings more carefully (with not too many options) in order to stay competitive.

A number of suggestions have been provided to develop the community of practice associated with the MEHSE program. A continued sense of collaboration and continued mentoring and shared research events and activities would foster a sense of pride and engagement.

The program website could be upgraded to reflect more in-depth information. Linkages, contacts to social media, examples of student projects or publications, testimonials, and of course the results of this evaluation could also be published there.

5.3 Program competitiveness

A scan of similar programs in Canada and other countries provided some insight on the competitiveness of the MEHSE program. The following seven programs were scanned to help position the MEHSE program in terms of design and delivery, degree of uniqueness:

- University of Illinois (Chicago) – Master of Health Professions Education (MHPE)
- University of Cincinnati – Online Master of Education (MEd) and Certificate Programs
- University of Calgary – MSc with a specialization in Med Ed
- McMaster University – Master of Science Health Science Education (MScHSEd)
- Maastricht University (Canada CERI/ CHES) – Master of Health Professions Education (MHPE) – Canada
- Harvard University – MMSc-Medical Education
- Dundee University – Masters of Medical Education (MMed)

The following key findings speak about the level of competitiveness of the MEHSE program at UAlberta. Annex E provides a matrix table that summarizes characteristics of each comparable program.

- **MEHSE blended delivery is quite unique**: Blended delivery format is only offered by two programs, other are offering on-campus only and/or online-only formats.
- **MEHSE costs are quite low**: MEHSE program costs are among the lowest at approximately CAN$ 390 per credit. Average costs per credit for similar programs is CAN$ 715 or CAN$ 585 without considering the most expensive program (University of Cincinnati).
- **Most program curricula do not focus on leadership**: The scan of courses titles revealed that, like most similar program, MEHSE program do not focus on leadership.
- **MEHSE website content is somewhat limited**: The web sites of a number of competitors are more complete, marketing-oriented, interactive and provide additional resources to both prospective/current students and graduates. Content of interest includes:
Video presentations by instructors, former and current students describing program and benefits.
- Videos on Student Handbook and on Student Leadership in Health Sciences recent graduates
- Newsletter (Sign Up)
- Live Information Sessions (via Skype)
- Frequently Asked Questions
- MHPE Summer Conference
- Annual Research Day, with biographies & pictures of the presenters, as well as the abstracts for their posters or oral sessions.
- Alumni Community web site
- Section on employability (lists graduates and their career progression/academic roles)
- Sections on Scholarly & Thesis Paper Process
- Visuals of course units & curriculum overview
- Student testimonials.
- List of current student research projects.

5.4 Program sustainability

Instructors were particularly aware of program sustainability. As one commented:

“\[The program is starting to grow. There is a lot more interest and demand. It has established a reputation that is something hoped for but the fact it is coming to fruition is encouraging for the program.\] – Instructor

The instructors made several suggestions.

“\[Improve program outreach and promotion by moving from a two-year cohort to one-year cohorts so that interested students could enroll at their convenience. This would ensure a constant intake of income and course offerings.\] – Instructor

“\[Keep class sizes small. An instructor explained that when the cohort is smaller, students tend to mix disciplines more easily.\] – Instructor

“\[Develop a succession plan to account for the turnover in instructors, to ensure capacity building and to implement proper knowledge management practices. For example, it was suggested that the curriculum be properly documented and stored so it can be accessed, evaluated and adjusted for improvements.\] – Instructor

As many employers have a high stake in educational training, more established relationships or engagement with students’ employers would benefit both the prospective students and the program itself. Students wanted some support to help them find and secure funding from their employers.

The MEd in HSE program has definitely begun to contribute to the improvement of health science teaching in Alberta. In particular the University of Alberta has benefited from this very successful program. As one instructor observed:

“\[...it is very much a learning community centered in Alberta. To create a center of health science excellence and innovation is a tremendous benefit to the U of A and it will affect our practices and they will affect the way others do it too. Alberta is in a position to have some leadership in medical education the way McMaster did 20 years ago.\] – Instructor
### Score Card: Program Sustainability

Limited information was available about program sustainability or about medium- or long-term outcomes.

Several improvements were suggested for program sustainability.

- **Program administration & support services**
  - Suggested improvements in program administration and management included increased, more regular, and more responsive communications; cross-course consistency; instructor capacity building; performance measurement; and database enhancement.

- **Program promotion and outreach**
  - The interprofessional objective of the program links closely to the development of a community of practice associated with the MEHSE program. Continued collaboration and mentoring and shared research events and activities among students, graduates and instructors would foster a sense of pride and engagement.
  - The program website could be upgraded to provide more in-depth information such as linkages, contacts to social media, examples of student projects and publications, testimonials, and evaluation and performance measurement data.

- **Program sustainability**
  - Establishing relationships with students’ employers would benefit both the prospective students and the program itself.
6. Conclusion & Recommendations

The Master of Education in Health Sciences Education (MEd in HSE) has been designed to provide health science educators and professionals with the higher-level knowledge, skills, and experience necessary to effectively integrate into interdisciplinary communities of clinical teaching and practice. It is part of an academic plan for interprofessional health scholarship at the University of Alberta.

In its first five years, it has been exceptionally successful, producing 25 graduates and experiencing a remarkably low withdrawal rate of 6%. Students and graduates are very satisfied with the program. Graduates are continuing to advance in their careers, linking much of their continued success to the program and taking with them a “new lexicon” for educational pedagogy and research.

Both students and graduates indicated that the program had had a transformational effect at the personal level, changing their frame of reference and encouraging critical reflection. The greatest impacts identified by both students and graduates include:

- Broadening their perspectives on teaching and learning
- Allowing them to reflect on their practice, identifying competencies and areas for growth
- Building their confidence and confirming their educational philosophy.

At the professional level, the impacts have also been extensive, particularly for graduates who identified the following changes:

- Career advancement
- Expanded professional networks
- Recognition and profile
- Leadership opportunities

All the findings of this formative evaluation must be viewed through the lens of great early success. That said, there is always room for improvement, especially in a young program like this. Many suggestions have been compiled in this report and are offered for consideration in order to take the program to even greater heights.

Needs and Expectations

Key reasons for program enrollment included the program’s combination of education and health sciences and its interprofessional focus, the part-time and blended delivery model, and the recognized credential of an MEd as the product. Students were highly satisfied with the extent to which their expectations were met in terms of obtaining this credential and the professional advancement that accompanied it. They were also very satisfied the information they gained about educational theory and practice to help them be more effective educators and the research and evaluation theory and skills they acquired to support their evidence based practice.

Satisfaction levels for both students and graduates were very high for:

- The overall program
- Program delivery
- Program climate and the instructional approach
- Core courses
- Program diversity & collaboration

Their satisfaction levels were slightly lower for aspects of the curriculum including electives, use of guidelines, and program coherence although still in the positive range. As it will be seen, they offered
many useful suggestions for improvement in these and related areas. In all cases the satisfaction levels of graduates were as high or higher than those of students suggesting in retrospect, that once they had an opportunity to use their newly acquired skills, the value of the program increased for them.

**Program Content**

In general, students and graduates were positive about the program’s core courses and the instructional approach used. Linkages between core courses and assignments were well received. Graduates rated the Assessment and Evaluation I and II courses as the most important and they were the most satisfied with them. On the other hand, students were much less satisfied with them. Both students and graduates saw the Philosophy of Teaching and Learning course as the least important. Students held more positive views about the Pedagogy of Adult Learning than did graduates. Curriculum Studies was viewed as too short in its one-week format to provide the depth required.

**Electives** were rated highly for program coherence and progression and consistent guidelines across courses yet access to diverse electives was an issue for these part-time students. They were limited because most courses were offered on campus during regular terms and scheduled during their working day. They needed more information about flexible on-line options at other institutions.

The **Capping Project** was rated highly by graduates in terms of the guidance and support they had received for initial topic selection. To some extent they felt project requirements, mentoring, guidance and feedback were adequate. However, both students and graduates thought that the Capping Project was too self-directed and they wanted more supervision throughout the process including more preparation, scaffolding, and examples. Graduates were able to apply their project in the workplace or in their practice area and to disseminate the information informally. However, it appeared that more support was required to ensure that they published their results.

**Program Delivery**

The delivery format of the MESHE program was rated as high and the part-time blended format was very popular. Many indicated that they would not have been able to enroll in the program without this open structure. Limited information was received about the two-year model although it was suggested that the Capping Project often resulted in a third year of studies. Typically the cohort size was not an important factor for them although the instructors felt that smaller cohorts were more conducive to interdisciplinary collaboration.

