

15-YEAR IMPACT STUDY REPORT SUMMARY and RECOMMENDATIONS

**Foundation for Advancement of
International Medical Education
and Research - FAIMER**

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15-YEAR IMPACT STUDY REPORT

Foundation for Advancement of International Medical Education and Research

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LIST OF ABBREVIATIONS

BRAZIL	Brazil-FAIMER Regional Institute (Beberibe, Ceará, Brazil)
CMB-CMU	CMB-CMU-FAIMER Regional Institute (Shenyang, China)
CMCL	CMCL-FAIMER Regional Institute (Ludhiana, India)
FAIMER	Foundation for Advancement of International Medical Education and Research
FRI	FAIMER Regional Institute
GSMC	GSMC-FAIMER Regional Institute (Mumbai, India)
HPE	Health Professions Education
INSTITUTE	FAIMER Institute (Philadelphia, PA)
MUFIILPE	Manipal University-FAIMER International Institute for Leadership in Inter-professional Education (Manipal, India)
PSG	PSG-FAIMER Regional Institute (Coimbatore, India)
SAFRI	Sub-Saharan Africa-FAIMER Regional Institute (Cape Town, South Africa)
SMU	SMU-FAIMER Regional Institute (Guangzhou, China)

EXECUTIVE SUMMARY

BACKGROUND & CONTEXT

The Foundation for Advancement of International Medical Education and Research (**FAIMER**) strengthens the global health professions workforce by offering various educational programs that collectively aim to enhance necessary knowledge and skills related to education methods, project management and evaluation, leadership and management, assessment and accreditation, and education research and scholarship. After 15 years of offering educational programming, capacity building and supporting education of the international health professions community, FAIMER commissioned a mixed-methods program evaluation study to assess the impacts of FAIMER's educational initiatives. This report summarizes the program evaluation study development process, methods, key findings, inferences and recommendations for next steps to guide future strategic direction and advancement of FAIMER's educational mission.

The primary **purposes** of the program evaluation were to: 1) evaluate whether and how FAIMER Education and FAIMER Fellows have contributed to “systems” (institutional, national, regional) impacts on education to improve health; and 2) better understand the future priorities and needs of Health Professions Education (HPE) internationally, and how FAIMER might contribute to meeting these needs and priorities.

METHODS

The program evaluation comprised three parts: **Part 1:** Key Informant Interviews; **Part 2:** HPE Leader Questionnaire; **Part 3:** FAIMER Fellows/Alumni Follow-Up Questionnaire. Study participants, including HPE leaders (N=16)¹ who participated in Key Informant Interview and

¹ The HPE participants for Key Informant Interview and HPE Leader Questionnaire are not identical.

HPE Leader Questionnaire, and FAIMER Fellows and alumni (N=519), provided rich quantitative and qualitative data that were analyzed for this report.

KEY FINDINGS

The findings overwhelmingly indicate that FAIMER's educational initiatives have positively influenced and benefited the fellows, equipping them with knowledge and skill set to facilitate their academic, scholarly and professional advancement. In addition to impacts on individuals, the findings of this study indicate that FAIMER's work has also made lasting positive impacts on institutional, national and regional development in health professions education. Results from all three study parts provide evidence of a variety of ways in which FAIMER Education and FAIMER Fellows have contributed to "systems" (institutional, national, regional) impacts on education to improve health. Below is a summary of key findings from the Key Informant (HPE Leaders) interviews.

FAIMER's Key Contributions toward Development of Successful Education

Institutional

- Bringing global best practices in medical education to respondents' institutions, including improving clinical research skills, evaluation, assessment, and scholarship;
- Greatly expanding networks that connect individual institutions with global leaders who can share and discuss ideas and provide information and resources;
- Creating mechanisms to increase interprofessional collaborations and strengthen medical education practices across disciplines;
- Increasing understanding of the link between medical education and public health outcomes;
- Increasing recognition and respect for health professions education as a discipline unto itself; and,
- Developing the necessary leadership skills which enable Fellows to effect change in their institutions and rise to positions of leadership whereby they can have greater spheres of influence around issues related to successful medical education.

National

- Impacts as a result of Fellows achieving positions of leadership on national boards and committees; and,
- Changes that improved education within institutions bubbled up to the national level to become accepted practices and national standards.

Regional

The degree to which FAIMER and FAIMER Fellows have been able to impact the region was reported to be connected to multiple factors:

- The number of FAIMER Fellows and Regional Institutes;
- How influential FAIMER Fellows and Health Professions Education Leaders who are supportive of FAIMER principles can be in their countries, and then connect to the larger region;
- How receptive and/or committed the institutions and the countries in the region are to improvements in medical education;
- The degree to which cultural considerations impact the ability to connect regionally around best practices and improvements;
- Financial resources that support FAIMER initiatives and the ability of medical educators to participate in FAIMER programs.

Suggestions for FAIMER to Improve its Work to Maximize its Effectiveness

There was consistency in the response to this question, particularly from Health Professions Education Leaders in Africa and Asia where regional institutes are well established and where the number of Fellows is considerable. In Latin America, responses were more diverse and dependent upon the individual leader's experience with FAIMER and Fellows. In general, it appears that gaining a foothold, and in turn, greater influence in Latin America is challenged by the lack of a Regional Institute in Spanish-speaking countries. Hence, Latin America emerged as needing more support from FAIMER.

The following suggestions were provided by the HPE Leaders:

Need for Supporting and Advancing Research & Scholarship

- Increased focus on scholarship and providing assistance to enable more Fellows to gather and share information on initiatives they are facilitating in their own institutions and regions, as well as on outcomes and progress they are making; enhanced support for publishing in their regions in order to enhance their leadership and ability to influence academic, national and regional health education policy;
- Need for FAIMER to support data sharing and inter-regional research, including looking to the regional institutes to take the lead on research so that the work is conducted in collaboration with people from the regional institutes; and,

Systems Level Support

- Expanding interprofessional initiatives;
- Ways to focus more on institutions versus individuals;
- Expanded faculty development opportunities which could include an “Advanced FAIMER Institute, online mentoring or some other way to share information and insights among Faculty in the regional institutes;” and,
- Exploration of partnering with other organizations to enhance resources and expertise. These might include the World Health Organization, UNICEF or the international arm of the Joint Commission.

CONCLUSIONS & FUTURE DIRECTIONS

The findings of this 15-year program evaluation are congruent with prior findings of ongoing evaluation of educational programs offered by FAIMER. Viewing the multiple data sources and key findings of this evaluation with an integrated lens, it is clear that the positive ripple effect of FAIMER’s initiatives has made important and valuable contributions to advancing health professions education globally. This positive effect will likely flourish as FAIMER continues to expand its educational outreach, taking into consideration feedback from relevant stakeholders, in order to evolve, grow and strengthen.

INTRODUCTION

A. Background and Context

The Foundation for International Medical Education and Research (**FAIMER**) is a not for profit organization, a part of the Education Commission for Foreign Medical Graduates (ECFMG). The organization is committed to improving world health by promoting excellence in international health professions education through programmatic and research activities. FAIMER concentrates its activities in developing regions in Asia, Africa, and Latin America. FAIMER has eight Regional Institutes (FRIs): four in India, two in China, one in Brazil, and one in Sub-Saharan Africa. The **FAIMER Institute** at Philadelphia and regional institutes is a two-year fellowship program for international health professions educators who have demonstrated the potential to play a pivotal role in improving health professions education at their institution and in their country. The program is designed to help Fellows become credible education and healthcare leaders by becoming better scholars/researchers, and by becoming powerful change agents for their organizational system. The program is offered in two on-site and two off-site sessions, organized in four **Curriculum Themes**: project management and evaluation; education methods; leadership and management, and education scholarship and research. A fifth curriculum theme Quality Assurance has been added to FAIMER Institute in 2017.

Health professions educators who complete the fellowship acquire skills necessary for serving as leaders and change agents for implementing curricular transformation at their home institutions, which are intended to lead to improvements in health care practice and delivery. Upon graduation from the FAIMER Institute or one of the FAIMER Regional Institutes, Fellows can pursue a Master's Degree in Health Professions Education through the FAIMER Distance Learning program at Keele University, based in the United Kingdom.

After 15 years of operation, FAIMER leadership felt that it was important to conduct a rigorous program evaluation of FAIMER's educational impact, hence the impetus for this study.

B. Study Aims and Intended Utilization

a. Aims:

1. To evaluate whether and how FAIMER Education and FAIMER fellows have contributed to "systems" (institutional, national, regional) impacts on education to improve health.
2. To better understand the future priorities and needs of HPE internationally and how FAIMER might contribute to meeting these needs and priorities.

b. Uses:

1. To learn about the extent and process of FAIMER Education's impact.
2. To inform strategic decisions about FAIMER Education's future.

c. Primary Intended Users:

1. Members of HPE field
2. FAIMER primary stakeholders (fellows, program faculty, ECFMG Board, FAIMER staff & program leaders)

d. Publication venues:

1. FAIMER in-house publication (summary report)
2. Scholarly publication in HPE journal

e. Evaluation Questions:

1. In what ways has the work of FAIMER Education and FAIMER fellows contributed toward the development of successful education* within institutions, countries, and regions?
2. In the future, how can the work of FAIMER Education and FAMER Fellows contribute to the development of successful education* within institutions, countries, and regions?
How might we modify our work to maximize our effectiveness?

*Changes in HPE processes, practices, and policies to enhance support and promotion of:

- Effective teaching methods
- Education curricula and content that is relevant to priority health needs
- Emphasis on continuity of care and all levels of care
- Coordination of education policies and practices with health systems and services
- Inter-professional coordination and collaboration in education of health professionals
- Flexibility to adapt education practices to changing social contexts and health needs
- Adequate & appropriate education resources & infrastructure to meet health workforce demands
- Professional valuing of health professions education and educators
- Education research & evaluation for data-informed planning & identification of promising practices

METHODS

A. Study Proposal Development Process

The study was designed by FAIMER staff in 2015 by the former Associate Director of Evaluation and Planning, and the former Assistant Vice President for Education. The study proposal draft was shared with and reviewed by key stakeholders, including FAIMER Regional Institute (FRI) Directors and FAIMER Education staff. These stakeholders were also asked to provide input on the list of “key informants” for interviews. After an iterative process, a final study proposal was developed.

B. Study Design

The cross-sectional study design comprised three parts.

- Part 1: Key Informant Interviews

- Part 2: HPE Leader Questionnaire

- Part 3: FAIMER Fellowship Follow-Up / Alumni Questionnaire

C. Ethical Approval

The study protocol was reviewed and approved by University of Pennsylvania Institutional Review Board (IRB). All elements of informed consent were included in the information provided to participants. Consent was assumed for all those who chose to participate in the program evaluation without documentation of informed consent. All data were stored and managed with standard guidelines to protect confidentiality.

D. Participants, Measures, Data Collection and Analysis

Part 1: Key Informant (HPE Leader) Interviews

1. Interview Sample

Using a purposive sampling method, a list of “Key informants” was developed. Key informants were persons with in-depth knowledge of the status of HPE in their institution or country, as well as close familiarity with FAIMER and FAIMER fellows. The purpose of this part of the study was to explore whether, to what extent, and how (via what processes) FAIMER and FAIMER fellows have contributed to successful education, as well as to explore how FAIMER might contribute to the future development/improvement of HPE.

1.1. Key informant groups – eligibility criteria

- a. Deans of institution with multiple Fellows (3 South Asia, 2 Latin America, 2 Africa)
- b. Fellowship alumni who are Deans/Institutional leaders (2 South Asia, 1 Latin America, 2 Africa)
- c. FRI Directors/Leaders for FRIs more than 5 years old (1 GSMC, 1 PSG, 1 CMCL, 2 Brazil, 3 SAFRI)
- d. National HPE leaders (e.g., leaders in national ministries of health) in selected countries (2 India, 2 Brazil, 2 South Africa)

Key informants were HPE leaders identified from within the above groups via input from FAIMER program directors and key stakeholders.

2. Interview Content

A set of open-ended questions was developed into an HPE Leader Interview Guide.

(See Appendix A)

3. Participant Recruitment & Data Collection

Study-eligible potential participants were invited to participate in the study using a recruitment letter (**see Appendix B**) sent via email. The interviews were conducted in English and Portuguese (for Portuguese speaking participants) by two interviewers who were not on FAIMER staff. This step was taken to ensure objectivity of data collection and avoid any influence or bias. Reminder emails were sent to participants to encourage participation. The interviews were conducted and digitally recorded using WebEx and Skype from August 2016 through December 2016. After transcription, interview text was shared with each interviewee for confirmatory review. Aside from a few misspellings, no major changes or corrections were needed.

3.1. Triangulation of sources

Wherever possible, interviews were conducted with multiple key informants from the same country or region.

4. Data Analysis

Audiotaped interviews are transcribed into MS Word documents. Portuguese interviews were translated into English by the Portuguese language interviewer. Content analysis methodology (Duncan, 1989) was used to code and develop themes from the qualitative data.

4.1. Analyst triangulation

Qualitative data were reviewed by two researchers independently analyzing the same qualitative data set and then comparing their findings to ensure inter-rater reliability. No major discrepancies were found between the raters.

Part 2: HPE Leader Questionnaire

This questionnaire was designed to be administered alongside the HPE leader interviews. The purpose was methods triangulation, with investigation of other complementary aspects of the phenomena of FAIMER's impact and future directions. Analysis of the questionnaire data was intended to be integrated with interview findings to create a more comprehensive view.

1. Questionnaire Sample

All individuals in the below groups (N= 26) were invited to complete the questionnaire.

Recruitment was via electronic invitation.

- a. Deans of institution with multiple Fellows (3 South Asia, 2 Latin America, 2 Africa)
- b. Fellowship alumni who are Deans/Institutional leaders (2 South Asia, 1 Latin America, 2 Africa)
- c. FRI Directors/Leaders for FRIs more than 5 years old (1 GSMC, 1 PSG, 1 CMCL, 2 Brazil, 3 SAFRI)
- d. National HPE leaders (e.g., leaders in national ministries of health) in selected countries (2 India, 2 Brazil, 2 South Africa)

2. Questionnaire Content

Indicators were selected related to the existence (does it exist), creation (when, who, role of FAIMER and FAIMER fellows), and future development/improvement of:

- a. HPE unit or department
- b. Effective teaching methods
- c. Education curricula and content that is relevant to priority health needs
- d. Interprofessional coordination and collaboration in education of health professionals
- e. Flexibility to adapt education practices to changing social contexts and health needs
- f. Education research & evaluation for data-informed planning & identification of promising practices
- g. National/regional HPE conference
- h. National/regional HPE association
- i. Adequate & appropriate education resources & infrastructure to meet health workforce demands
- j. Professional valuing of health professions education and educators
- k. Coordination of education policies and practices with health systems and services
- l. Emphasis on continuity of care and all levels of care

The final questionnaire comprised a set of quantitative and open-ended questions. (see Appendix C)

3. Participant Recruitment & Data Collection

HPE leaders (N= 26) were invited to participate in completing the questionnaire using an online survey platform, SurveyMonkey. The questionnaire was administered from September 2016 through December 2016.

4. Data Analysis

Quantitative data were analyzed using the Statistical Package for Social Sciences (SPSS) 22.0. Tableau 10.0 for Windows was used for data visualization. Descriptive statistics were computed for quantitative variables. Given the exploratory nature of the study, descriptive statistics are intended to portray trends and do not indicate statistical significance or generalizability. Content analysis methodology was used to code and develop themes from the qualitative data. Two researchers independently analyzed and coded the data and later compared findings to ensure inter-rater reliability. No major discrepancies were found between the raters.

Part 3: FAIMER Fellow/Alumni Follow-Up Questionnaire

1. Questionnaire Sample

All current Year 2 Fellows ²(N= 160) and alumni³ (N= 804) were asked to complete this questionnaire.

2. Questionnaire Content

This questionnaire was previously piloted for use as an annual questionnaire. The purpose was to examine FAIMER Fellows' involvement in the FAIMER Community, impact of their FAIMER Education Innovation Projects on their institution, nation and region, and application of knowledge/skills gained during the fellowship, including institutional and HPE field

² Current Year 2 Fellows include all 2015 class fellows from the FAIMER Regional Institutes and 2014 class fellows from the FAIMER Institute in Philadelphia, PA.

³ Alumni include all fellows through 2013 class who have completed a FAIMER fellowship program.

contributions and other professional accomplishments. Analysis of the questionnaire data was again intended to be integrated with interview findings to create a more comprehensive view.

3. Participant Recruitment & Data Collection

Year 2 Fellows were asked to complete the questionnaire during their on-site sessions (starting with Philadelphia in October 2015 on through Regional Institutes during 2016). Alumni were sent invitations in September 2016 and participated in this part of the study through December 2016.

4. Data Analysis

Quantitative data were analyzed using the Statistical Package for Social Sciences (SPSS) 22.0. Tableau 10.0 for Windows was used for data visualization. Descriptive statistics were computed for demographic variables. Given the exploratory nature of the study, descriptive statistics are intended to portray trends and do not indicate statistical significance or generalizability. The time constraints for preparing this report precluded analysis of the open-ended data for this part of the study.

RESULTS

For the purpose of clarity, the key findings of the study are organized by the three parts of the study.

For each part we present:

- A. Participant demographics
- B. Impacts
 - Descriptive statistics for quantitative data
 - Thematic content analysis findings of qualitative data

Part 1: Key Informant (HPE Leader) Interviews

Of the 26 Key Informants invited to participate, interviews were conducted with 15 Health Professions Education Leaders, yielding a response rate of 58%. Respondents were distributed across regions: Asia 31.25%, (5 with 3 who are FAIMER Fellows) Africa 31.25%, (5 with 4 who are FAIMER Fellows) and Latin America 37.5% (6 with 3 who are FAIMER Fellows).

The **purpose** of the interviews was to:

- 1) Obtain feedback related to how the work of FAIMER and FAIMER Fellows has contributed toward the development of successful health professions education, both to date and anticipated contributions in the future, within the HPE Leader's
 - Institution
 - Country
 - Region
- 2) Explore the Leaders' perspectives on how FAIMER can improve its work in order to maximize effectiveness and what FAIMER could do differently to better meet Leaders' expectations and challenges to enhance health professions education.

- 3) Provide Leaders an opportunity to share any other information they deemed important for FAIMER to know or be aware of to strengthen the support FAIMER provides to its constituents.

For the purpose of this program evaluation, in order to ensure clarity, standardization and a shared understanding of the term “successful education” across all interviewees, interviewers provided the following definition to Health Professions Leaders at the outset of the interview process:

Successful education is defined as changes in Health Professions Education processes, practices, and policies to enhance support and promotion of:

1. Effective teaching methods
2. Education curricula & content that is relevant & adaptable to social contexts & priority health needs
3. Interprofessional coordination and collaboration in education of health professionals
4. Coordination of education policies and practices with health systems and services
5. Adequate & appropriate education resources & infrastructure to meet health workforce demands
6. Education research & evaluation to inform planning & identify promising practices

HPE Leader Responses by Question

Q.1. Has the work of FAIMER and of FAIMER Fellows to date contributed toward the development of successful education within your institution? How so?

- a) In what ways do you expect or hope that the work of FAIMER and of FAIMER Fellows will in the future contribute toward the development of successful education in your institution?**

The majority of HPE Leaders reported that the work of FAIMER has contributed positively to successful education within their institutions. Everyone interviewed from Asia and Africa

reported positive contributions within their institution. However, in Latin America, several of the individuals interviewed did not see an influence on successful education, primarily because their institutions lacked a FAIMER Fellow or Fellows. Much of this seems to be dependent upon the country, and whether the HPE Leader FAIMER Fellow. Even within Brazil, where FAIMER has the greatest presence, the overall impact of FAIMER was perceived differently depending whether or not the respondent had participated in the FAIMER Fellowship and/or did not have Fellows in the institution.

Respondents reported that FAIMER and FAIMER Fellows have made contributions toward development of successful education within the respondents' institutions in a variety of ways which include:

- Bringing global best practices in medical education to their institutions. These include improving clinical research skills, evaluation and assessment, and scholarship;
- Greatly expanding networks that connect individual institutions with global leaders who can share and discuss ideas and provide information and resources;
- Creating mechanisms to increase interprofessional collaborations and strengthen medical education practices across disciplines;
- Increasing understanding of the link between medical education and public health outcomes;
- Increasing recognition and respect for health professions education as a discipline unto itself; and
- Developing the necessary leadership skills which enable Fellows to effect change in their institutions and rise to positions of leadership whereby they can have greater spheres of influence around issues related to successful medical education.

Another way that FAIMER and its Fellows have influenced successful medical education in their institutions is that when they **achieve leadership roles** at the country or regional level, national health professions education policies are implemented which increase the efficacy of

medical education within the institutions countrywide and regionally. These will be addressed through the responses to questions related to the broader impact of FAIMER and FAIMER Fellows.

Selected Participant Quotes:

“Our FAIMER experience and relationship has really moved our institution forward in many ways. I think one of the things I could cite is the fact that we learned from FAIMER to reorganize our work to highlight the impact or the link between medical education and public health outcomes for the communities that we serve.” (HPE Leader, Africa)

“My first response would be that yes, absolutely yes. Let me explain how. I think I would draw upon span and contributions of the FAIMER Fellows we have had over the years. And this is spanned close to over 10 years. So, we have I think five FAIMER Fellows. Now, how these people have helped the institution, first of all, through their individual contributions in terms of first of all identifying the changes which are happening in medical education and health professions education, bringing about greater awareness within the university. When they started interacting with the global leaders who are responsible for health professions education, they all had their specific projects which they worked on, and those projects were more or less like applied projects – something that you do which brings about a change. So whether it’s medical assessments, related to changes in pedagogy, or whether it’s related to adopting new ways of teaching and learning broadly.” (HPE Leader, Asia)

“We have, in my own institution, about 8 – 10 Fellows who have undergone the FAIMER experience, and they are all part of a special group on medical education which is involved in faculty development for the rest of the faculty. So they are contributing to health professions education by conducting programs for faculty so that they can be better teachers. They have been able to implement whatever changes in the curricula that have been suggested. They have curriculum committees formed in the institution so that whatever national changes that are changes suggested by the university come to the institution. It is important for us and the Fellows to understand that, and translate it into curriculum locally within the institution.” (HPE Leader, Asia)

“In 2008 I became the medical program coordinator and had the great opportunity to use all the methodology learned at FAIMER. The whole group got involved and was enthusiastic about the work. It was a very good moment. The former coordinator had been there for 13 years and the process was

stagnated. We arrived with new ideas and new actions. FAIMER was important in providing the tools for the process. It gave the structure we needed for our actions. After me, two other faculty went to FAIMER Philadelphia. Since then every year we have at least one faculty in FAIMER Brazil. We were able to change the curriculum; we implemented Mini-CEX, OSCE and other active methodologies. I did not implement all these changes alone. Every one of the faculty who had been to FAIMER program were supporting the ideas and putting them into action. All these instruments and concepts were implemented in the course.” (HPE Leader, Latin America)

“Going to FAIMER allowed me to build a well-planned strategy of how this change would happen. FAIMER provided the tools for a technical and scientifically sound proposal. My project helped, in practical terms, to reinforce the changes being promoted in Brazil. It would not have been possible (to implement them) if a proposal as big as the FAIMER project did not exist. It provided credibility to implement the changes. Besides me, my institution had five other FAIMER fellows, one [who attended] FAIMER Philadelphia and two faculty and two hired physicians working at the University who participated in FAIMER Brazil [regional institute]. They work in different areas of our medical school’s curriculum and their FAIMER projects helped to bring changes to the activities they were involved in.

My experience with FAIMER allowed me to become a leader in my institution discussing changes in faculty’s role, specifically bringing up the need for faculty development programs to improve teaching. At that time, there was an important emerging crisis (in medical education) of which we were not aware of: the super-valorization of research over teaching, especially in the previous six years.

Through the process of becoming a FAIMER fellow I learned about an international movement already aware of this issue and actively discussing these topics (teaching versus research). By adopting its nomenclature and its knowledge it allowed me to bring up other possibilities to the faculty career. The international movement provided the scientific basis for re-directing medical education from its research focus towards teaching. This was only possible because of my experience with FAIMER, not only as a fellow but also as the co-director of FAIMER Brazil.” (HPE Leader, Latin America)

“I was the first Fellow sometime in 2002, and it was about 14 years ago. Then we had a series of Fellows who have done FAIMER Fellowship at Philadelphia. Then what happened is we started the first regional institute in our institution. Many Fellows from every department contributed from pre-clinical and clinical departments. That has really cemented the whole education in our institution. And then, that was the time when we formed a strong Department of Medical Education and created a special task

group for improving the health professionals' education. Then we involved the interprofessional people also; occupational therapists, physical therapists, nurses, and along with that, we have now a lot of specialty activities every month. It's not only the routine education how we can really improve but the projects they want to undertake are actually undertaken. So I really think that FAIMER inserted a lot of project-based teaching activities and research.

Teaching activities result in people changing their skills, improving their clinical research abilities, assessment skills. All this has definitely been improved by FAIMER in our own institution. The fact is that students now are taught by a lot of interactive routines. Now new kinds of curricula [are being] established by Medical Councils. But the local curriculum is managed by these working groups, like medical education groups along with Health Operations Boards and competency-based education and all that, have been refined because of the activities." (HPE Leader, Asia)

"Actually, the answer is an unequivocal yes. The exposure that we got through interacting with others, that came about through the FAIMER scholarships. They improved our own understanding of medical education. Before that, anybody who qualified as a specialist was deemed to have qualified to teach. The consequence of teaching is that it was not really regarded as something that was important. Our own history, the history of this institution of mine, which is located in a very impoverished part of South Africa, the type of students that we brought into the medical school, who are the type of students that one would regard as under prepared for traditional education, but it is hard to do this because we needed to recruit locally and train them locally and encourage them to remain and offer service to the local people. So we had to make do with the people that we had, and we really had to get into education. The teaching and the learning process became an outcome in and of itself. In order to do that, we needed to keep ourselves with the fundamentals – the basic foundations of education, and try to apply them to the teaching of medical students. So, we had to look at also some things, the design of the program, the curriculum, how we were going to deliver that curriculum, the assessment and all the quality assurance matters that had to be taken care of. These are the skills that we acquired through FAIMER. I think there were about four or five of us that have gone through FAIMER, and the influence within our own institution is considerable." (HPE Leader, Africa)

"In the institution I am in now, there were already about two or three FAIMER Fellows, and then quite a few SAFRI Fellows, and there are now about 12 completed and another four in the pipeline. So we have a lot of capacity of FAIMER/SAFRI Fellows. And this group has really made a large difference to improving

curriculum and assessment capacity and driving excellence and just creating an atmosphere where people think more about education and what are appropriate education policies, and how to improve education in our particular environment.

When you talk about making a difference to things like policy and health, I think because of the position I occupy..., I am very much involved in policy at the institutional level.

If I move across to the one that I used to be at, there are no FAIMER Fellows left there (I was the only one), but there are quite a few SAFRI Fellows. And they are also involved in driving initiatives which contribute to healthcare outreach, primary healthcare initiatives, community health initiatives and so on. And I think having the authority to speak, and the voice which comes from having completed a SAFRI Fellowship has certainly given them more strength and they play a leadership role in driving some of these initiatives. So definitely, at the level of regional, local and then education within the institution, I think the effect of the Fellowships, both FAIMER and SAFRI, has been quite profound.” (HPE Leader, Africa)

“I was the only FAIMER Fellow in my institution, and still am, actually. We currently have and more recently a number of SAFRI Fellows have come from my institution.

So, the contributions to the institution have come through me, largely. There have been a number of innovations in education that I have initiated, first within my department and more widespread within the faculty there has been an uptick in innovation. So there have been innovations in assessment, in teaching and learning. There have been curriculum design innovations. And, there’s been input into various policy documents.” (HPE Leader, Africa)

“...from our FAIMER experience, we have started looking at research as a significant area that we have to focus on. Previously, we were highly focused on teaching, and there was very little emphasis on research. But the FAIMER experience, we got the best Fellow accepted from this institution, we came to look at research and between that time and now, that’s like a five year span, we have had our faculty preparing articles for publications in reputable journals, and we have had quite a few. And I can link that directly to the FAIMER experience.

One other thing that we have benefitted so much from this exposure to FAIMER is a community of practice that FAIMER has. In many instances, we have been able to get resources from other health professionals in different parts of the world when we need them. Specifically, there are times that you

need a particular thing. In that community of practice, we are sharing our knowledge and news on many different topics which are always relevant. But I am emphasizing the fact that you get assistance with a specific need. For example, I needed a resource to help me develop a workshop on say, setting multiple choice questions, and I go on to this online community of practice and I put my query here, and within a few hours, you have people sending you materials from different parts of the world, and you get together various perspectives on issues.

Now you see an emphasis on students and teaching methods as a focus. That's a huge leap from a traditional focus that had always had, using lecture as a way of teaching, but starting in 2011, we introduced new student-centered teaching styles and computer based learning. We have introduced the computer component in most of the programs so students have some material that they get online and have this learning platform, where even though they are not online students, but they get this experience of using online resources, putting up assignments, joining an online forum and discussions and things like that. So I think that our relationship with FAIMER has really led to an improvement in the quality of the work we are doing within our institution.” (HPE Leader, Africa)

“This is the only program in faculty development with consistency. It uses a multitude of methods and education strategies and develops transformative skills. For me it was transforming! We hear that from all participants. As it was being developed it created a strong alliance among all participants, all of them committed with the public educational system, with the public health system consolidating its universal access.