Overall, the program climate was very well received and was described as personalized, respectful, and flexible. Students were satisfied with their interaction with instructors during the program; they found them to be accessible and willing to support learners. On the other hand, many comments were received that suggested that the program could go further to demonstrate the adult education best practices promulgated in its courses, or walking the talk as they described it.

To that end, improving instructor quality was suggested. For example, attracting high profile instructors from a wider variety of disciplines would increase interprofessional diversity. More instructor capacity building was suggested such as enhancing their IT skills and increase their awareness of and communications across courses, increasing quality and consistency across courses. Students and graduates wanted to see the development of consistent rubrics, guidelines, and use of examples across the program. Instructors themselves worried about the need for succession planning to account for instructor turnover.
Program Sustainability

Limited information was available about program sustainability or about medium- or long-term outcomes. Suggested improvements in program administration and management included increased, more regular, and more responsive communications; cross-course consistency; instructor capacity building; performance measurement; and database enhancement.

The interprofessional diversity in the program was valued by students, graduates and instructors. Greater diversity was desired in terms of student and instructor selection as well as in more multi-disciplinary course content. Interprofessionalism linked closely to the development of a community of practice for the MEHSE program. Continued collaboration, mentoring and shared research events and activities among students, graduates and instructors would foster a greater sense of pride and engagement. Relationships with students’ employers could also benefit both the students and the program itself.

The community of practice could also be supported by a more extensive program website. It could provide more in-depth information, linkages, contacts to social media, examples of student projects and publications, testimonials, and evaluation and performance measurement data. It was suggested that this center of learning and innovation could be of increasing benefit not only to the program itself and to the University of Alberta but to the improvement of health science teaching in Alberta.

6.1 Recommendations

The following recommendations are advanced for consideration.

Program Development

1. **Core courses:** Continue to develop and improve core course offerings to demonstrate best practice in adult learning or, as the students say, *walk the talk.*

   Provide syllabi, rubrics, guidelines, examples, and scaffolding to support student learning, use current instructional technology effectively, and ensure consistency across courses. Foster greater instructor communication and capacity building to support these developments.

2. **Interprofessional approach:** Align the program curriculum to reflect the diverse health professions represented in each student cohort.

   Provide relevant examples, cases, special guests, and assignments.

3. **Electives:** Develop an electives profile of the most appropriate, flexible, and accessible courses for these part-time students.

   Include courses at the UAlberta and at other relevant institutions. Make the information accessible online.

4. **Capping Project:** Provide clear support and more supervision for capping projects and ensure that students and graduates disseminate their knowledge.

   Encourage the students and graduates to produce presentations, posters, and publications based on their capping projects.
Program Administration

5. **Communications:** Provide proactive and responsive communications to help students navigate the program.

Answer student questions and concerns quickly and effectively. Ensure that instructors are supported for success.

6. **Performance measurement & management:** Improve databases, data collection, and knowledge management to support easy access to program management information.

Develop an ongoing performance measurement system, provide findings in an annual dashboard of program performance results, and publish it online.

Program Promotion and Sustainability

7. **Web site:** Enhance the program website with best practice educational, technological and market-oriented content.

Include such resources as success stories, videos, newsletters, Frequently Asked Questions, information and updates about the program’s community of practice, contact lists, and published research projects.

8. **Annual program event:** Celebrate program success, foster a community of practice, and promote outreach by holding an annual event such as a symposium to showcase current student and graduate projects and promote collaborative interprofessional program research.

Ensure that the symposium is scheduled to accommodate working students and graduates. Present high profile health science education speakers (e.g., representatives from other health science education programs). Include students’ and graduates’ co-workers, collaborators, employers, and the broader health professions community to enhance outreach and promotion.
References

Annex A: Additional Details on Methods

Interpretation of Importance vs Satisfaction graphics

Using five-star rating scales in the surveys, students and graduates were asked to rate the level of importance and level of satisfaction on a series of program topics.

The following importance and satisfaction rating scales were presented side-by-side to survey respondents (see exhibit in the side bar).

The matrix of importance vs satisfaction allows an additional analytical dimension: identification of key program aspects to preserve and prioritization of aspects to be improved. The interpretation of results is facilitated by using scatter graphic commonly called Importance vs. Satisfaction graphics (see Exhibit below). Here are some key information to help with their interpretation:

- **Average importance** is represented by a horizontal line. Data points located above this line means that that ratings are more important than the respondents’ average score.

- **Average satisfaction** is represented by a vertical line. Data points that are located on the right side of this line indicate that the level of satisfaction is higher than the respondents’ average score.

- **Quadrant 1 – Important and satisfied**: High priority to preserve (or to invest in): Data points in this quadrant indicated that associated program aspects are more important and that the level of satisfaction is higher than the respondents’ average score.

- **Quadrant 2 – Less important and satisfied**: Second priority to preserve (or to invest in): Data points in this quadrant indicated that aspects are less important, but the level of satisfaction is higher than the respondents’ average score.

- **Quadrant 3 – Less important and less satisfied**: Second priority for improvement: Data points in this quadrant indicated that aspects are less important and the level of satisfaction is lower than the respondents’ average score.

- **Quadrant 4 – Important and less satisfied**: High priority for improvement: Data points in this quadrant indicated that aspects are more important than the respondents’ average score, but the level of satisfaction is lower than the respondents’ average score.

Exhibit 31: Screenshot: survey question for generating data used to develop Importance vs Satisfaction graphics

Exhibit 32: Example: Stated Importance vs. Satisfaction

Annex B: Med in HSE Logic Model

(1.0) INPUTS
(1.1) Faculty of Education – Dept. of Educational Psychology:
- Vision, mission, values
- Policies & procedures
- Administrative staff
(1.2) Health Sciences Council (& Faculties) – Health Sciences Education and Research Commons
- Vision, mission, values
- Policies & procedures
- Administrative staff
(1.3) MEd in HSE sub-committee
- Governance & oversight
- Administrative support
(1.4) Infrastructure, spaces & equipment
(1.5) Integrated technology & support
(1.6) Financial resources
- Cost-recovery revenues
(1.7) MEd HSE Program:
- Goal & objectives
- Curriculum
- Structure & delivery method
- Requirements
- Administrative staff
(1.8) Students (health sciences educators / clinical instructors)
(1.9) Instructors
(1.10) Advisors/ supervisors & co-reader/co-supervisor

(2.0) ACTIVITIES
(2.1) Receive inquiry-based teaching, supervision & curriculum development
(2.2) Conduct educational capping projects
(2.3) Experience various educational media & collaborative online learning environments
(2.4) Experience collaborative learning/research activities within a community of practice
(2.5) Are tested for their knowledge & competency

MEd in HSE Program
(2.6) Communicates & promotes program profile & benefits
(2.7) Recruits, admits & registers students
(2.8) Provides unique structural/curricular program delivery
(2.9) Provides quality administrative & support services
(2.10) Monitors & evaluates program outputs, outcomes & impacts

(3.0) OUTPUTS
(3.1) Develop knowledge & competence in educational pedagogy, research & inter-professional leadership
(3.2) Integrate & apply their new knowledge in their workplace & communities of practice
(3.3) Produce, present & publish educational knowledge/ research
(3.4) Use online collaborative learning environments, new technologies & methods in teaching, educational research & practice
(3.5) Participate in interdisciplinary/professional communities of practice/clinical learning
(3.6) Complete program & graduate

MEd in HSE Program
(3.7) Reaches targeted clients & stakeholders
(3.8) Meets recruitment & admission targets
(3.9) Provides education & research training
(3.10) Meets the needs/expectations of student & instructors
(3.11) Students and instructors are satisfied with the program
(3.12) Collects monitoring & evaluation data

(4.0) SHORT-TERM (by 2017)
(4.1) Develop & apply their pedagogical knowledge & competencies in workplace practice
(4.2) Develop & apply their expertise in health educational research
(4.3) Develop & apply their literacy in new information technologies
(4.4) Develop & apply their skills in teamwork & collaborative/ interdisciplinary practice
(4.5) Create & for supported new communities of practices
(4.6) Gain profile & credentials
(4.7) Advance their career/ employment/ leadership positions
(4.8) Increase awareness of MEd in HSE Program among employers & other stakeholders

MEd in HSE Program
(4.9) Attracts new & diverse students through outreach & recruitment efforts
(4.10) Adjusts delivery & training through use of monitoring data

(5.0) MEDIUM-TERM (by 2018-2021)
(5.1) Are recognized by leaders & instructors from stakeholders organizations
(5.2) Are recognized by their peers as leaders in educational scholarship & knowledge transfer
(5.3) Contribute to the improvement of health science teaching, research & patient care in Alberta
(5.4) Foster the growth of their communities of practice
(5.5) Contribute to UAlberta’s plan for interprofessional health scholarship
(5.6) Use their advanced skills in instructional & clinical settings to:
- Rapidly & effectively integrate inter-disciplinary communities of clinical teaching
- Teach new technologies & different blended-learning formats