The many transformations and changes in the curriculum, the leadership positions taken by the fellows and by ex-fellows in conducting the public policies, allowed for initiatives that changed the perspective of health education in all its areas.” (HPE Leader, Latin America)

In institutions where FAIMER has had a positive impact on the development of successful education practices, the majority of leaders believed that this would be sustainable and continue into the future. Changes and improvements that have been implemented are mostly successful, which supports sustainability. The longevity of the FAIMER program and the expanding number of Fellows has meant that Fellows move from institution to institution, so that they effect change in one university and then move on to implement best practices in their new role or institution.

“The innovations that I started 15 years ago have been sustained. I mean many of the things that I have done have continued to be implemented. Their use has been expanded. A number of innovations have also been implemented at other universities in South Africa, and also at other universities in Africa. So I think the sustainability of innovations, and the particular innovation that I have pioneered is portfolio based learning and assessment. So that innovation is well-established and will continue to grow and be used as people become familiar with it.

So the difficulty of sustaining the innovations is not really an issue. Once they get implemented, they run on a course of their own, but they have essentially stayed there for all the time they’ve been implemented.”
(HPE Leader, Africa)

“For four years I was the course coordinator in the [main campus of the university]... In 2012 another person who is also a former FAIMER fellow, from the Philadelphia Institute, took over. I went to [an additional] campus to implement the new medical school there. This school was structured around a new curriculum, totally based on primary care, community needs, using problem based learning (PBL) and many active methodologies. Building the curriculum with a group of people who went to FAIMER, gained expertise and matured only reflects the level of commitment and reflection involved. The [new medical school] is its product.

I see great possibilities to consolidate the changes introduced to this medical school and “contaminate” the [original] campus, whose structure is still too traditional. To introduce changes to the curriculum and aligned it to active methodologies, is one of the goals. I also see the possibility of increasing the number of posts in [the original school’s campus] with a new parallel campus, and implementing the same changes.”
(HPE Leader, Latin America)

“We now have a sizable number [of Fellows]. I think we have over 20 FAIMER Fellows in our institution. And these 20 people are a vibrant group and they know what is to be done. They know what it is to do something in education. Earlier, 25 years ago, [if] we said something about education and projects, people would have wondered what is wrong with us. Today we know what we are talking about. I am sure many of them already have ideas how they are going forward. A lot will depend on the requirements of the institution where they work, and the support that they get. In that way, [my institution] was extremely fortunate because we got all the support from the management. Every person in the hierarchy was able to support this. But that’s partly because when I was the Vice Chancellor, I was able to give almost my entire 100% support to every FAIMER Program and make things happen. So I guess it makes a

big difference because I am myself, a FAIMER person and you don't have to preach to the choir. I am already doing this supportive program which made such a difference for us." (HPE Leader, Asia)

"Today in Brazil we have about 300 FAIMER fellows who participated in the national Brazil Program. These people are truly already making a difference for a long time. The program is in its 10th year. FAIMER fellows took leadership positions in their departments, in their post-graduation programs, as university deans, medical school directors and other health profession courses. They became part of the university dean's team and in the education committee for improving teaching. They brought to the table the new concepts of teaching and learning processes at university level which until then were not circulating with such intensity in the country. These concepts were restricted to small groups unable to reach many programs in Brazil.

The Brazilian government made a big investment to create opportunities to develop leadership capacity in the area of health education. The FAIMER program was one of these programs created to promote leadership for change. It achieved more success than we were expecting. We had not estimated such a huge impact." (HPE Leader, Latin America)

"The process should continue going forward, because they have already risen up on the career ladder and one of the reasons they have risen up is because they have undergone the FAIMER Fellowship. The fellowship encourages, as part of their learning, design of curriculum and projects and through that they are able to bring about changes in their institution, and after learning these things, and completing the fellowship, they get responsible jobs in health professions education. That's likely to continue." (HPE Leader, Asia.

I think it is the confidence [that] FAIMER gives them that many of them automatically rise to positions, academic leadership positions. Because of their background, their involvement and their contributions, automatically, I think they get picked up. This is my observation. They are so good in what they do, especially in academic matters. You may call it academic leadership, academic innovation, faculty development, whatever. These are people who are doing it so well that they get noticed. I guess that makes all the difference." (HPE Leader, Asia)

Q.2. Has the work of FAIMER and of FAIMER Fellows to date contributed toward the development of successful education within your country? How so?

b) In what ways do you expect or hope that the work of FAIMER and of FAIMER Fellows will in the future contribute toward the development of successful education in your country?

In general, the Health Professions Education Leaders all saw contributions that FAIMER and the Fellows have made within their countries. This was true even for some of the individuals who did not experience an impact on or have Fellows in their individual institutions. In general, impact occurred as a result of Fellows achieving positions of leadership on national boards and committees. In some cases, changes that improved education within institutions bubbled up to the national level to become accepted practices that evolved into national standards.

Selected Participant Quotes:

“Actually, we have four Fellows, they do not only have a contribution in our institutions, but also nationally, where they actually play major roles in policy making[and] some strategic activities related to medical education. For example, two are involved in national competency-based examinations. Another is intensely involved in the development of primary healthcare sessions, while another is involved in Independent Accreditation Agency for Medical and Healthcare Education. And she’s also a member of the board of the National Education Standards. So all of the Fellows, not only have a contribution toward their institutions, but also nationally.

Our institutions are the pioneers for innovations in medical education in the country, so most of what we innovate, and the activities we pursue, will be followed by the other 83 institutions in Indonesia. So something like that has [national] impact.” (HPE Leader, Asia)

“There are not enough Fellows to have impact on the institution or the country, but there are potential [future] Fellows that cannot pay for the program. In my country, Argentina, there is only one active FAIMER Fellow at another institution. She is very active with FAIMER and she has had a little impact on her school and on the rest of our institutions.

Unfortunately, the real impact of FAIMER is a theoretical impact. We read what you do. We sometimes go to the meetings that FAIMER conducts and sometimes we meet with FAIMER staff or FAIMER professors, so that is one of the things that FAIMER has influence on. But not much more than that. The real strength of the FAIMER programs is the participation of the people, and the practical concepts that they acquire in those programs. I have always looked at the FAIMER programs as something that we must not copy, but be inspired by. So being very practical and oriented to the real needs of educators, or future physicians is what I like very much about the FAIMER program.” (HPE Leader, Latin America)

“I mentioned the faculty development program which we started and are running this program in our own institutions. We have been able to bring in colleagues from different institutions to take part, and these people have gone back to their institutions to introduce some of the things they learned from the workshops we organized. So you see a multiplier effect in other institutions. They begin to copy what we are doing. So we have learned from FAIMER, we are implementing and then these other institutions are copying because we have faculty who are full-time faculty and they are getting involved in the things we do, and the things we are initiating, and their experiences, and they take these to their institutions. That’s one way that we are seeing what we acquired through FAIMER and what we are getting through FAIMER and implementing into the national system.

And then we have a part in leading professional development initiatives in the health professions in our country, and also looking at the educational systems. So it is the experience and the resources they are getting from the FAIMER experience that is helping them to lead this initiative.

Two key areas that I can highlight are the community programs we have implemented in this school as a result of the FAIMER experience which have actually led to an improvement in living conditions. We have a number of communities where we have been able to work with the community to provide safer water treatment in those areas where these efforts have been very successful in the community management project. So it is due to this experience that we are able to do what we are doing in the communities and you are getting other institutions trying to copy what we are doing and expressing interest in coordinating with us in local partnerships. That, I attribute to our FAIMER experience.” (HPE Leader, Africa)

“I am very much involved in policy at the institutional level, but also at the national level. I sit on a committee of medical deans and we drive some policy issues around education, but we also have input into health policy for the country. I can’t say that our opinion is always ‘the one that gets through’ but the

department of health and the department of education do listen to us and will take note of some of the things we say. And particularly, because the country is trying to move towards a primary healthcare model, and we have people who have a lot of expertise in primary healthcare and are involved in driving primary healthcare initiatives. Not everybody is a FAIMER Fellow, but we do have some FAIMER Fellows who are very much involved in that.

One of the things you also spoke about was research, and I do think the SAFRI Fellows have made a big impact on professions research in the country. There is a local journal called The African Journal for Health Professions Education which the editor ...was one of the first FAIMER Fellows. She instigated SAFRI so she is seen as the prime person in health professions education in the country. She's editor of that journal and she's recruited other SAFRI and FAIMER Fellows to be on the editorial panel and on the review panels. A lot of other journal articles are written by the same group. Also, we don't only write for The African Journal but we write for other journals and we are reviewers and we sit on review boards and things like that." (HPE Leader, Africa)

"The fact that we have regional centers in India already; we have one in Mumbai, Coimbatore and Ludhiana. And we now have the Interprofessional Regional Center in Manipal itself. I think these four centers have given tremendous opportunity for people who are in this country to get exposed to various programs of FAIMER. At least to expose them to medical education, health professions education and people are thinking about it, talking about it, which did not happen 25 years ago. So today, anyone interested to become a competent teacher will first have to think of FAIMER within the country. They didn't have to go outside to get this training.

The Interprofessional Regional Center is two years old. It started when I was Vice Chancellor. The background for this was discussions [with FAIMER] and we felt that we not have a fourth center. We must think of a center that is different from the other centers, offering programs that are different. Manipal University has almost every discipline in the university. [FAIMER] felt that this was an ideal set-up for interprofessional programs. So that's how it got started. Almost every project is interprofessional. They have to have a project that will be using technology, that will be using communication that could be using something beyond what is in the sphere of health professions. Every project, though ultimately it is health focused – how to improve the health in the community through these projects." (HPE Leader, Asia).

"I think the university took a lead in terms of promoting this concept across the country. And then, Pakistan Medical and Dental Council (PMDC), which is the apex body in the country overseeing medical

education. I wouldn't say that through our efforts, but I think through some of the awareness we created, and a lot of work which is also going on, PMDC decided that every medical institution in the country, either a school or a university, must have a department of medical education. So now it is mandated. You cannot have a [medical] school running without having a department of medical education, and the faculty has to have a background and formal training in education, medical education.

We had people coming from two different backgrounds. One, those who have done their Masters or PhD in medical education, as a formal form of education. And the second group was those Fellows who had their formal links or a formal Fellowship from FAIMER. And I find that they bring different expertise and they complement each other. Because those who are formally educated in medical education, they bring a lot of theory, science and background.

Those who come through FAIMER Fellowship Programs bring in a lot of application, networking and the way that the world is moving. So I think that they complement each other. Having people from both backgrounds helps the university tremendously in terms of understanding what medical education is all about, understanding the changes that are happening in health professions education, understanding that the interplay or the synergy which has to be between education and service, and essentially also identifying that in terms of really trying to train and educate individuals they must [also] know how to apply that knowledge. (HPE Leader, Asia)

Q.3. Now I would like to ask you about not only your country but the surrounding countries in your region of the world. Has the work of FAIMER and of FAIMER Fellows to date contributed toward the development of successful education within your region? How so?

- a. In what ways do you expect or hope that the work of FAIMER and of FAIMER Fellows will in the future contribute toward the development of successful education in your region?**

The degree to which FAIMER and FAIMER Fellows have been able to impact the region were reported to be connected to several factors:

- The number of FAIMER Fellows and Regional Institutes;
- How influential FAIMER Fellows and Health Professions Education Leaders who are supportive of FAIMER principles can be in their countries, and then connect to the larger region;
- How receptive and/or committed the institutions and the countries in the region are to improvements in medical education;
- The degree to which cultural considerations impact the ability to connect regionally around best practices and improvements;
- Financial resources that support FAIMER initiatives and the ability of medical educators to participate in FAIMER programs.

Selected Participant Quotes:

“One of the good things about FAIMER is when we started regional institute, not only in Mumbai, but we also started across the country. In India, we started in three places, one in North India, one in South India and one in the West. And we now take Fellows not only from these regions but from other countries. We have Fellows from Malaysia, Dubai and Nepal and Sri Lanka and all these areas. They come to us.” (HPE Leader, Asia)

“We have an impact in India itself, because many FAIMER Fellows have influenced policy and brought about changes in the curriculum and path of medical education. And of course, I am also involved as a member of the Southeast Asia Regional Association for Medical Education, which has member countries from the Southeast Asia region of the World Health Organization. And the umbrella organization the World Federation for Medical Education. So, we are aware of the effect that FAIMER has been producing in this part of the world. It informs us and keeps us updated about trends in medical education and the best practices. Because of that, it results in an improvement in the quality of medical education. The World Federation for Medical Education has global standards and makes us aware of those standards in all the countries of Southeast Asia.

National associations are being formed. Some countries, like Indonesia Thailand have moved on to accreditation and quality assurance. Other countries are moving toward that, and are in the early stages.” (HPE Leader, Asia)

“We expect that FAIMER and the Fellows can be a role model for Indonesia, like establishing the FAIMER Regional [Institute] for Indonesia so they can enhance more structure and locally and culturally sensitive research and publications in medical education in Asia Pacific. Nationally, we already succeeded in publishing a journal, but that’s an Indonesian journal.

Second, for the time being, there is lots of work being done to consolidate between the Ministry of Health Education and Ministry of Health. So, medical education is very important to the improvement of healthcare delivery”. (HPE Leader, Asia)

“The portfolio route is going be expanded by working with [a] Ph.D. student who is going to implement that in the University of Namibia. Portfolio work is well-established at Makerere University in Uganda. There is interest, as well, from a university in Kenya to look at the use of portfolios, so there are areas outside of South Africa.

In South Africa, itself, it is widely implemented in a number of universities. There are areas where there has been uptick. I wouldn’t say the whole of Africa, but I would say certainly in key places in Africa outside of South Africa.” (HPE Leader, Africa)

“The more people go through the Fellowship and are exposed to the kind of FAIMER philosophy, skills and leadership potential, I think that’s probably a key thing. I mean it is about education skills, teaching and assessment and all of that, but I think the project and the research skills and the leadership skills and the project management skills that people learn, give people a lot more capacity to actually go and make a change. So, the whole element of being a change agent makes a big difference. And I just see that continuing. In fact, what we recognize is that we do have a lot of capacity and critical mass in some of our universities. I have about 14 people to draw on.” (HPE Leader, Africa)

“They [FAIMER Fellows] are members of other important regulatory bodies or other important bodies such as the Pakistan Medical and Dental Council. The Council keeps on putting together specialized groups to address different areas, whether it’s related to curricular change, whether it’s related to pedagogical change, integration of technology, new ways of assessments and broader education of health professionals. I think our faculty, and everyone I know of who’s been affiliated or associated with FAIMER, they contribute and actually take on leadership roles. So, they are part of, whether it’s thinking groups or specialized groups and those who produce key documents and key policy documents or could be advisory to an institution. It may be advisory to a regulatory body. It may be advisory to the government.

I think they continue to play important roles, and a lot of our faculty actually contribute in these roles which influences the way things happen, both from regulatory perspective as well as from other perspectives.” (HPE Leader, Asia)

“If we think about the future, I think there is a need to expand the FAIMER program to the other Latin American Countries besides Brazil. To create...at least one big institute to englobe many countries for people whose native tongue is Spanish. I think that FAIMER is still in debate regarding a Spanish speaking institute for Latin America.” (HPE Leader, Latin America)

Q.4. How can FAIMER improve its work in order to maximize its effectiveness?

a) What do you think FAIMER could do differently to better meet your expectations and challenges?

There was consistency in the response to this question, particularly from Health Professions Education Leaders in Africa and Asia where regional institutes are well established and where the number of Fellows is considerable. In Latin America, responses were more diverse and dependent upon the individual leader’s experience with FAIMER and Fellows. In general, it appears that gaining a foothold, and in turn, greater influence in Latin America is challenged by the lack of a Regional Institute in Spanish-speaking countries.

Feedback provided by HPE Leaders:

- An interest in and expressed need for FAIMER to support data sharing and inter-regional research, including looking to the regional institutes to take the lead on research so that the work is conducted in collaboration with people from the regional institutes;
- A need for FAIMER to provide opportunities for Fellows to gather and share information on initiatives they are facilitating in their own institutions and regions, as well as outcomes and progress they are making;
- Expanding the interprofessional initiatives;
- Ways to focus more on institutions versus individuals;

- Expanded faculty development opportunities which could include an “Advanced FAIMER Institute, online mentoring or some other way to share information and insights among Faculty in the regional institutes;
- Increased focus on scholarship and providing assistance to enable more Fellows to publish in their regions in order to enhance their leadership and ability to influence academic, national and regional health education policy; and
- Exploration of partnering with other organizations to enhance resources and expertise. These might include the World Health Organization, UNICEF or the international arm of the Joint Commission.

Selected Participant Quotes:

“We talk a lot about inter-regional initiatives and inter-regional research and I think there are bits and pieces going on. This is something we’ve actually raised before with... [FAIMER Education Leader] and it didn’t really go very far. We think there is quite a lot of data sitting within FAIMER which is generated by things like evaluations. Sharing information, comparing, creating opportunities for join projects between Fellows in the different programs, perhaps, if there was an easy way of facilitating that. Perhaps that would be useful. Identifying Fellows across the regional institutes who were working in similar areas. The people from the Philadelphia point of view are one listserv, and they can’t include everybody on the listserv because it would be far too complicated. But the Fellows in the regional institutes don’t have much contact with each other. And I am not sure what the solution is, but maybe if there were opportunities for Fellows from different regions to find out about others who are interested in similar things that might be helpful.” (HPE Leader, Africa)

“I think that they need to talk to the regional institutes because they really are now at the forefront of the organization. It’s to put mechanisms in place for collaborative research around health professions education issues across the institutes. And I know that once a year, the regional institutes have a meeting and they’ve started looking at the possibilities of doing a little bit of collaborative research. But I think it is a source of the most amazing amount of data at a multi-country level, at a regional level, at a global level. I think putting formal mechanisms in place for facilitating that kind of research providing, for example, the statistical support, the advice that would make that kind of research possible, I think, would be a whole new page in the history of FAIMER, because I think it would be a really rich source of new

knowledge about health professions education outside of the developed world where the resource implications are very different from the developing countries where the regional institutes are located.” (HPE Leader, Africa)

“It is imperative that more opportunities for gatherings among the participants to happen. They already have a deeper understanding of the program. FAIMER could organize an annual or bi-annual meeting with all former fellows, financed by Philadelphia, where the ex-fellows could present whatever they are doing. These are opportunities to amplify participation. Go back to the Philadelphia Institute, at least for those fellows who are protagonists, to maintain the network spirit well nurtured.” (HPE Leader, Latin America)

“Because the program is very good and it is achieving the results. But we could have a little bit more contextualization among regions and institutions. One of the things I think they do is in institutions where there are a significant number of Fellows, there should be some kind of way to encourage those institutions to take more responsibility. We could expect an institution with five or six fellows to play a greater role in the national discussion, or national initiatives in their country. So there should be that expectation and even make it a condition that those fellows will go back and effect change by actually leading the initiatives in their country and provide this kind of support going forward if you are doing this work. So, that would get institutions more actually engaged rather than just Fellows trying to do the work.” (HPE Leader, Africa)

“Internationally, there should be much more exchange of ideas, projects, combined research. After I was a fellow, I went back and wrote a paper. We had so many combined papers which came out with each of the international... There are strong, talented people across the world in FAIMER. All of them can collaborate and bring out much better scholarship than what we are doing.” (HPE Leader, Asia)

“[FAIMER] has moved to a massive organization where I think it has the ability not just to improve health professions education, by means of its program, but by improving health professions education at a global level by providing rich research data about practices and base practices that are not published or widely disseminated because the people who are doing the work are not necessarily sufficiently skilled and or resourced to get the work published.

The real issue here is engagement of the local people in the research work to the level of being co-authors. Because what African health professions educators need now that are part of FAIMER or SAFRI is that

they need to get themselves a scholarship profile. The only way that the work will become embedded and influential in the institutions, countries and regions is if they have an academic profile that underpins the work that they are trying to do. The problem is when you are not underpinned with the publications, people do not take notice of the innovations that you are suggesting, attempting, putting in place, trying to sustain. If you have an academic profile in health professions education that's underpinned by publications, people sit up and they take notice.

I think that's the frustration now of a lot of graduates or fellows. They've reached a level of competence and expertise. They are implementing innovations and putting them in place. But when they try to step to the next level where they become influential in universities at the policy level, at the committee level, at senior management level, they become stuck because they don't have a publishing publications track record like their peers in the specific disciplines. So, they are up against pediatricians who've got pediatric publications. They are coming from the health sciences perspective and don't have the publications that's where I think health professions education in Africa, and I can only speak for Africa. Africa as a continent is stuck, it's stuck in that specific space, and I think that FAIMER, with its network and expertise, could really move that forward.

FAIMER's first 15 years was about developing health professions educators. I think the next focus for FAIMER is developing the scholarship of its health professions educators." (HPE Leader, Africa).

Q.5. Is there anything else that you think it is important for FAIMER to know or be aware of?

Most of the respondents reiterated comments they had made previously. Some elaborated on what they had said. Many summarized their experience with FAIMER and what they saw as the impact FAIMER has had on their professional career path, as well as the impact FAIMER has had on achieving its stated goals and mission.

Selected Participant Quotes:

"To say it's a life-changing experience sounds like the light bulb. But seriously, it is. Everybody who goes says so. So, trying to find a way to say it so it doesn't sound trite, but it changed the way that I was seen in my faculty and it changed what I could do, and it changed my national image as an educator in the health

professions and opened doors and created opportunities, and so on. So it really is something where the impact is quite profound. Each one of us has been able to make changes and do things which we would never have even thought about or thought was possible without the Fellowship. Measuring the impact is really hard in terms in numbers, but certainly qualitatively, it's huge. I think that point needs to be made quite strongly and without any reservations.” (HPE Leader, Africa)

“I think the FAIMER Program is wonderful. It's one of the top two programs in medical education, and it needs to be disseminated all over the world. It has done so in India and in Brazil, but it would be really welcome here in Spanish-speaking South America. You have to do that. You have a powerful weapon in your hand, and it's a pity that there is only one Argentinian Fellow.” (HPE Leader, Latin America)

“In Brazil FAIMER should follow the unfolding health and educational policies development. It could act accordingly to the implementation and development of these policies. I believe the same should happen in the other countries: understand the political, organizational and administrative processes at the national, regional, and local level.

The local level carries a series of specificities. In our case, our health system, for example...The three levels of government share the responsibility independently and with full autonomy. This way you have the municipal, state and federal levels. When the health system is being implemented the ministry of health (federal level) can determine something and each municipality can either not be aligned with the suggestion or adapt the policy to their own specificities. Financial retributions are distinct for each level. These questions can influence the leadership-building processes and fellows' projects to promote changes. In our country, it involves promoting integration between the educational and the health systems, educating doctors within the health system's context, aligned with the health conditions of our population. So it is adapting to each local system and its specificities.” (HPE Leader, Latin America)

“FAIMER really has contributed immensely in terms of stimulating the whole medical professions education development in India. The new institute they have developed in Manipal is a great concept. This is what everybody is look at – interprofessional institute and interprofessional projects. If they are successful, probably that would bring much more wealth to interprofessional education. That can be duplicated different places.” (HPE Leader, Asia)

Part 2: HPE Leader Questionnaire

Quantitative findings

A. Participant Demographics

Geographic Location

The survey was sent to the 26 key informants. 15 key informants completed the survey, and one partially completed the survey. The overall response rate of the survey was 62% .Among the 16 respondents, 5 (31.25%) were from Africa, 5 (31.25%) were from Latin America and 6 (37.5%) were from South Asia. See Table 1.

Table 1: HPE Leaders Geographic Location

REGION	COUNTRY	NUMBER
AFRICA	CAMEROON	1
	SOUTH AFRICA	3
	UGANDA	1
LATIN AMERICA	ARGENTINA	1
	COLOMBIA	1
	BRAZIL	3
SOUTH ASIA	INDIA	6

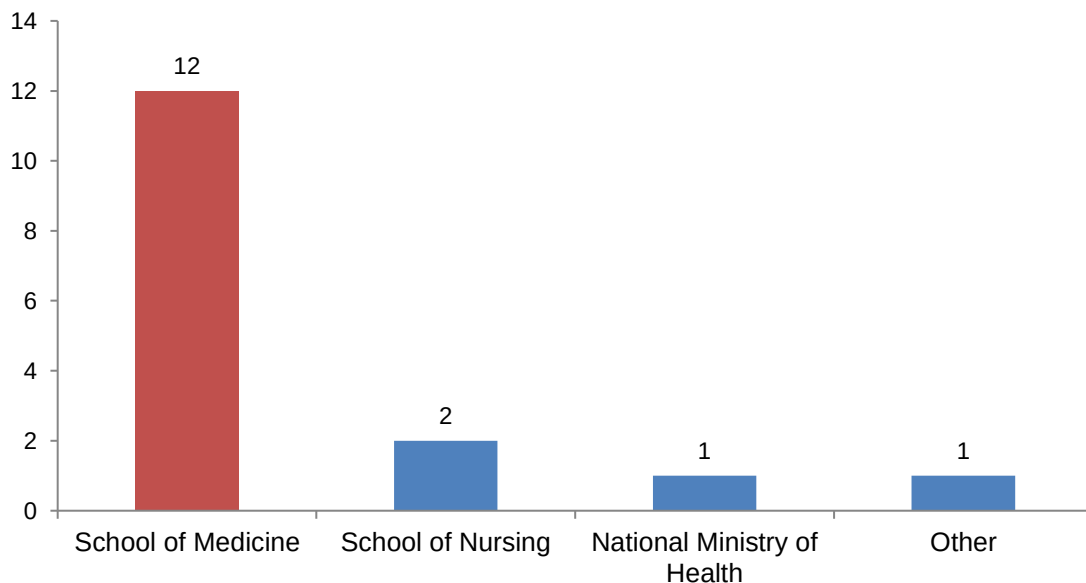
Participation in FAIMER Fellowship

Of the 16 respondents, 10 (62.5%) had completed the FAIMER fellowship program in Philadelphia or a FAIMER regional institute. Twelve respondents served as teaching faculty for FAIMER fellowship programs, and eight of them are FAIMER fellows. Five respondents have been a Director of part of the leadership team for a FAIMER fellowship program. 14 (87.5%) respondents have served in a top leadership position at their institution or country (e.g. dean, chancellor, director or president of a division or organization).

Primary Place of Employment

All the respondents work in a field related to health professions education. Twelve (12) (75%) reported School of Medicine as their primary place of employment, two (12.5%) reported School of Nursing as their primary place of employment, one (6.25%) works at the National Ministry of Health, and one (6.25%) serves as advisor for the Planning & Monitoring Board and Academic Council of Health Universities in his country. See Figure 1.

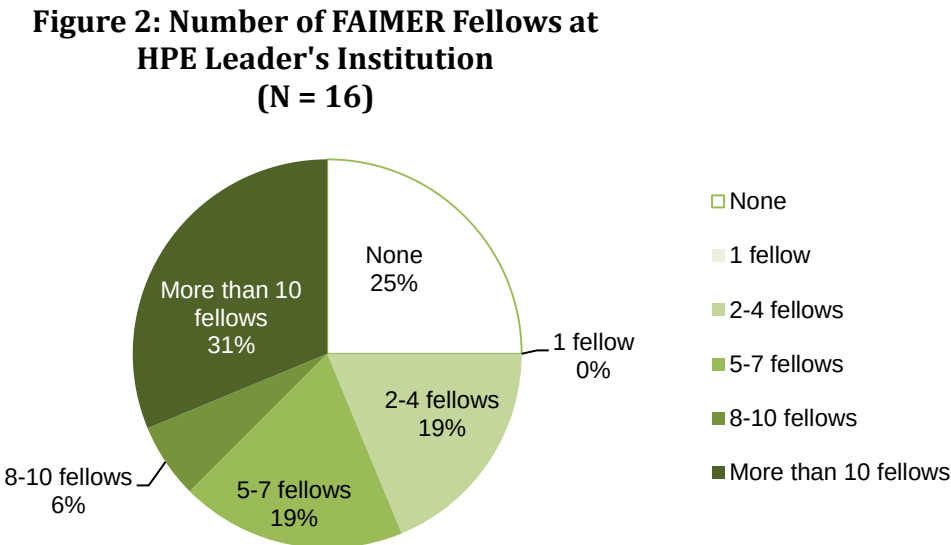
**Figure 1: HPE Leader's Primary Place of Employment
(N = 16)**



B. Impacts

Number of FAIMER fellows (not including respondent) who work at HPE Leader’s institution