MEd in HSE Program
(5.7) Increase engagement of stakeholders with the MEd in HSE Program
(5.8) Improve relevance, competitiveness & sustainability

(6.0) LONG-TERM (by 2021-2026/8)
MEd in HSE Program
(6.1) Improved quality of evidence-based teaching/ learning & research in Alberta
(6.2) Rural & remote health professionals provided with increased access to advanced education
(6.3) Increased educational capacity for health science & inter-professional education in Alberta
(6.4) Program is recognized as unique, of high quality & competitive for interprofessional learning & research
(6.5) Evaluation findings used to improve the program & to remain relevant, competitive & sustainable

Barrington Research Group, Inc.
### Annex C: Evaluation Framework

#### Exhibit 33: UAlberta’s MEd in HSE program evaluation: Draft data collection matrix (DCM)

<table>
<thead>
<tr>
<th>Evaluation Topic</th>
<th>Indicators</th>
<th>Document &amp; data review</th>
<th>Interviews</th>
<th>Students/Grades</th>
<th>Instructors</th>
<th>Surveys</th>
<th>Scan of similar programs</th>
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<td><strong>Students &amp; Graduates Activities</strong></td>
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<td>1.1 Receive inquiry-based teaching, supervision &amp; curriculum development [2.1]</td>
<td>1.1.1 Program is learner-centered:</td>
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<td>• Provides challenge, breadth &amp; depth</td>
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<td>• Provides best practice models</td>
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<td>• Incorporates reflective learning opportunities</td>
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<td>• Uses new technologies (e.g., simulations, digital media, blended learning environments)</td>
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<td>• Maintains consistent guidelines</td>
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<td>1.1.2 Curriculum addresses adult learning principles:</td>
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<td>• Transformational (i.e., changes the learner’s frame of reference or way of seeing the world encourages critical reflection)</td>
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<td>1.2 Conduct educational research capping projects [2.2]</td>
<td>1.2.1 Professional learning project allows students:</td>
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<td>• To reflect on what they have learned in the program</td>
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<td>• To Interpret their experience by using program concepts</td>
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<td>• To apply to their workplace and practice area</td>
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<td>• To present, submit for publication and disseminate their research</td>
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<td>1.3 Experience various educational media &amp; collaborative online learning environments [2.3]</td>
<td>1.3.1 Program climate is:</td>
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<td>1.4 Experience collaborative learning/research activities within a community of practice [2.4]</td>
<td>1.4.1 Community of practice:</td>
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<td>• Utilize networking technologies</td>
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<td>• Reduces disconnectedness/isolation</td>
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| 1.5 Are tested for their knowledge & competency [2.5] | • Facilitate informal knowledge sharing  
• Build individual & group expertise  
• Support the creation of new knowledge                                                                                         |                |            |                     |             |         |                           |
<p>|                                                      | 1.5.1 Program supervisor and co-supervisor:                                                                                                |                |            |                     |             |         |                           |
|                                                      | • Provides mentoring and guidance                                                      |                |            |                     |             |         |                           |
|                                                      | • Acts as second reader                                                               |                |            |                     |             |         |                           |
|                                                      | 1.5.2 Learning is tested by:                                                          |                |            |                     |             |         |                           |
|                                                      | • Applying concepts to tasks/problems                                                    |                |            |                     |             |         |                           |
|                                                      | • Setting difficulty to appropriate level for learners' needs                         |                |            |                     |             |         |                           |
|                                                      | • Providing multiple methods of feedback                                              |                |            |                     |             |         |                           |
|                                                      | • Using stated criteria/rubrics                                                       |                |            |                     |             |         |                           |
|                                                      | • Setting rewards for success                                                         |                |            |                     |             |         |                           |
| 2.1 Develop knowledge &amp; competency in educational pedagogy, research &amp; inter-professional leadership [3.1] | • Student success levels (grades) in program core knowledge/competencies and curriculum                                               |                |            |                     |             |         |                           |
|                                                      | 2.1.2 Evidence and example of effects of program on the competency of students in:   |                |            |                     |             |         |                           |
|                                                      | • Educational pedagogy                                                                |                |            |                     |             |         |                           |
|                                                      | • Educational research                                                               |                |            |                     |             |         |                           |
|                                                      | • Inter-professional leadership                                                       |                |            |                     |             |         |                           |
| 2.2 Integrate &amp; apply their new knowledge in their workplace &amp; communities of practice [3.2] | 2.2.1 Types of pedagogical knowledge &amp; competencies integrated and applied by students in their workplace &amp; communities of practice |                |            |                     |             |         |                           |
| 2.3 Develop &amp; apply their pedagogical knowledge &amp; competencies in workplace practice [4.1] | 2.3.1 Evidence and memorable examples/highlights from student &amp; graduate experience:                                                                 |                |            |                     |             |         |                           |
|                                                      | • What did you learn, how did you use it in the workplace (define the knowledge and competencies you applied in your context)? |                |            |                     |             |         |                           |
|                                                      | • What did you learn, how did you use it in your community of practice (define your community of practice) |                |            |                     |             |         |                           |
|                                                      | • What happened as a result?                                                         |                |            |                     |             |         |                           |
|                                                      | • What particular knowledge/competencies are you pursuing for further development and application?                                    |                |            |                     |             |         |                           |
|                                                      | • What particular issues or challenges are you addressing?                           |                |            |                     |             |         |                           |
| 2.4 Produce, present &amp; publish educational knowledge/ research [3.3] | 2.4.1 Evidence and examples of knowledge production and dissemination:                                                                 |                |            |                     |             |         |                           |
|                                                      | • Educational/knowledge materials produced                                           |                |            |                     |             |         |                           |
|                                                      | • Examples of research presented and of targeted/reached audience                    |                |            |                     |             |         |                           |
|                                                      | • Examples of research published and of targeted/reached audience                    |                |            |                     |             |         |                           |
|                                                      | • Examples of research disseminated via other means                                   |                |            |                     |             |         |                           |
| 2.5 Develop &amp; apply their expertise in health educational research [4.2] | 2.5.1 Evidence and examples of development and application of research expertise:                                                         |                |            |                     |             |         |                           |
|                                                      | • Changes to acknowledged level of research expertise                                |                |            |                     |             |         |                           |
|                                                      | • Examples of application of research expertise                                      |                |            |                     |             |         |                           |
|                                                      | • Examples of recognition of educational research and knowledge translation/transfer expertise |                |            |                     |             |         |                           |
|                                                      | • Contribution to inter-professional health scholarship                              |                |            |                     |             |         |                           |
|                                                      | • Contribution to knowledge translation/transfer                                      |                |            |                     |             |         |                           |</p>
<table>
<thead>
<tr>
<th>Evaluation Topic</th>
<th>Indicators</th>
<th>Document &amp; data</th>
<th>Interviews</th>
<th>Students/ Graduates</th>
<th>Instructors</th>
<th>Surveys</th>
<th>Scan of similar programs</th>
</tr>
</thead>
</table>
| 2.6 Use online collaborative learning environments, new technologies & methods in teaching, educational research & practice [3.4] | 2.6.1 Evidence and examples of changes to your utilization of:  
- Collaborative learning techniques  
- New technologies & methods | ● | ● | | | | |
| | 2.6.2 Evidence and examples of changes (as a result of what you learned in the program) to your:  
- Teaching methods and approaches  
- Research practice  
- Relationship/collaboration practices | ● | ● | | | | |
| 2.7 Develop & apply their literacy in new information technologies [4.3] | 2.7.1 Evidence and examples of impact (as a result of what you learned in the program) of your application of new information technologies on the quality of:  
- Teaching;  
- Research;  
- Patient care;  
- Other aspects of your practice area | ● | ● | | | | |
| | | | | | | | |
| 2.8 Participate in inter-disciplinary/professional communities of practice/clinical learning [3.5] | 2.8.1 Type and nature of participation in inter-disciplinary/professional communities of practice and/or clinical learning | ● | ● | | | | |
| 2.9 Develop & apply their skills in teamwork & collaborative/interdisciplinary practice [4.4] | 2.9.1 Evidence and examples of contribution to teamwork and collaborative/interdisciplinary practice | ● | ● | | | | |
| 2.10 Create &/or support new communities of practices [4.5] | 2.10.1 Evidence and examples of support to:  
- The growth of your community of practice  
- New initiatives or new communities of practice | ● | ● | | | | |
| | | | | | | | |
| 2.11 Complete program & graduate [3.6] | 2.11.1 Completion/graduation rates | ● | | | | | |
| 2.12 Gain profile/credentials [4.6] | 2.12.1 Effects that having a Master (MEd in HSE) has on graduates:  
- Careers?  
- Workplace? | ● | ● | | | | |
<p>| | 2.12.2 Additional credentials obtained | ● | | | | | |
| | 2.12.3 Follow-up on non-completers | ● | | | | | |
| 2.13 Advance their career/employment/leadership position [4.7] | 2.13.1 Evidence and examples of enhanced profile/career (e.g., speaking engagements, new initiatives, leadership opportunities, promotions, new work opportunities, job changes, recognition, etc.) | ● | | | | | |
| | 2.13.2 Follow-up on non-completers | ● | | | | | |
| | 2.13.3 Additional evidence and examples of advanced skills utilization in instructional &amp; clinical settings | ● | | | | | |
| | | | | | | | |</p>
<table>
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<tr>
<th>Evaluation Topic</th>
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<th>Instructors</th>
<th>Surveys</th>
<th>Scan of similar programs</th>
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<tbody>
<tr>
<td>2.14 Other unanticipated students and graduates outcomes?</td>
<td>2.14.1 Evidence and examples of unanticipated outcomes for students, graduates (and instructors)?</td>
<td>●</td>
<td>●</td>
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<tr>
<td>MEd in HSE Program</td>
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<td>3.0 Program Activities</td>
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<tr>
<td>3.1 Communicates &amp; promotes program profile &amp; benefits [2.6]</td>
<td>3.1.1 Type of activities and processes for program:</td>
<td>●</td>
<td>●</td>
<td></td>
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</table>
| 3.2 Recruits, admits & registers students [2.7] | • Communication  
• Promotion of profile & benefits  
• Recruitment  
• Admission  
• Registration | ● | ● | | |
<p>| 3.3 Provides unique structural/curricular program delivery [2.8] | 3.3.1 Program is effective:                                                                                                                                                                            | ●              | ●          |                    |             |         |                        |
| 3.3.2 Program delivery is unique compared to other similar programs | ● ● ● ● | | | |
| 3.4 Provides quality administrative &amp; support services [2.9] | 3.4.1 Type of activities and processes for student:                                                                                                                                                     | ●              | ●          |                    |             |         |                        |
| 3.4.2 Program provides relevant and adequate administrative &amp; support services compared to other similar programs | ● ● | | | |
| 3.5 Monitors &amp; evaluates program outputs, outcomes &amp; impacts [2.10] | 3.5.1 Type of activities and processes for program monitoring and evaluation                                                                                                                                                  | ●              | ●          |                    |             |         |                        |
| 3.6 Collects monitoring &amp; evaluation data [3.12] | 3.6.1 Type of data collected for program monitoring and evaluation                                                                                                                                                         | ●              | ●          |                    |             |         |                        |
| 4.1 Reaches targeted clients &amp; stakeholders [3.6] | 4.1.1 Evidence of program reach to target audiences intended to influence (including students, supervisors, faculties, university administrators, employers, research and/or educational institutions, partners, stakeholders, and systems) | ●              | ●          |                    |             |         |                        |
| 4.2 Increase awareness of Med in HSE Program among employers &amp; other stakeholders [4.8] | 4.2.1 Evidence of change in awareness of Med in HSE Program among potential students over time:                                                                                                               | ●              | ●          |                    |             |         |                        |
| 4.2.2 Evidence of change in awareness of Med in HSE Program among employers &amp; other stakeholders over time | ● ● | | | |
| 4.2.2 Effects that graduates’ Master (MEd in HSE) has on UAlberta, employers and other key stakeholder organizations:                                                                                                                                                       | ●              | ●          |                    |             |         |                        |
| Probe: Increase engagement of employers &amp; other stakeholders with Med in HSE Program [5.7] | ●              | ●          |                    |             |         |                        |</p>
<table>
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<tr>
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<th>Indicators</th>
<th>Document &amp; data</th>
<th>Interviews</th>
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<tbody>
<tr>
<td>4.3 Meets recruitment &amp; admission targets [3.8]</td>
<td>4.3.1 Recruitment &amp; admission targets</td>
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<tr>
<td>4.4 Attracts new &amp; diverse students through outreach &amp; recruitment efforts [4.3]</td>
<td>4.4.1 Extent of student diversity over time</td>
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<td></td>
<td>4.4.2 Evidence of recruitments and admissions as a direct result of program outreach/ recruitment efforts</td>
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<td></td>
<td>4.4.2 Main attractions/motivations/factors for students enrollment</td>
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<tr>
<td>4.5 Provides education &amp; research training [3.9]</td>
<td>4.5.1 Delivery mechanisms:</td>
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<tr>
<td></td>
<td>• Is both synchronous/asynchronous</td>
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<td></td>
<td>• Encourage peer collaboration &amp; interaction</td>
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<td></td>
<td>• Provide facilitation &amp; support as needed</td>
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<td></td>
<td>• Encourage reflective learning (concrete experience, reflection, abstract conceptualization &amp; active experimentation)</td>
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<td>4.6 Meets the needs/expectations of student &amp; instructors [3.10]</td>
<td>4.6.1 Extent to which the needs and expectations organizations are met:</td>
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<tr>
<td></td>
<td>• Students</td>
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<tr>
<td></td>
<td>• Instructors</td>
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<tr>
<td></td>
<td>• Other key stakeholders</td>
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<tr>
<td>4.7 Students &amp; instructors are satisfied with the program [3.11]</td>
<td>4.7.1 Extent of satisfaction regarding program delivery &amp; service/support for:</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Students</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Instructors</td>
<td></td>
<td></td>
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<td></td>
<td>• Other key stakeholders</td>
<td></td>
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<tr>
<td>4.8 Adjusts delivery &amp; training through use of monitoring data [4.10]</td>
<td>4.8.1 Appropriateness and relevance of:</td>
<td></td>
<td></td>
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<tr>
<td>Probe:</td>
<td>• Improve relevance, competitiveness &amp; sustainability (through use of monitoring data) [5.8]</td>
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<tr>
<td></td>
<td>• Program governance structure</td>
<td></td>
<td></td>
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<td></td>
<td>• Administration and support</td>
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<td></td>
<td>4.8.2 Program relevance given the current situation and anticipated changes to the health care and health science or clinical environments</td>
<td></td>
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</tr>
<tr>
<td>4.9 Other unanticipated Med HSE program outcomes?</td>
<td>4.9.1 Evidence and examples of unanticipated outcomes for the Med HSE program?</td>
<td></td>
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## Annex D: Supplementary Data—Key Quotes