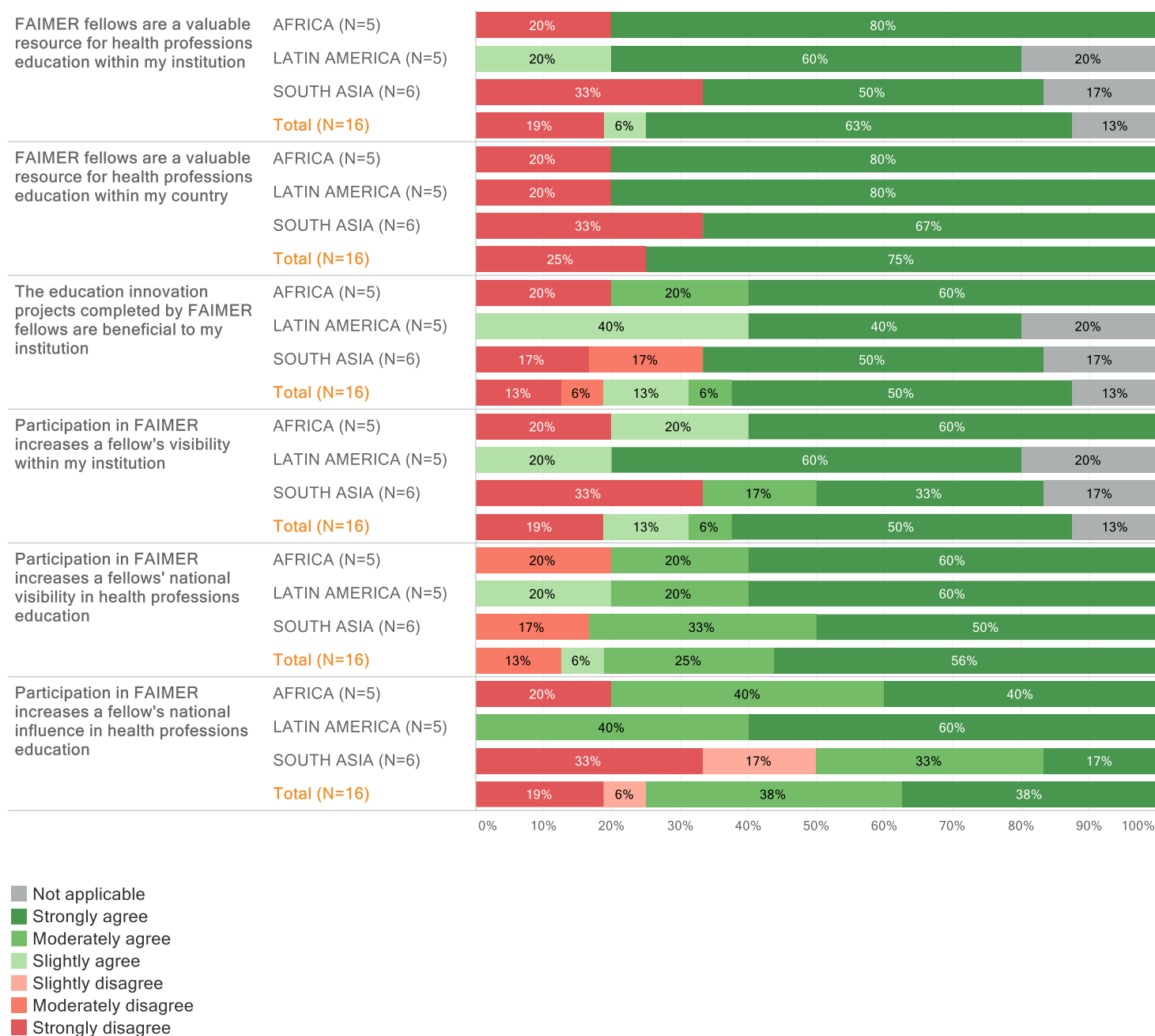
Five (31%) respondents reported that there are more than 10 fellows working at their institution; one (6%) reported there are 8-10 fellows working at their institution; three (19%) reported there are 5-7 fellows working at their institution; three (19%) reported there are 2-4 fellows working at their institution; and four (25%) reported there is no fellow working at their institution. **See Figure 2.**



FAIMER Fellows’ Influence on Health Professions Education at HPE Leaders’ Institution and Country

A significant proportion of respondents indicated agreement with 6 items designed to capture influence FAIMER’s Fellow’s influence on Health Professions Education at HPE Leader’s institution and Country. **See Figure 3.**

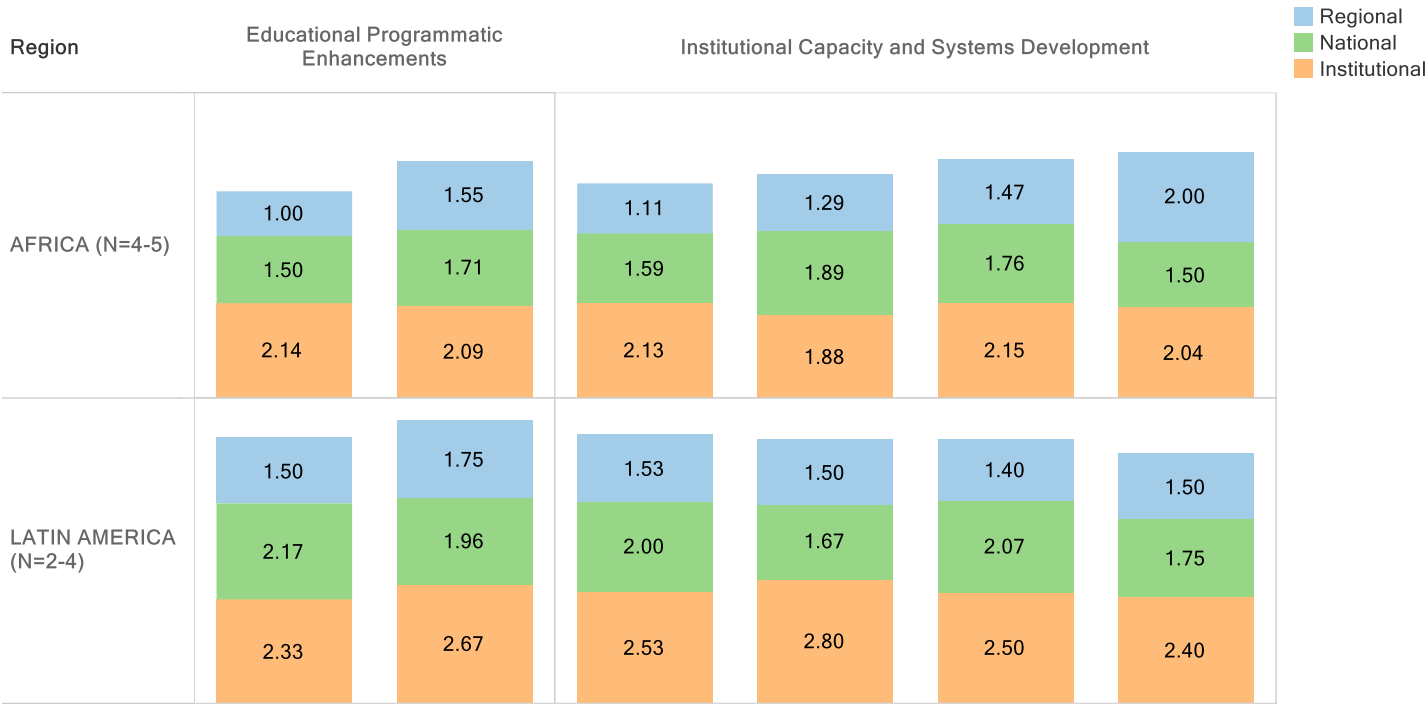
Figure 3: Benefits of FAIMER Experience on Fellow, Institution and Nation (N=16)



FAIMER Fellows’ contribution to the development of Health Professions Education related fields

Although the rating varies among respondents from different regions, a significant portion of respondents indicated that FAIMER Fellows have made contribution to Educational Programmatic Enhancements and Institutional Capacity and System Development of Health Professions Education. **See Figure 4.**

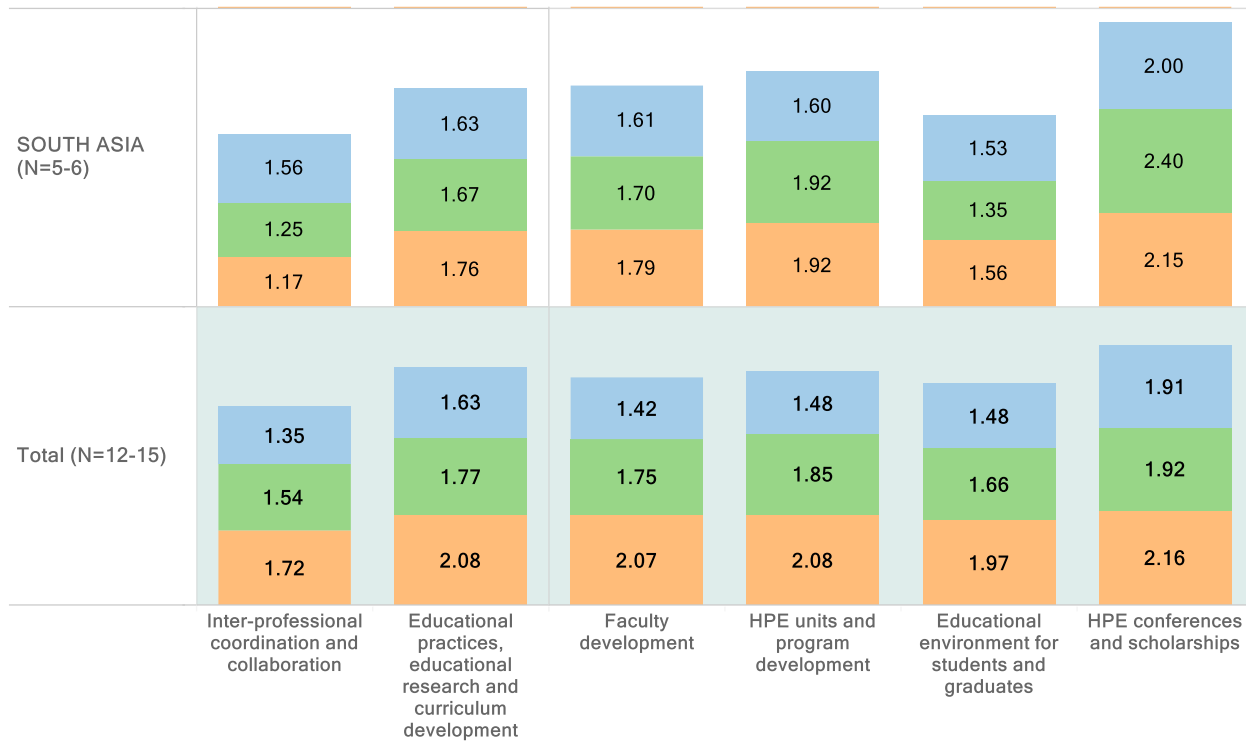
Figure 4: Extent of FAIMER Fellows’ contributions to the development of HPE at INSTITUTIONAL, NATIONAL and REGIONAL levels (N=12-15)⁴



Note: see legend on following page.

⁴ Number of respondents to each item varies. There were also 1 – 2 respondents who put “cannot rate” for each item.

Figure 4: Continued



Rating Scale

- 0 = No Positive Contribution
- 1 = Small Positive Contribution
- 2 = Moderate Positive Contribution
- 3 = Major Positive Contribution

Qualitative Findings

Respondents shared their perspectives on how FAIMER Fellows have contributed to the development of health professions education on institutional, national and regional levels. For the purpose of integration, findings from the preceding findings (Q.8 on HPE questionnaire) were integrated with the open-ended data to present a more holistic view of the most meaningful examples of FAIMER's impact.

Q.9. Please tell us a story about what you consider to be one of the most meaningful examples of the impact of FAIMER on your institution, country or region

Q.10. Additional Comments.

Most meaningful examples of the impact of FAIMER on respondents' institution, country or region

Institutional Impacts

a. Capacity and Systems Development

- Development of incentives and policies to ensure that all faculty adopt new education methods;
- Development of promotion policies based on performance (versus set progression tied to years spent at each level);
- Inclusion of HPE activities and research as significant part of criteria for career advancement; and
- Allocation of adequate and appropriate education resources and infrastructure to meet health workforce demands.

b. Faculty Development

- New Leadership development opportunities;
- Ongoing faculty development opportunities;
- Establishment of new faculty career tracks (valuing educational and clinical track, besides research); and
- Increased in confidence and innovative practices in fellows.

c. Education Enhancements

- Refinement of educational practices and curriculum development;
- Development of effective teaching methods;
- Development of education curricula and content that is relevant to priority health needs;
- More flexibility to adapt education practices to changing social contexts and health needs;
- Implementation of a new medical course in a rural area in Northeastern region of Brazil (Caicó-RN) incorporating PBL with community-based education;
- Introduction of practical and student seminars promoting peer involvement in teaching and learning, as well as team teaching; and
- Enhancement of educational environment and methods that enable students and graduates to effectively address health issues within the national context, understand the needs of the community and enable graduates to deliver care that is aligned with community needs, using the most appropriate technologies and techniques.

d. Research and Scholarship Development

- Refinement of educational research; and
- Development of education research and evaluation to inform planning and identify promising practices.

National and Regional Impacts

- Development of National Faculty Development Program;
- Development of competencies framework for health professions educators;
- Increased enthusiasm, attendance and presentations HPE conference
- Establishment of peer-reviewed journal in HPE;
- Establishment of HPE association - initiation and sustained organization of National Conferences in Health Professions Education leading to formation of the National Association for Health Professions Education and a Community of Practice of Medical Educators via an HPE Google Group;
- Initiation of degree in nursing program at Jinja school of nursing and midwifery in Uganda – in collaboration with fellow at Mbarara University
- Training of a critical mass of health educators in Sub-Saharan Africa – leading to formation of a community of practice that is actively engaged with issues of health profession education standards

The sample size for this survey was small, and more data for relevant topics were collected in the Key Informants Interview and also in the FAIMER Fellowship Follow-up/Alumni questionnaire sent to FAIMER fellows and alumni. A small number of respondents to the HPE Leader Questionnaire shared comments. Of those, the essence of what was shared mirrored the feedback received in the interviews. Selected quotes from the open-ended questions are included below.

Selected Participant Quotes:

“Certainly FAIMER education programs have created interest in some already motivated and borderline motivated teachers to further their knowledge and skills in health professional education (HPE). There is bonhomie among FAIMER alumni.” (HPE Leader, Asia, not interviewed).

“Being appointed on high level committee to reform medical education in India.” (HPE Leader, Asia).

“The key impact has been the embrace of continuing faculty development, setting up research policy implementation, and expanding quality management including the establishment of international partnerships. These four characteristics have transformed the institution into a strong leader in HPE.” (HPE Leader, Africa)

“FAIMER Brazil fellows are now well-recognized as a driving force for changes towards a medical education that is active and aligned with the health needs of the population, participating in many initiatives at national, regional and local levels. In my institution, FAIMER Fellows are respected as specialists in medical education, proposing and implementing changes in their disciplines.” (HPE Leader, Latin America)

“The majority of Fellows are mainly from basic sciences. Very few are clinicians who directly come into contact with patients or health service delivery. The impact may be at an individual level but perhaps little yet at a national level to change the policy or priorities. The focus should be to attract more and more clinicians to FAIMER education interventions.” (HPE Leader, India, not interviewed).