### Core courses

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<tr>
<th>Topic</th>
<th>Selected Quote</th>
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| **Curriculum Studies**        | • I felt the one week crash course in curriculum development was too short, or too much for one week. It needed to be better organized, or it should have been delivered like the other eight week programs.  
                                • The curriculum course was a whirlwind - great instructors and a bonus for the face to face yet very condensed.  
                                • The curriculum course should possibly be more than just one week. While the instructors tried to be effective, I did not feel like we were given the necessary tools to design an effective curriculum, which is one of the integral components of the program.  
                                • More exposure to curriculum development, it was very abbreviated in the face-to-face 5 day course.                                                                                                    |
| Assessment & Evaluation I & II| • There were a lot of similarities between the research and evaluation course. Perhaps these could be sequential as much of the content overlapped.                                                                 |
| Program Evaluation            | • ...there was no Program Evaluation course in my cohort (we had a second research course). Program evaluation was incorporated in the second assessment course.                                                    |
| Learning & Teaching at the Adult Level | • I would look at restructuring the course on the adult learner. Many of our students in health sciences, while adults, do not necessarily learn or behave at that level and so incorporation of teaching techniques and understanding the mindset of pedagogical approaches would still be appropriate. |
| Philosophy of Teaching        | • The annotated bibliography assignment in the Philosophy of Teaching course was foreign territory and no grading rubric or guidance to selecting appropriate articles was provided.                     |

### Curriculum Electives and Supports

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<th>Selected Quote</th>
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</table>
| Elective access       | • Many of us had to register in external courses for online electives because local offerings are meant for full time graduate students who attend regularly scheduled classes which do not work for those who have full-time day jobs.  
                                • We have no access to lot of elective especially those delivered online. There are many elective courses that may be of beneficial but only available on campus.  
                                • Many students had significant challenges in sourcing and completing the elective courses as many other appropriate electives at the university are not yet offered in a flexible delivery model. Most electives were still face-to-face on campus during business hours, which meant although it appeared there were options for electives to be completed within the U of A, there really weren’t.  
                                • Students were required to source electives through other institutions that offered distance delivery which resulted in extra fees.                                                                 |
| Elective choice       | • More elective choices within the local U of A MEd program itself. Other MEd programs (e.g. U of Chicago) have a variety of established elective courses that are offered online multiple times through the year. |
### Elective scheduling
- Have a list of potential electives to choose from with contact/enrollment procedures.
- Suggested advanced options:
  - Quantitative research methodology
  - Qualitative research methodology
  - Applied educational technology (more examples of tech tools and platforms)
  - Educational policy
  - Leadership in education
  - How to do/write a systematic review
- ...having some two-week summer term electives within the program [would] work well for us because we could adjust our work schedules in advance.

### Consistency
- Some guidelines, including assignments, marks, readings, and learning experiences were not always consistent between courses.
- Every instructor should provide examples of assignments from previous cohorts

### Coherence
- Progression through the core courses was evident in some courses, but the connections were not as explicit in others.
- Perhaps put both research classes closer to the final research project.

### Use of rubrics
- Every course assignment should have a grading rubric available for students.
- We were not provided with clear rubrics or explanations on how assignments would be graded.

### Scaffolding
- It would have been useful to be introduced Excel in our technology course as we were expected to use it in the next course.
- Some courses led to assignments and theory in other courses. An overview/awareness of how things would progress would be beneficial. A specific example is the move from curriculum to program evaluation.

### The Capping Project

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<tr>
<th>Topic</th>
<th>Selected quote</th>
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| Provide examples | - A guide for how to approach different types of capping projects and even examples early on would be helpful. This should include some sample timelines for graduation as well.  
- Examples of previous capping projects would be beneficial in understanding how diverse the projects can be. More information on how much time to budget for the project, earlier information on deadlines and expectations (paper, publication, presentation).  
- Examples of previous capping projects from other cohorts would be extremely valuable. While I’m sure most people wrote 5000-word papers or systematic reviews, it would be invaluable to see other examples of capping projects - new educational products like curriculum or technology applications, or whatever else was done by previous cohorts.  
- I think letting students see some examples (even a paragraph description) of previous students’ projects would be very helpful to see the level of expectation and get some ideas of “do-able” projects |
<p>| More preparation | - I would have liked a face to face wrap up to discuss possible capping projects with the group. |</p>
<table>
<thead>
<tr>
<th>Topic</th>
<th>Selected quote</th>
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<tbody>
<tr>
<td>/clarify expectations</td>
<td>• ...it also took a while to find out what the expectations were for the project. We heard all along that it should be “publishable work” but I guess I wasn’t really sure what that could mean.</td>
</tr>
<tr>
<td>Provide more feedback</td>
<td>• I received no feedback on my capping project, despite numerous emails sent. And then I received an email that I passed the class without any indication for improvement.... In the future, ensure that supervisors have time to give feedback as we give a lot of time to this.</td>
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<td></td>
<td>• I would have liked more written critique on the educational aspects of my capping project and advice for how to progress to incorporate it into an educational research project.</td>
</tr>
<tr>
<td>Clarify timeframe</td>
<td>• I think also letting students know that many students don’t finish it all in 2 years would be comforting as I often felt stressed that I was behind by not finishing in 2 years like a few of my classmates did. In the end, most of us took 3 years.</td>
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Program Delivery Model

<table>
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<th>Topic</th>
<th>Selected quote</th>
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<tbody>
<tr>
<td>Interprofessional approach:</td>
<td></td>
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<tr>
<td>a) Lack of instructor representation</td>
<td>• The distribution between professions in the faculty did not align with the distribution of cohort members. For example, significant nursing participation in the cohort, minimal nursing faculty in instructional staff.</td>
</tr>
<tr>
<td></td>
<td>• Opportunity to diversify the faculty to truly support the interprofessional focus. Incorporate the other disciplines. There was a lot of medicine support but not the other health sciences. Our cohort was very diverse so this was noticeable....</td>
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<tr>
<td></td>
<td>• Although instructors were all high quality, many had a medical background - more diversity of health professions would add another dynamic to the depth, relevance and practical application scenarios.</td>
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<td></td>
<td>• When the professor is a physician all they refer to is medicine. In my current course the Prof speaks of medicine using abbreviations to the extent that I don’t understand the conversations.</td>
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<td></td>
<td>• I greatly enjoyed the instructors coming from different backgrounds. I did find the medical education instructors to be very medical focused, however.</td>
</tr>
<tr>
<td>b) Broader content needed</td>
<td>• Less focus on physician education, more inclusion of other disciplines.</td>
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<td></td>
<td>• If possible integrating a variety of backgrounds and contexts considering projects/assignments/instructors</td>
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<td></td>
<td>• One area of improvement would be to increase the diversity of examples used in the classes, to encompass more than medicine and nursing practices. There is a large portion of literature from these two fields, but it would be beneficial to have sources or instructors from other backgrounds.</td>
</tr>
<tr>
<td></td>
<td>• It would be nice to have more relevant content to other disciplines and instructors and guest speakers that were not always physicians.</td>
</tr>
<tr>
<td>c) More varied student representation on a good idea</td>
<td>• Decrease focus on medical education and increase focus on broader health professionals’ education. This would help increase the applicability of the program to health professionals who are not doctors, i.e. public health professionals, social workers, mental health, etc.</td>
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<td></td>
<td>• Increase interprofessional focus to include professions beyond physicians/nurses, and encourage those “other” professionals to contribute their unique perspective to the curriculum.</td>
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<td>Topic</td>
<td>Selected quote</td>
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<tr>
<td>- Have a good mixture of doctors and other health science professions. I must admit it was very intimidating to walk into orientation and learning I was with a surgeon, oncologist, hematologist, two dentists and a pediatrician. I was happy to learn there were a few others in the cohort who weren’t physicians which lessened my anxiety. If I was the only non-doctor in the cohort I felt I would have been a bit excluded and less 'credible' than my classmates.</td>
<td></td>
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<tr>
<td>- Although interprofessionalism is one goal of the program, I am not sure if it should be a goal. We did learn a lot from the diversity of people and professions represented in our cohort, but as a requirement of the program it seems redundant with the reality of healthcare. If it’s a goal, should it be more prescriptive? I do not know.</td>
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<tr>
<td>- I really liked the online format but feel the face-to-face component was vital to establishing relationships with members in my cohort. The bonds formed provided great support throughout the program and surely contributed to me staying in the program. I had a strong desire to graduate with my classmates so this motivated me to keep on track and finish my project in a timely fashion.</td>
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<td>- I always felt supported by my instructors and supervisor. The blended approach was crucial and for the most part Adobe Connect worked well.</td>
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<td>- Encourage each course instructor to have at least one face-to-face session so the cohort may meet, if only for morale and support.</td>
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<td>- I liked the once and a while face to face courses, to get to know my cohort better. I felt more comfortable once I got to know people.</td>
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<tr>
<td>- I really enjoyed having at least 1-2 face-to-face sessions as part of the blended delivery. It created a strong sense of community that is difficult to create digitally/online. Once the rapport and sense of belonging was established face-to-face, it helped to carry over into the online environment. It’s nice to see that your instructor is a human being and that somehow encourages you to want to learn from them more.</td>
<td></td>
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<tr>
<td>- Sometimes it was frustrating with the message boards stacking up with postings while you were working your day job and then having to read a lot of messages was a bit cumbersome to catch up. If there was some way to instructionally regulate the postings, as was the case in splitting the class up for parts of the postings, this would be great.</td>
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<tr>
<td>- Program adviser/director needs to play a more active role in coordinating the program as a whole and providing consistent communication to students.</td>
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<tr>
<td>- This program would really benefit by having the support of an associate or assistant program director for future cohorts:</td>
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<td>o to direct inquiries to and speak with about the program</td>
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<td>o to help students navigate program as a whole</td>
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<td>o to ensure that instructors are setting students up for success.</td>
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<td>o be readily available and responsive to student questions and concerns.</td>
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<td>o to answer emails</td>
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<td>o to contact in case program coordinator is on holiday or away from office.</td>
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<tr>
<td>- Biannual meetings should be scheduled with the program director for formative feedback, chance for reflection, progress tracking, morale and support, and general questions and advice.</td>
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<tr>
<td>- Limited information was available throughout the year regarding what was coming up next, deadlines, etc. On numerous occasions, students did not get enough heads up on what was coming for the next class (syllabus, required textbooks, notification of the expectation students would attend face to face, etc.).</td>
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<td>Topic</td>
<td>Selected quote</td>
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<tr>
<td>On more than on occasion, students were without required texts as information was not communicated on what texts would need to be purchased prior to the start of class.</td>
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<td>Students had to inquire multiple times about details around independent study options and timelines for completion of program activities for graduation.</td>
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<tr>
<td>I think it would be a really good idea if all of the instructors in the program met at least once to go over what was being taught, who was teaching what and when….at times it seemed a bit disjointed with regards to the instructors. All instructors were great but a bit more integration of materials would have been great, so for example, &quot;building off of what was taught in class X, we will look at topic Y in this way.&quot;</td>
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<tr>
<td>Type of internet makes a difference and if you are in another country, other than the States, it is very difficult to connect</td>
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<tr>
<td>A better online platform that would allow for live video interaction with at least the instructor.</td>
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<tr>
<td>There is opportunity with eClass to provide a consistent forum for communication across the whole program, but this was not employed.</td>
<td></td>
</tr>
<tr>
<td>Our Moodle course sites were dismantled after we completed them. Our notes, papers, online postings, etc. were, for the most part, taken away…. If I had known this was going to happen, I would have saved everything and copied the content of the message boards to refer back to after convocation…. If this is not possible, then forewarn the participants to save all the content….</td>
<td></td>
</tr>
<tr>
<td>At first I was a bit uncomfortable with Elluminate because it was new to me. But now that is the way of the world. Most of my professional work is conducted through online communication (Microsoft Lync).</td>
<td></td>
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<tr>
<td>Really would like a video feed of the instructor and not just a voice with slides. Some of the instructors were not comfortable with the online delivery which reduced the quality of the interaction and made things awkward.</td>
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<tr>
<td>I chose the faculty of education expecting excellent educators and overall have been quite disappointed.</td>
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<tr>
<td>I would very much appreciate the ability to take the required courses in a more flexible order. The way the program is currently structured, one is only able to enroll every 2 years and there is no option to take the required courses off cycle at all.</td>
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<tr>
<td>Keep cohort size to about 12-15 per year.</td>
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<tr>
<td>The courses and the work hours required are intensive. So while the program is advertised as part time, in essence while immersed in each course it is a full time commitment for working professionals. Future cohorts should be well aware of this so they are not caught off guard by the time and work required.</td>
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<tr>
<td>Please keep the 2-3 week breaks in between the required courses! The breaks allowed me to catch up on other aspects of my work and have a true vacation.</td>
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<tr>
<td>Although we learned a lot about assessment and best practices in online learning in this program, I did not see those principles applied consistently throughout our courses.</td>
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<tr>
<td>…many online sessions were very instructor-focused (lecture only, no discussion, not of relevance to students). There is opportunity to &quot;walk the talk&quot; more consistently across the courses within the program.</td>
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<tr>
<td>Topic</td>
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<tr>
<td><strong>Often we were not given grading rubrics or they were so vague that it was impossible to understand the goals of the assignment. ... In a program expected to model educational practices this was truly ironic and even more frustrating.</strong></td>
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</tr>
<tr>
<td><strong>I think it should be mandatory that all instructors model best practices for education. For example, clear marking rubrics and outlines for courses.</strong></td>
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<tr>
<td><strong>Need to integrate real life case examples in health care education. Lots of theory given, but how it relates to practical application is limited</strong></td>
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<tr>
<td><strong>While we are a multi-disciplinary cohort, we worked independently and not collaboratively on projects and assignments.</strong></td>
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<tr>
<td><strong>A number of cohort members commented that they felt somewhat alienated if they were not associated with the Faculty of Medicine. Some instructors seemed to have relationships with students due to previous work within the faculty (instructor/student, etc.) that often came up in class conversation frequently - other students felt a little on the sidelines at times.</strong></td>
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<tr>
<td><strong>The courses did provide flexibility in assignment design and could be modified to better reflect your personal discipline.</strong></td>
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<tr>
<td><strong>I found the approach to be very good because each of the instructors recognized the importance of choosing assignments and projects that were relevant to each of us and would help with our current teaching.</strong></td>
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<tr>
<td><strong>I think the program did what it could to make students feel comfortable. The preliminary orientations were good. The wine and cheese was also good.</strong></td>
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<tr>
<td><strong>I don’t feel a lot of guidance has been given regarding capping projects. More information at the start would be better.</strong></td>
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<tr>
<td><strong>More in-depth coverage of education theory and practice would be beneficial. The program overall has good breadth, but not depth in any given topic, especially those surrounding the delivery of teaching.</strong></td>
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</table>