Part 3: FAIMER Fellow Follow-Up Questionnaire

A. Participants Demographics

The survey was sent to 964 FAIMER fellows and alumni, including 804 FAIMER alumni through class 2013 and 160 current year 2 Fellows, who were the 2015 class from FAIMER Regional Institutes and the 2014 class from FAIMER Institute in Philadelphia. Of the 529 individuals who participated in the questionnaire, 470 fully responded to the questionnaire. There were 59 respondents who partially completed the questionnaire. Of 59 partial respondents, 10 completed less than five questions; the data of these 10 individuals were removed from the analysis. The final data set represented 54% response rate.

Details regarding number of participants by fellowship program, class year, and gender and age are presented in **Figures 5 - 7**.

Figure 5: Number of Respondents by Fellowship Program (N=519)

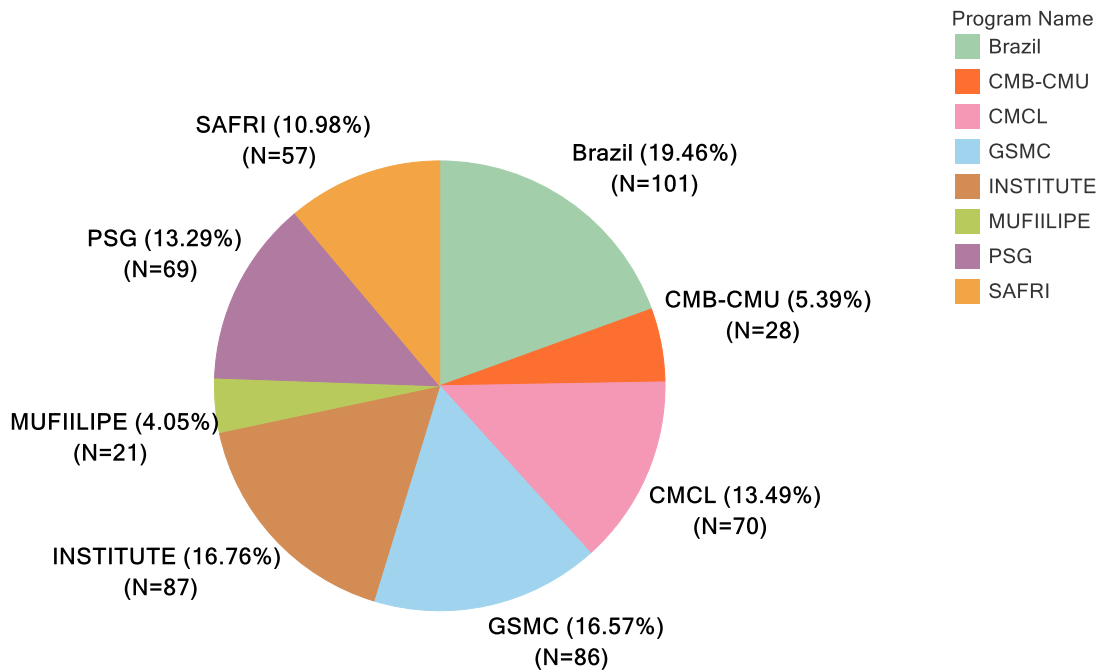


Figure 6: Number of Respondents by Class Year (N=519)

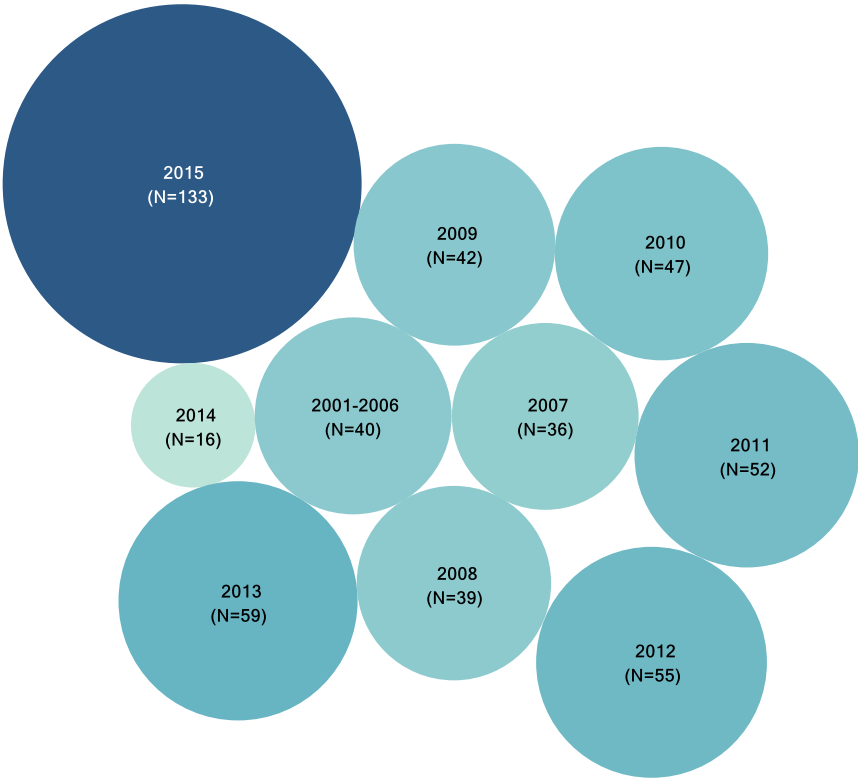
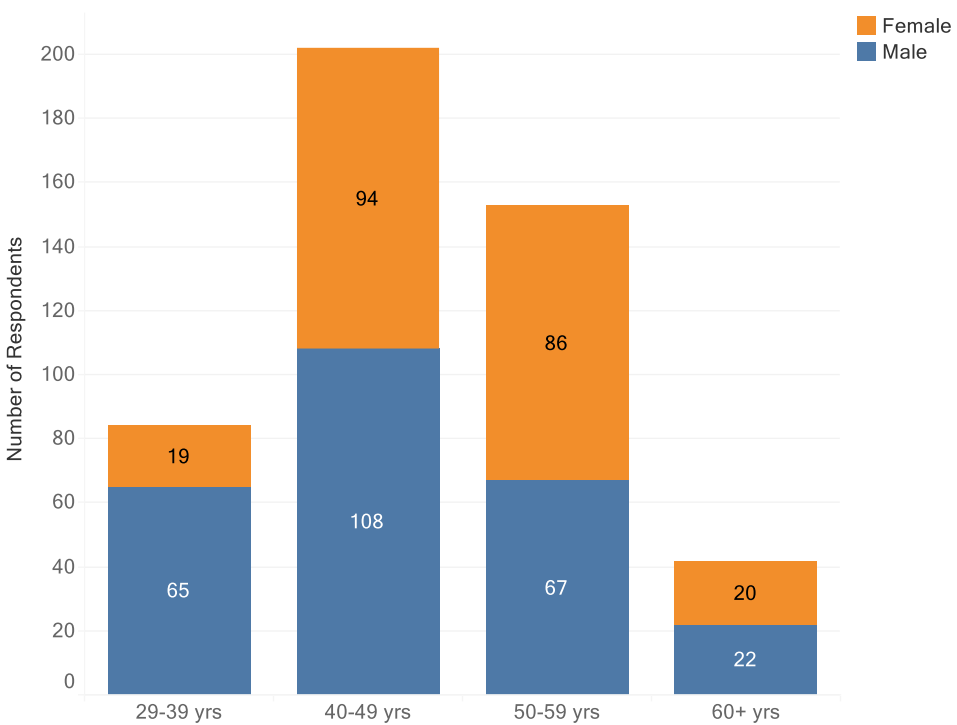


Figure 7: Number of Respondents by Age and Gender (N=519)



B. Impacts

Key Findings

- A majority of FAIMER Fellows and Alumni reported that they have ***applied knowledge and skills gained from FAIMER experience to enhance their professional development*** (e.g. scholarships, curriculum development, education/research projects, etc.) during the past one year. See Figures 8 – 12.
- A number of FAIMER Fellows and Alumni have been ***involved in the FAIMER Community of Practice*** and reported on the frequency and modes in which they stay connected through the variety of communication vehicles use by the FAIMER Community. See Figures 13.
- A number of FAIMER Fellows and Alumni reported ***creation of HPE units*** at their institutions and reported various ways of their ***involvement*** in those units. See Figures 14 – 17.
- About 50% of FAIMER Fellows and Alumni reported that their FAIMER ***Education Innovation Projects have been institutionalized***, i.e., incorporated into curriculum, policies and/or procedures; about 30% indicated that their projects have been replicated in a different course, module, year, setting, or country; about 26% indicated that their projects have been ***expanded*** to address additional objectives. See **Figure 18**.
- The top three most commonly reported ***supportive factors affecting Fellow's projects*** were self-motivation/initiative (81%); quality/support of institutional/departmental leadership (67%); and support of FAIMER faculty and Fellows (63%). See Figure 19.a.
- The top three most commonly reported ***obstructive factors affecting Fellow's projects*** were need for more resources (29%); Inertia, apathy, complacency of faculty (25%); and opposition, resistance, mistrust of faculty (17%). See Figure 19.b.

- The top three ***most commonly reported changes in school or community/region as a direct or indirect result of respondents' FAIMER project*** were more intradepartmental collaboration in education resources and productivity (57%); more faculty interest in quality of teaching (55%); and more faculty interest in research and education (52%). See Figure 20.
- Journal article ***publications*** were the major type of HPE publications by FAIMER Fellows and Alumni; 52% of respondents reported that they have published journal article(s) in the past one year. Other top publication types include conference proceedings (36%), Abstracts (24%), and book chapters (16%). See Figure 21.
- Scholarly activity showed variation across regions. Publication in any Health Professions Education Indexed Journal in the past one year was highest for CMCL (46%) and lowest for CMB-CMU (7%). See Figure 22.
- A number of Fellows and Alumni reported ***ever publishing anything based on their FAIMER project***, the highest number was from those who had participated in the Philadelphia Institute (64%) and lowest from MUFILPE (4.66%). See Figure 23.
- ***Collaboration on any publications*** with another FAIMER Fellow in the past year was overall not very high; the highest proportion was reported for SAFRI (52%) and lowest for CMB-CMU (11%). See Figure 24.
- ***Creation of any publicly available educational materials*** during the past one year highest from Brazil (43%) and lowest from PSG (26%). See Figure 25.
- ***Collaboration on educational materials*** in the past year with another FAIMER Fellow was highest for CMCL (37%) and MUFILPE (38%); and lowest for CMB-CMU (26%). See Figure 26.

- **Collaboration on co-organizing or co-presenting at an HPE conference** with another FAIMER Fellow in past year was highest for Institute (38%); and lowest for MUFILPE (14%) See Figure 29.
- Respondents also reported on frequency of participation in **Additional Scholarly Activities** (Figures 27-28); **HPE Professional Development Activities** other than FAIMER activities (Figure 30); **Engagement in Leaders Roles** (Figure 31, 32); and **Obtainment of Grant Funding** (Figures 33- 34).

Figure 8: Involvement in the FAIMER Community in the past one year (N=519)

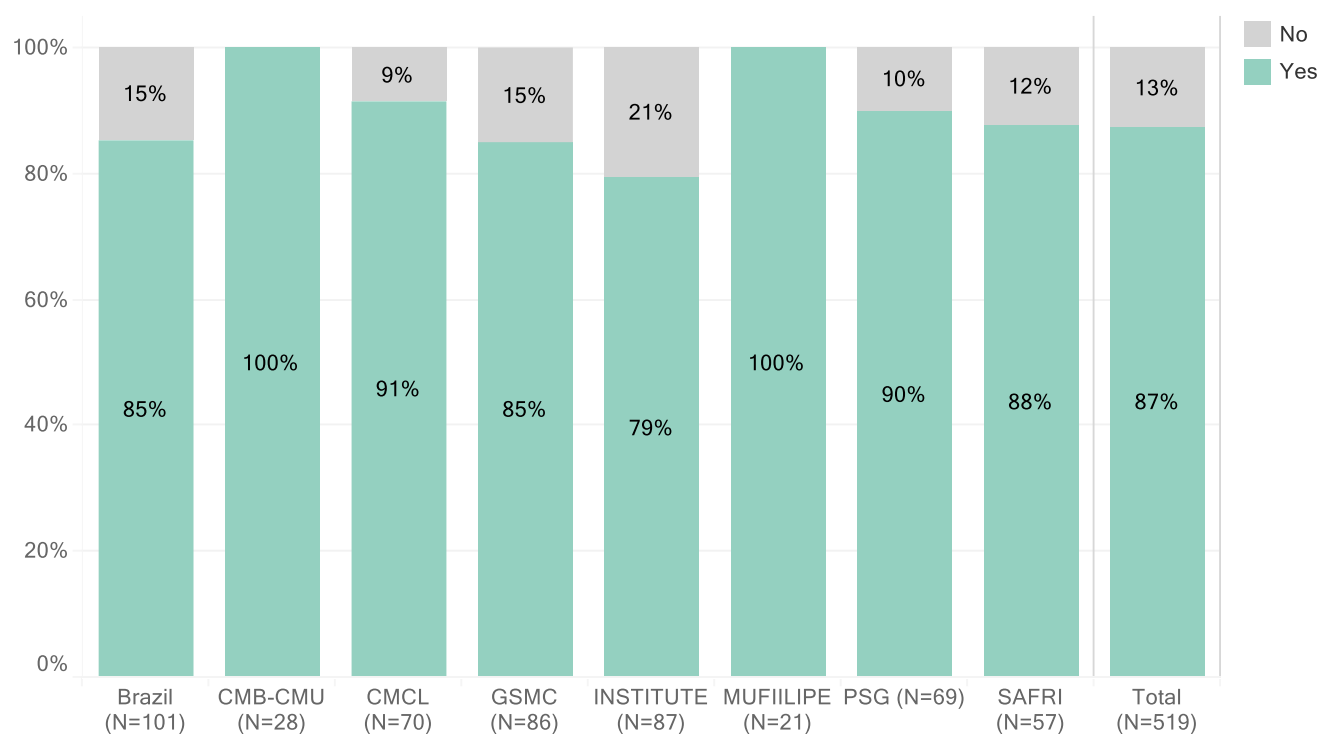
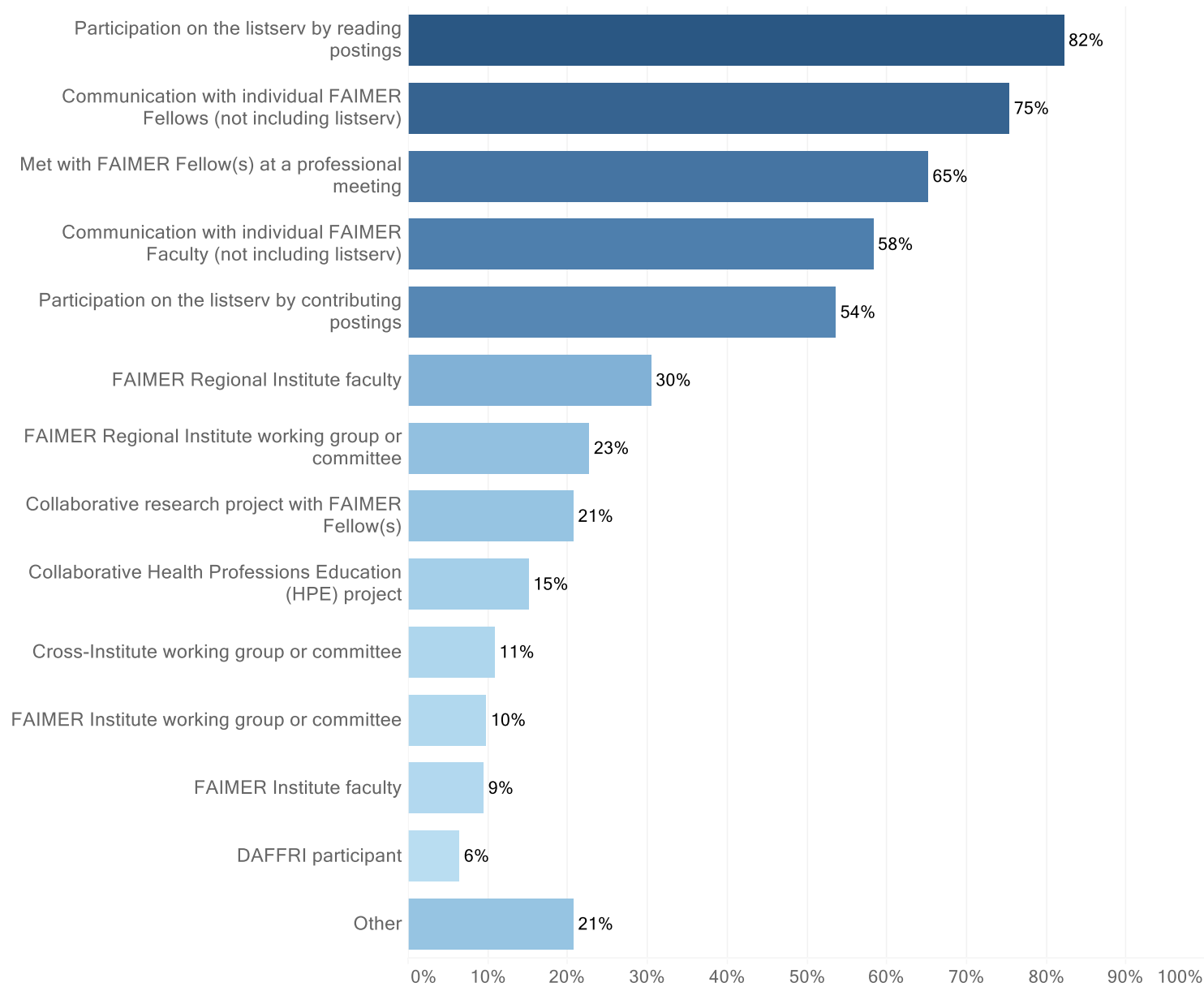