**Diversity and Collaboration**

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<tr>
<th>Topic</th>
<th>Selected quote</th>
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<tbody>
<tr>
<td><strong>While I had not anticipated such great diversity, the ability to discuss common obstacles, ways to tackle problems, etc., with other professionals was one of the most valued parts of this course for me.</strong></td>
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<tr>
<td><strong>This was a great aspect of the program. I loved getting to hear about other programs through my diverse cohort and through faculty from many other professional programs. At times it seemed a bit heavy (in terms of) medicine but that is just a reality of the health science world. Initially I was nervous about the fact that there were no other members of my profession in the teaching or classmate aspect but in the end I loved the diversity.</strong></td>
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<td><strong>It was great to have a wide range of professions in our cohort. It was good to see that challenges were often the same in spite of the discipline but also to see that unique solutions could also be adapted for one’s own profession. The diversity is a significant strength to the program and should be encouraged in helping to create each cohort to ensure that range is present.</strong></td>
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<td>Topic</td>
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<tr>
<td><strong>Interaction overall</strong></td>
<td>• The level of collegiality was second to none. This was true between students and instructors and even between students. I have never experienced a better learning environment than I did during this program.</td>
</tr>
<tr>
<td><strong>Interaction with instructors</strong></td>
<td>• I didn’t really think about the interdisciplinary/inter-professional aspect (at the time I enrolled in the program) so much – being exposed to other disciplines and professions – but I would say now it is the most valuable thing I got out of it.</td>
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</tbody>
</table>
| **Interaction with students** | • The online forums were a great avenue for interaction, especially since many students were reluctant to speak during class (and moderating speakers was difficult given the large cohort size of ~20).  
• Students do not interact with each other—only if they are getting a grade in the discussion. |
| **Interaction with graduates** | • Being in the 2nd cohort there was only one class a head of us but it would have been great to hear from a few of those students with regards to what to expect, the capping project etc. |
| **Interaction with instructors** | • This has been one of the best parts of the program. Since I have finished I have had contact with 4 instructors about teaching, learning and assessment questions or projects. I have greatly appreciated having them as assets when it comes to improving teaching and learning in my department and also would feel comfortable connecting with any and all of them in the future.  
• I have stayed in touch with just one instructor. I guess it would be up to me to reach out to other instructors if I had that interest.  
• At bare minimum, one faculty member from the MEd HSE should have attended the graduation. After spending two intense years with my cohort and instructors I was the only person at graduation. Big let down. |
| **Interaction with graduates** | • An alumni get together would be a suggestion.  
• It would be great to organize some sort of alumni reunion or to showcase our projects and further academic endeavours based off of the skill set we acquired. It would also be great promotional material for the program as a whole.  
• How about having alumni from previous cohorts guest hosting a session or two? Or serve as guidance counsellors for current students?  
• Perhaps more can be done to engage with graduates and involved them in collaborative research activities in the HSE community.  
• Could connect with:  
  o An alumni event  
  o A social media page.  
  o A contact list of past grads. |
| **Interaction with students** | • We have our own private Facebook page so that we can connect personally as desired. It has been a pleasure to share this journey with all of them.  |
## Impact on Educational Competencies and Skills

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| Broader educational philosophy                  | • We can always question on ways we are educating... This is important... the program really helped me to define where I was coming from.  
• Giving me a second language, being able to communicate with education language and transfer that to other physicians/ For example with the assessment and evaluation course, now I understand how to evaluate what we do and to extent is so important to do it on a regular basis for our teaching program.  
• ... now I use evidence-based strategies, and thinking about the learning theory behind it that we learn in our courses.  
• I think that my classes are now much more of a conversation than a lecture, much more engagement for the students. Yeah, very different [based] on what I now know on adult learning theory... It's really transformational for my class for sure. |
| Framework for research & evidence-based inquiry  | • More insight in reading and interpreting research. For clinical learning, I have a better sense now where to go to find the information I am looking for.  
• Gave me a structure to approach research, so when I need to approach research design, I am using my time more efficiently...  
• Looking for evidence-based material to support my clinical work.  
• Applying a lot of knowledge.... Developing methodology in educational research is much more organized. |