Figure 9: Ways of Involvement in the FAIMER Community in the Past Year (N=453)



Note: This chart captures the responses from 453 participants who reported that they were involved in the FAIMER community during the past year.

Figure 10: Gains from Involvement in the FAIMER Community during the Past Year
(N=452)

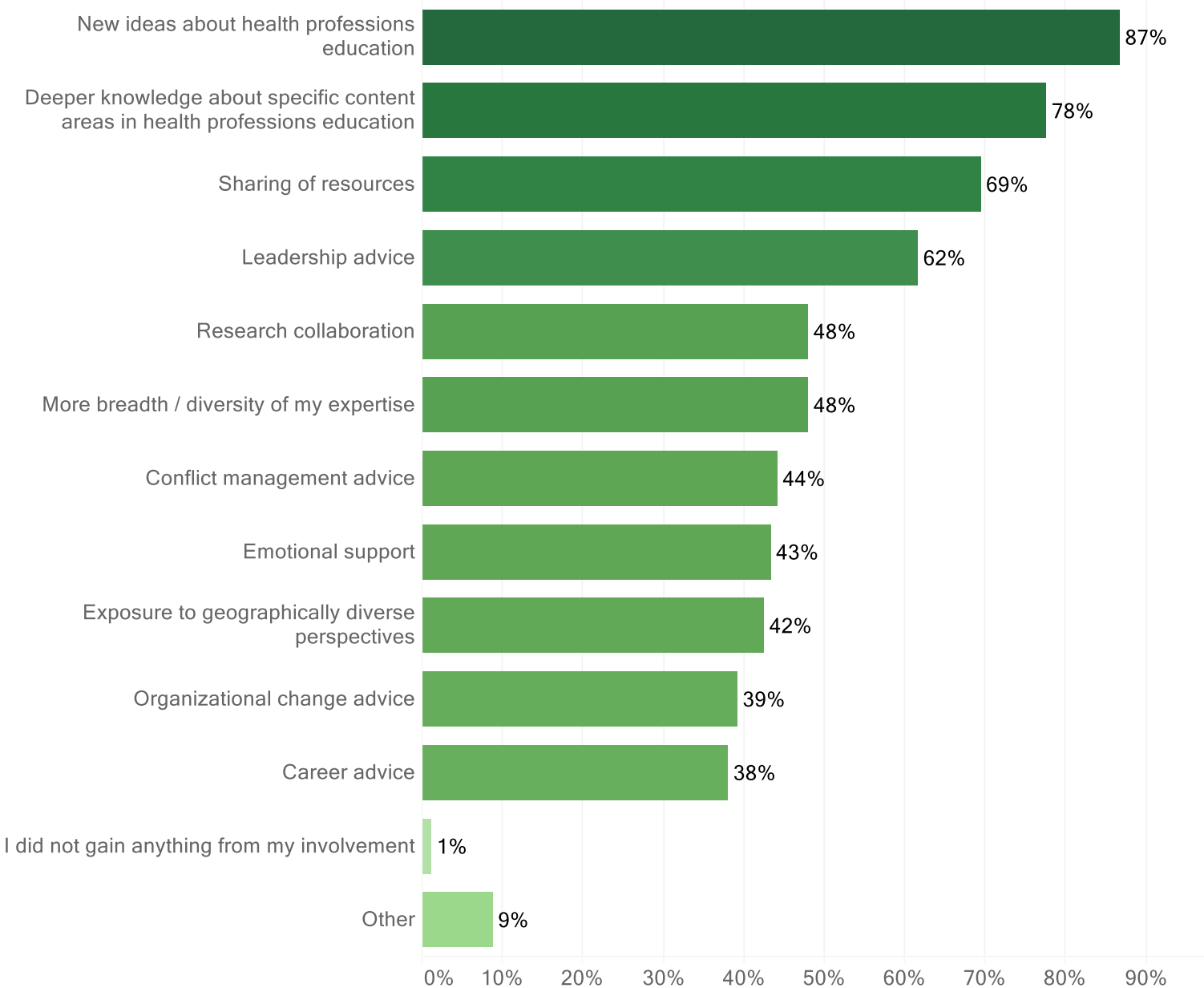


Figure 11: Application of Skills and/or Knowledge Gained from FAIMER Experience during the Past Year (N=516)

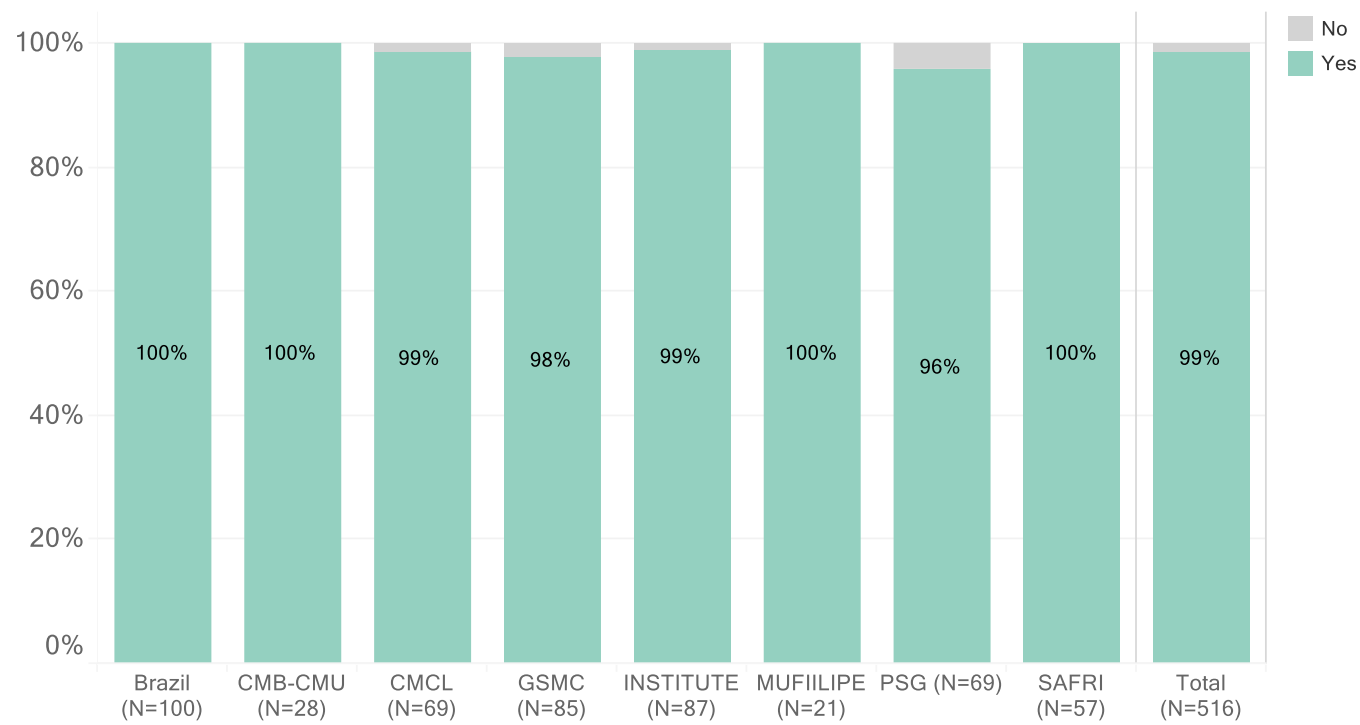


Figure 12: Ways of Application of Skills and/or Knowledge Gained from FAIMER Experience during the Past Year (N=508)

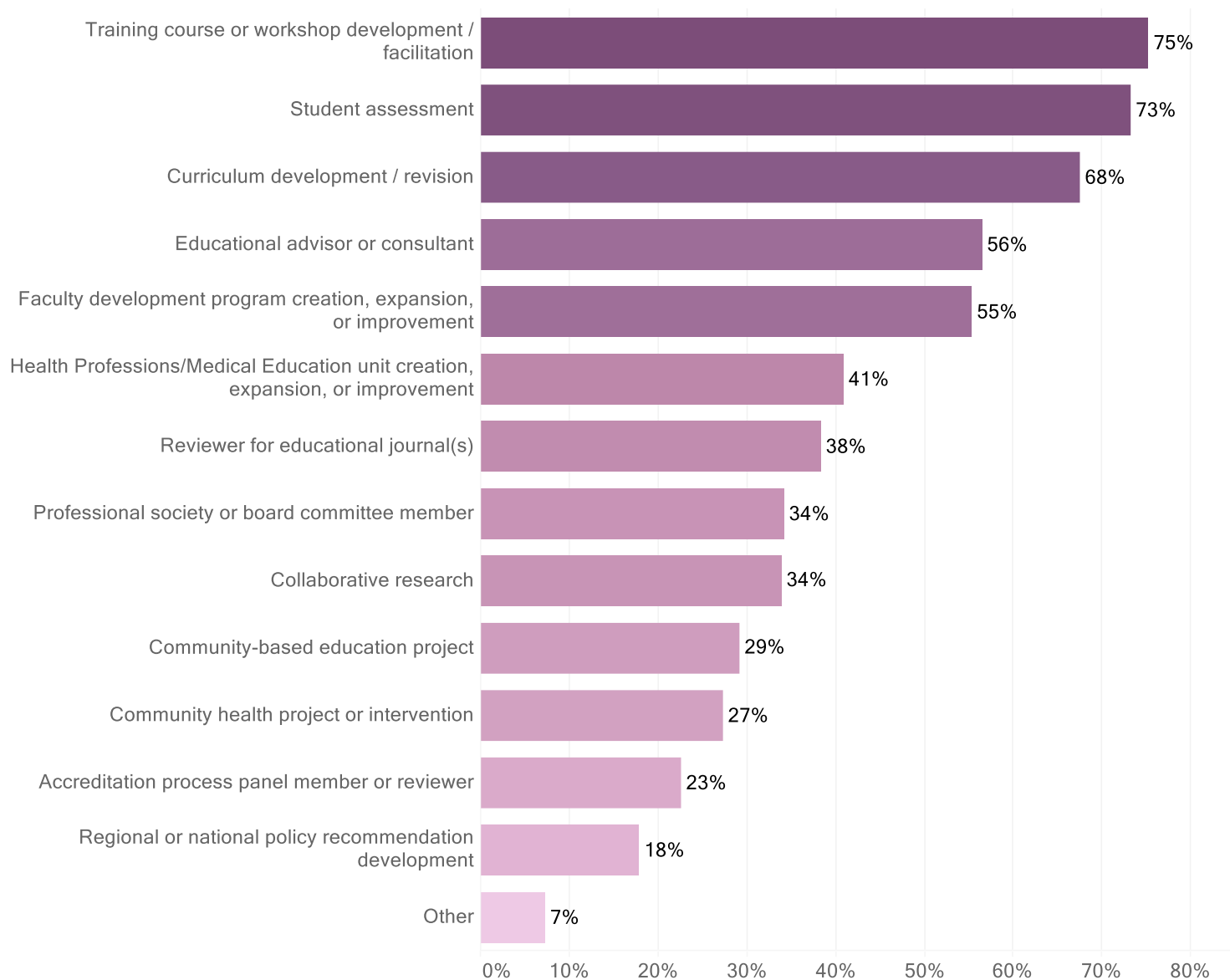


Figure 13: Modes and Frequency of Communication in FAIMER Community (N=514)