## Impact on Workplace and Careers

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| Improved performance at work                    | • I work with other medical educators, at the national level. When I am working with other program directors, when I am working with other clinicians and educators at the Royal College on concepts around leadership, I am taking concepts from my Capping Project and other concepts from the program and applying them. I also sit on a post graduate medical education committee, working on future directions and the skills and knowledge (evidence-based) from the program are very useful, more assessment theory, more evidence based. I use my new lexicon. – Graduate  
• My knowledge and skills are welcome and I am asked to provide my input on these specific topics (curriculum and assessment). I find myself going back into my program notes to provide knowledge and influence practice. – Graduate  
• Being in the program has supported my ability to work within my professional team and collaborate, because having that underlying educational thread (educational projects, assignments and eventually the Master's degree in education) has kind of raised of lot the disciplinary silos that might exist in the context of a health authority organization where each identify themselves with professional titles, whereas now I feel I have the opportunities to liaise and identify myself more as an educator. – Student  
• Really more relevant as time goes ... when we implement the competency based curriculum. I sit on the committee and am comfortable with the terminology, the assessment skills, terms used (e.g., portfolio) so I am using it (i.e., my expertise) towards competency-based education. – Graduate  
• I am more critical of my own work. So, it certainly impacted my teaching. The student evaluations were never bad, they were very good, but now they are much better and... |

_Barrington Research Group, Inc._  
Evaluation of the MEd in HSE Program: Draft Evaluation Report (December 2016)
<table>
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<tr>
<th>Topic</th>
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<tr>
<td>Broader</td>
<td>Changed the way I view education and educating adult learners. – Student</td>
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**Recognition from peers**

- I can say that given the program, given that people know I am doing it, perhaps they give me a bit more credibility and probably a bit more influence. I noticed that already. Also, I have done a little bit of in-service teaching and sharing resources. Doing the program in education is giving me more credibility or legitimacy within my own department... I am recognized by colleagues for educational issues. – Student
- My interaction changed as a result of the program. People look for my input, they respect my input because I have some theoretical and practical experience. The program made my contribution a lot better in that sense. – Graduate

**Career advancement**

- I was seen as someone who could take over the residency program now that I have some expertise in education, – Graduate
- I changed my workplace, I am quickly becoming the go-to person when it comes to questions about instructional design and evaluation. I have been approached to work on the evaluation of some of the educational efforts. I just really feel that that the program affirmed for me that my focus on how and why we are teaching things is very valid. It just built confidence in me so I could actually effect serious changes or have influence. Especially, I now feel that if I can set my course that I can actually have an influence on policy, on education and that involves working with other professionals that I met during the program. – Student
- “Looks favorable for my current promotional package. This is positive and will help me. I am looking to move hopefully from assistant professor to associate professor... Having the experience and elements for my faculty promotion” – Graduate
- “[I am] a good example that radiation therapists (clinical oriented and usually bachelor level community) can increase their education.” – Graduate
- “I was given more opportunities to take a lead in education, was given the Program Director position, my predecessor appointed me. My change was from being an Assistant Program Director to full time Program Director” – Student
- I intentionally moved to another group because they had a health promotional position with an education component. So, I started to seek opportunities to use my education in my practice” – Student
- “Partly as a result of the program, I applied and obtained a clinical instructor position. It is not a paid job [but] its formal academic affiliation gives me more access to resources through the university, and gives me more legitimacy by having this affiliation. With my degree, I will get a small wage increase, and hopefully more career opportunity – Student

**Program Effect: Most significant personal impacts or transformational changes**

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<th>Topic</th>
<th>Selected quote</th>
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<tbody>
<tr>
<td>Broader</td>
<td>Changed the way I view education and educating adult learners. – Student</td>
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</tbody>
</table>
### Perspectives
- Better perspective on how programs can be built from the ground up, and the importance of regular evaluation. – Student
- Perspective...difficult to put into words. – Student
- I have had several revelations about education throughout the program. – Graduate
- This opened my mind up, especially with the multi-disciplinary approach. – Graduate
- Hold a higher respect for the interprofessional disciplines of physical and occupational therapy and the rigour of their training program. – Graduate

### Reflective Practice
- Understanding and reflecting on my role as a teacher and educator. – Student
- Allows me to reflect on my own processes and patterns as a learner. – Student
- Reinforced once again you don’t know what you don’t know. – Student
- Makes me think about what I’m doing and why. – Graduate
- I have had several revelations about education throughout the program and continue to reflect upon these and evolve myself as an educator. – Graduate
- I was always reluctant to want to go back to school and honestly did it initially to just get my masters, to say that I had my masters. Throughout the program this changed. I loved the questions and reflection on the entire educational establishment and process. – Graduate

### Confidence
- The level of commitment required for success in the problem has also helped me personally feel quite accomplished. – Student
- I am confident about what I can offer in my workplace and excited about shifting to educational versus health science focus. – Student
- Solidified my teaching philosophy and provided evidence for the approaches that I was already using. – Student

### Critical thinking
- I examine and analyze issue critically. – Student
- The program introduced a lot of concepts to me regarding evidence-based educational practices and critical thinking that impact my actions daily at work. – Graduate

### Increased motivation
- Becoming aware that continued involvement in education is definitely something that I want to be involved in, and the great need for change in “the way we’ve always done things” in medical education. – Student
- I love education even more now than I did before the program. I see so much potential in my future because of this degree. – Graduate

## Program Effect: Most significant personal impacts or transformational changes

### Career advancement
- Will certainly impact my career and future role in the division. – Student
- The degree I obtained has directly impacted my career, as it provided me with the credential required to obtain my current position. – Graduate
- The skills and knowledge that I have obtained are already being utilized in my work. – Student
- I have obtained a position as an educator and practice leader as a result and have been asked to teach at the University level. – Graduate
<table>
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<tr>
<th>Topic</th>
<th>Selected quote</th>
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<tbody>
<tr>
<td><strong>Networks</strong></td>
<td>• My professional network has been significantly expanded to my classmates, instructors, and those I have met in my research. – Student</td>
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<td></td>
<td>• I appreciate now having many colleagues in the health science education world. By meeting classmates and instructors, I have many allies to go to with questions and to collaborate with in the future. – Student</td>
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<td>• I have also created a network of contacts that will be life long and will be a great support/resource in the future. – Graduate</td>
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<td>• Feel I have made good local contacts. – Graduate</td>
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<tr>
<td><strong>Profile/Recognition</strong></td>
<td>• Has a great effect on how coworkers see me as a resource regarding education. – Student</td>
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<td>• I also have become a leader within my department in the teaching and learning and realize that I have gone from an &quot;interested in education&quot; faculty member to a &quot;somewhat knowledgeable&quot; faculty member. – Graduate</td>
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<td>• I have a name for my critical pedagogy. – Student</td>
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<td></td>
<td>• I have become the resident expert in education. – Graduate</td>
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<tr>
<td><strong>Leadership</strong></td>
<td>• More interested in developing new curriculum products and using different ways or activities for teaching and learning. – Student</td>
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<td>• I am working with my professional association to change the way we do assessment for entry level professionals. – Graduate</td>
</tr>
<tr>
<td><strong>Teaching</strong></td>
<td>• I have been able to teach more theory instead of just clinical. – Graduate</td>
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<td></td>
<td>• It has also improved how I teach in the clinical setting. – Graduate</td>
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<td></td>
<td>• I have become more aware of how to best communicate my thoughts and feelings on an issue, particularly when in a group setting. – Student</td>
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<tr>
<td><strong>Research</strong></td>
<td>• It motivated me to conduct a research project that could potentially impact current teaching. – Graduate</td>
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<tr>
<td></td>
<td>• I am looking forward to research projects. – Graduate</td>
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<td></td>
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### Annex E: Supplementary Data—Scan of Similar Programs

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>University of Illinois (Chicago)</th>
<th>University of Cincinnati</th>
<th>University of Calgary</th>
<th>McMaster University (Canada CERI/CHES)**</th>
<th>Maastricht University</th>
<th>Harvard University</th>
<th>Dundee University</th>
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</thead>
<tbody>
<tr>
<td><strong>Degree</strong></td>
<td>Master of Health Professions Education (MHPE)</td>
<td>Online Master of Education (MEd) and Certificate Programs</td>
<td>MSc with a specialization in Med Ed</td>
<td>Master of Science Health Science Education MScHSEd</td>
<td>Master of Health Professions Education (MHPE)</td>
<td>MMSc-Medical Education</td>
<td>Masters of Medical Education (MMEd)</td>
</tr>
<tr>
<td><strong>Faculty</strong></td>
<td>Department of Medical Education</td>
<td>Cincinnati Children’s Hospital Medical Center, with the University of Cincinnati College of Education, Criminal Justice and Human Services</td>
<td>Community Health Science; Medicine; Interprofessional</td>
<td>The MHPE-Canada is an international Master of Health Professions Education from the School of Health Professions Education at Maastricht University- The Netherlands.</td>
<td></td>
<td>Harvard Medical School in conjunction with the Harvard Macy Institute.</td>
<td>Medicine</td>
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<tr>
<td><strong>Delivery</strong></td>
<td>1. On-campus intensive format 2. Online format (blended)</td>
<td>Online format only</td>
<td>On campus only</td>
<td>Blended</td>
<td>1. Blended 2. Newly added 100% online Certificate course in Health Education</td>
<td>On campus only</td>
<td>Online format only, progressive three modular approach</td>
</tr>
<tr>
<td><strong>Cohort model</strong></td>
<td>NA</td>
<td>No</td>
<td>No</td>
<td>Yes. Every year: 20-30 students</td>
<td>NA</td>
<td>Yes, Currently 7 students in the first cohort and 9 students in the second cohort.</td>
<td>Yes, 150 students</td>
</tr>
<tr>
<td><strong>Residency requirements</strong></td>
<td>1 on-campus one week conference/course</td>
<td>No onsite requirement</td>
<td>On campus only</td>
<td>- 2 on-campus one week course</td>
<td>- 2 on campus three week courses (1 per year)</td>
<td>First year on-campus</td>
<td>No onsite requirement</td>
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<tr>
<td><strong>Required course</strong></td>
<td>32 credits organized around 5 core courses, electives and a thesis.</td>
<td>• Certificate: 4 courses (12 credit hrs)  • Degree: 30 credit hrs  • Practicum and final project mandatory</td>
<td>4 courses (12 credit hrs), one electives and a thesis.</td>
<td>• Course-based: 2 mandatory residencies, 2 core courses, 3 elective courses, 1 scholarly paper  • Thesis-based: 2 mandatory residencies, 2 core courses, 1 elective course, 1 Thesis</td>
<td>• Thesis: 9 courses and a thesis  • Online certificate: 5 courses</td>
<td>Must earn 64 credits; generally 32 course credits with 32 mentored research credits.</td>
<td>3 approved elective (12 credits)</td>
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<tr>
<td><strong>Elective</strong></td>
<td>Elective courses are selected from Dept. of Med, other UIC schools, independent study, or approved transfer credits from another university</td>
<td>NA</td>
<td>Must be a grad level course appropriate to the advancement of thesis research topic and agreed upon with supervisor.</td>
<td>Ed Research Methods, Technical &amp; Non-Tech Skills, Leadership, E-Learning, other elective course</td>
<td>NA</td>
<td>• Post-graduate certificate: 60 credits  • Post-graduate certificate: additional 60 credits  • Masters degree: additional 60 credits +dissertation</td>
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<tr>
<td><strong>Cores courses</strong></td>
<td>1. Scholarship is Health Professions Ed 2. Ed Research for Master’s Students Curriculum Development &amp; 1. Intro to Community Health Sciences</td>
<td>1. Ed Research for Master’s Students Curriculum 2. Ed Research for Master’s Students</td>
<td>1. Intro to Community Health Sciences</td>
<td>• 2 mandatory residencies (Fundamentals of</td>
<td>1. Intro to Health Professions Ed (on-campus)</td>
<td>1. Quant Methods course (4 credits) 2. Qual Methods course (4 credits)</td>
<td>Core modules:  • Learning and Teaching in Med Ed</td>
</tr>
<tr>
<td>Characteristics</td>
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<td>Learning in Med Ed</td>
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<td>• 3 elective courses</td>
<td>5. Organization and Leadership</td>
<td>Applying Cognitive Science and Research to Teaching and Learning (4 credits)</td>
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<td>5. Application of</td>
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<td>• 1 scholarly paper</td>
<td>6. Academic Research Skills 1</td>
<td>Summer</td>
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<td></td>
<td>in Med Ed</td>
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<td>• 1 elective course</td>
<td>8. Regular and specialized track; selection of courses</td>
<td>6. Harvard-Macy Course Leaders; Part 2 Leading Innovations in Healthcare and Education (4 credits)</td>
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<td>Analysis 1</td>
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<td>7. Measurement and</td>
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<td>Assessment</td>
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<td>8. Qualitative Research Methods</td>
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<td>9. Field Experience</td>
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<td>and Instruction</td>
<td>Curriculum &amp; Instruction</td>
<td></td>
<td>1. Curriculum Development</td>
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<td>2. Ed Mgmt and Leadership</td>
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<td>3. Assessment &amp; Evaluation</td>
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<td>4. Work-place Based Learning</td>
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<tr>
<td><strong>Cost</strong></td>
<td>• On campus format</td>
<td>• Out of state:</td>
<td>• part-time Canadian student $5040.00 Cdn</td>
<td>• £15400 (pd in two parts)</td>
<td>• Tuition $34,279.00 US</td>
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<td></td>
<td>(non-resident) $13,976 US/semester</td>
<td>$1138 US/credit hr</td>
<td>$5,593.50 Financial aid available. Funding must be discussed with supervisor prior to applying.</td>
<td>£7,700 installments)</td>
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<td></td>
<td>(based on 12+hrs)</td>
<td>$3414 US/course</td>
<td>$34,100 US</td>
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<td></td>
<td>• Online format $830 per credit</td>
<td>• Total cost (out-of-state) for certificate: $13,656 US</td>
<td>• full-time international student $17, 213.00 Cdn</td>
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<td></td>
<td>hour</td>
<td>• Total cost (out-of-state) for degree: $34,140 US</td>
<td>• $34,279.00 US</td>
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<td></td>
<td></td>
<td>• $830 per credit hour</td>
<td>• £2800, PG Diploma £5600, MMed £8400</td>
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<tr>
<td><strong>Length/Duration</strong></td>
<td>Coursework: 2-3 y.</td>
<td>Each 3 credit course requires 9-12 hr/wk</td>
<td>3-5 years (at own pace). Begins each June.</td>
<td>• Thesis based: 2 years</td>
<td>Overseas students: PG certificate £2800 , PG Diploma £5600, MMed £8400, ie. one price for all.</td>
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<td>Thesis: 6 m. -1 y.</td>
<td>The program takes 2-5 years to complete</td>
<td>NA</td>
<td>Online certificate: 14 wks.</td>
<td>24 months; each module is 12 weeks in length (Flexible with three intakes per year)</td>
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<td>• Two year, post-doctoral, research-focused degree. First year typically course work, second year research.</td>
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*Barrington Research Group, Inc.*

Evaluation of the MEd in HSE Program: Final Evaluation Report (December 2016)
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>University of Illinois (Chicago)</th>
<th>University of Cincinnati</th>
<th>University of Calgary</th>
<th>McMaster University</th>
<th>Maastricht University (Canada CERI/CHES)*</th>
<th>Harvard University</th>
<th>Dundee University</th>
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</thead>
<tbody>
<tr>
<td>Instructors</td>
<td>16/19 faculty listed have PhD or professional degree; 3/19 hold a Master’s degree</td>
<td>NA</td>
<td>7 faculty listed; all have professional degrees or PhDs.</td>
<td>All 24 listed faculty have doctoral degrees—professional or PhD.</td>
<td>Faculty from both Canada and The Netherlands. The latter deliver the online courses. Canadian faculty listed have professional degrees. Maastricht staff: 5/8 have professional or doctorate degrees; 3/8 have masters’ degrees.</td>
<td>NA</td>
<td>6 full-time teaching staff members based in Dundee all with PhD qualifications. 20 external tutors and they also all possess postgraduate qualifications.</td>
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<tr>
<td>Website / marketing</td>
<td>• Alumni Community web site • MHPE Summer Conference</td>
<td>• Live Information Sessions - via Skype • Sign Up For Our Newsletter</td>
<td>• Video presentation by a faculty member.</td>
<td>• Frequently Asked Questions • Video on 2016-2017 Student Handbook • Video on Student Leadership in Health Sciences featuring another of our recent graduates from the HSED Thesis-Based stream • Annual Research Day event, with biographies &amp; pictures of the presenters for FHS Education Research Day as well as the abstracts for their poster of oral session. • Sections on Scholarly &amp; Thesis Paper Process</td>
<td>Visuals of units and curriculum overview • 35 years of experience implementing student-centered learning in medicine and the health sciences. Student testimonials entitled “Student Experiences”. Offer degree and certificate programs. Offer PhDs in Health Profession Ed as well.</td>
<td>• Slick video; instructors and former and current students describing program and program benefits. Claim program is rigorous and situated within the Harvard clinical and research environment. List of current student research projects.</td>
<td>• One testimonials, although individual quoted did not have job title included. Under sub-heading Employability, listed three course graduates and their academic roles Program is accredited by AoME Tailored programs for surgical trainers, anesthetists, GPs, radiologists, and oncologists.</td>
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