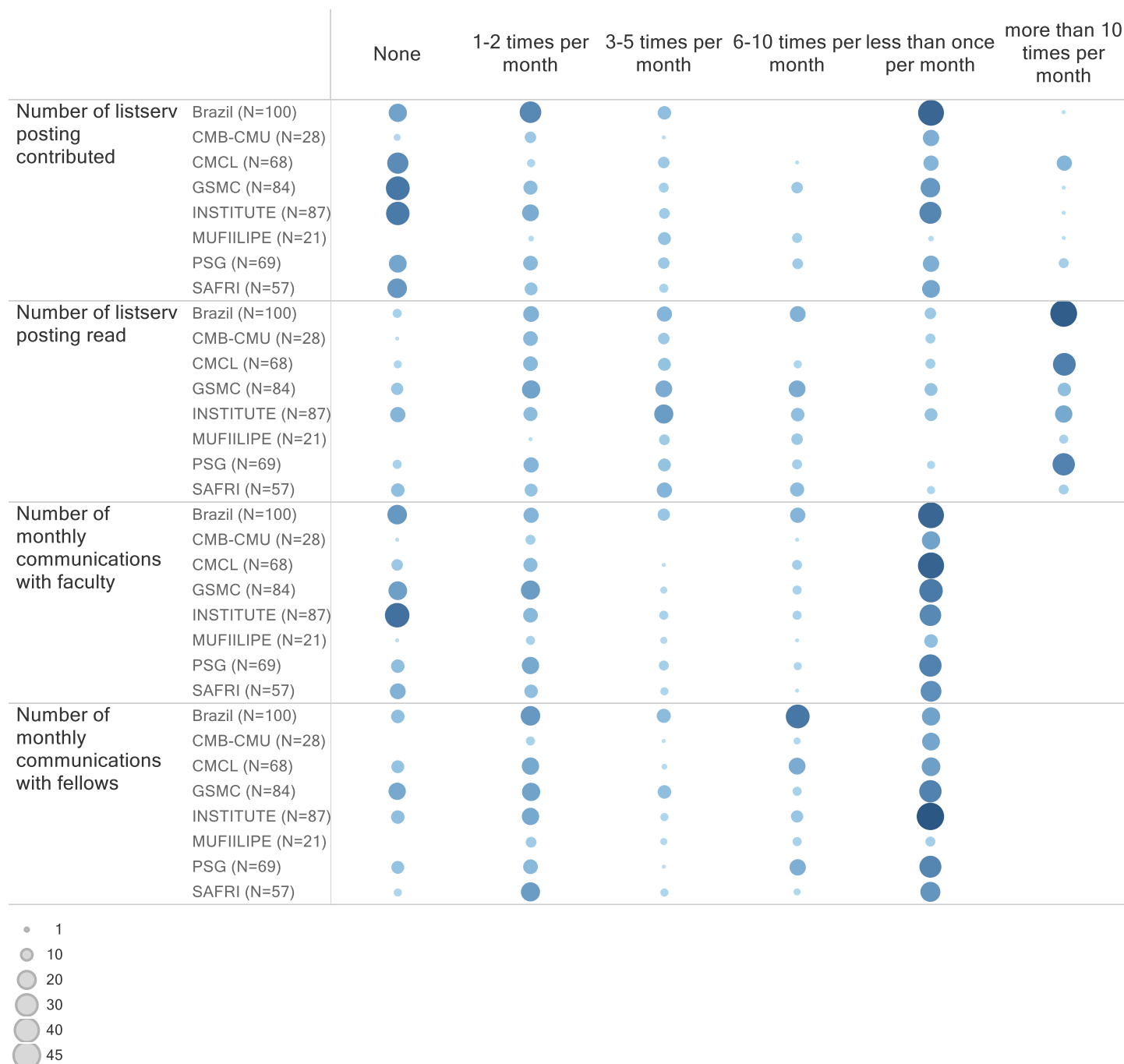


Figure 14: Having a Medical Education Unit of Health Professions Education Unit in Institution? (N=491)

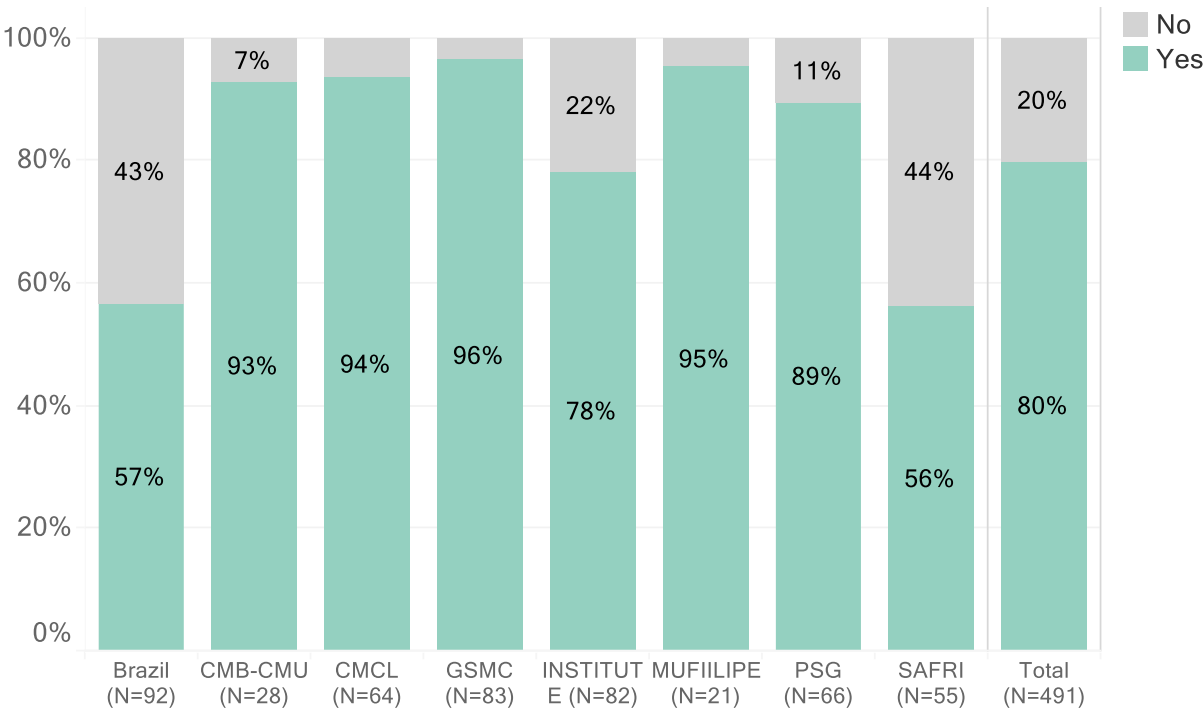


Figure 15: Year of Establishment of the Unit (N=389)

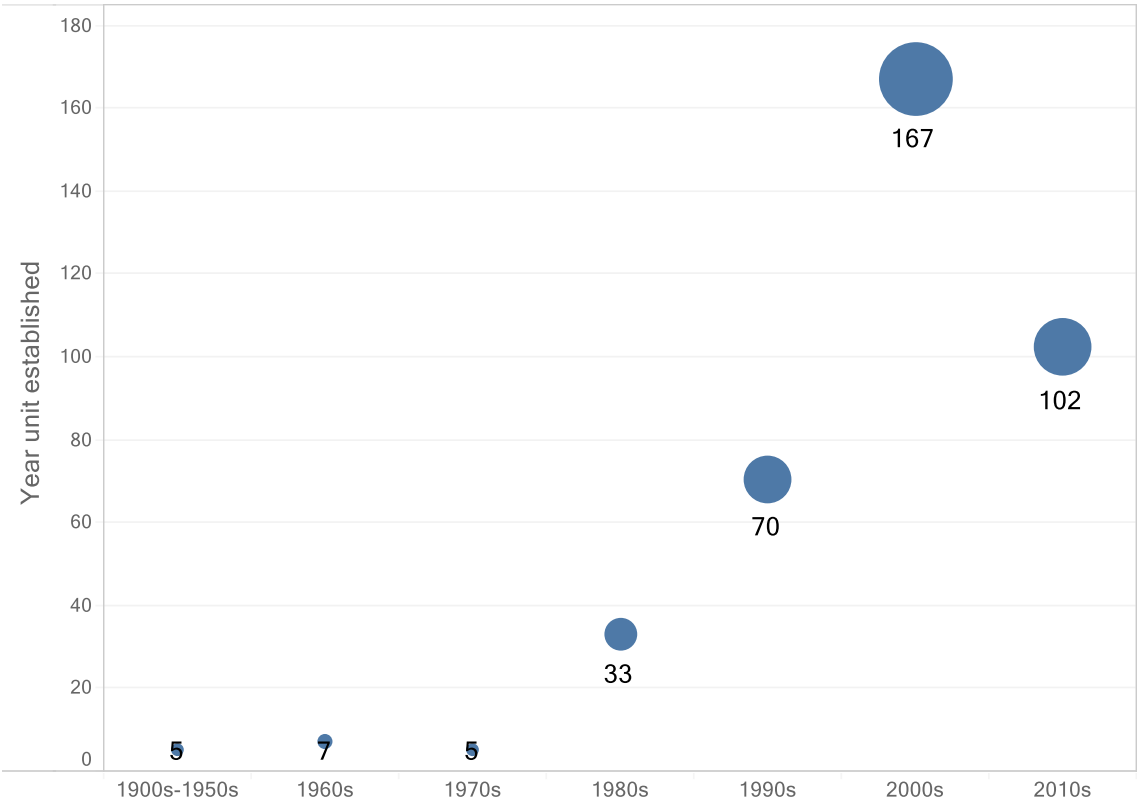


Figure 16: Involvement in the Creation of the Unit (N=389)

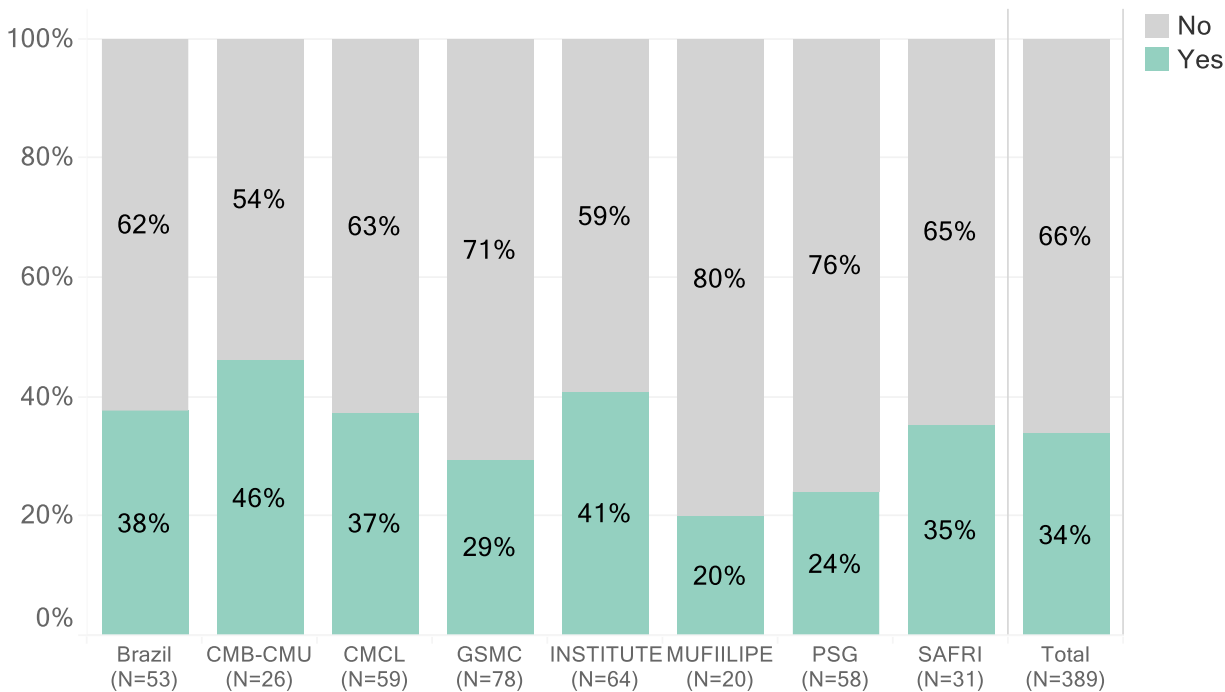


Figure 17: Membership in the Unit (N=389)

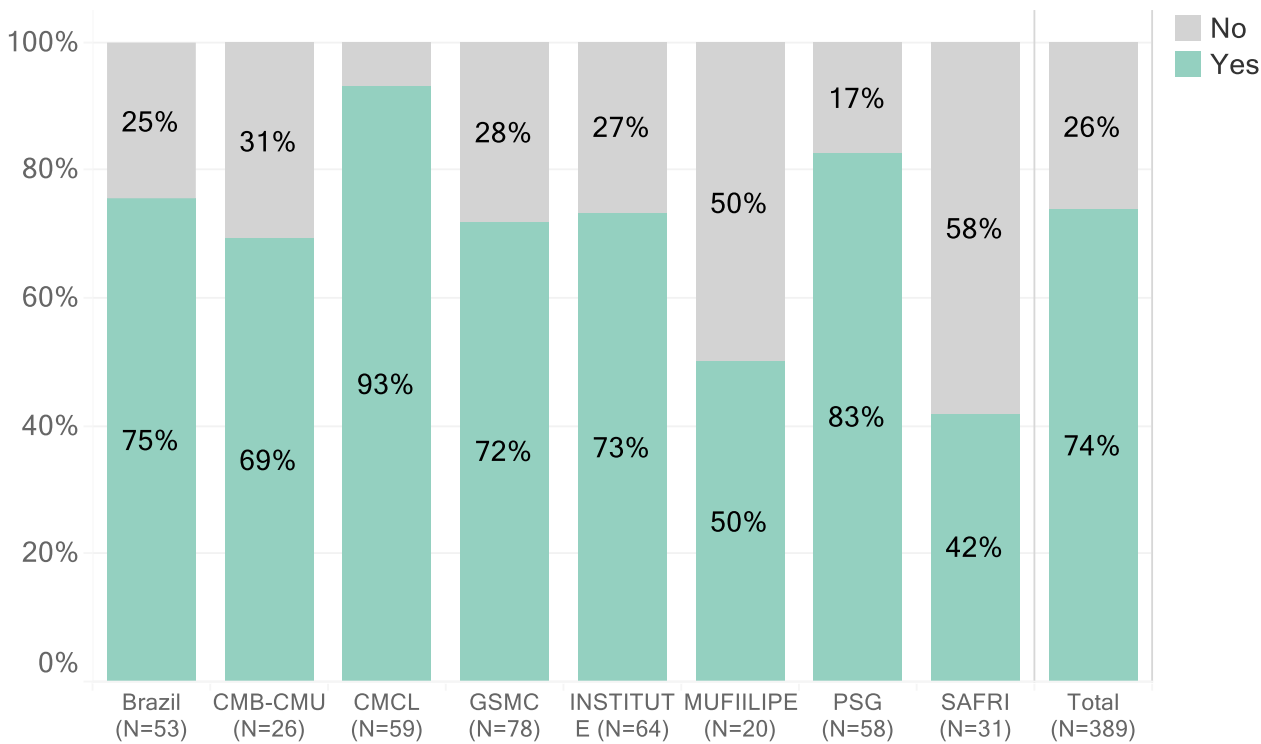


Figure 18: Current Status of FAIMER Project (N=484)

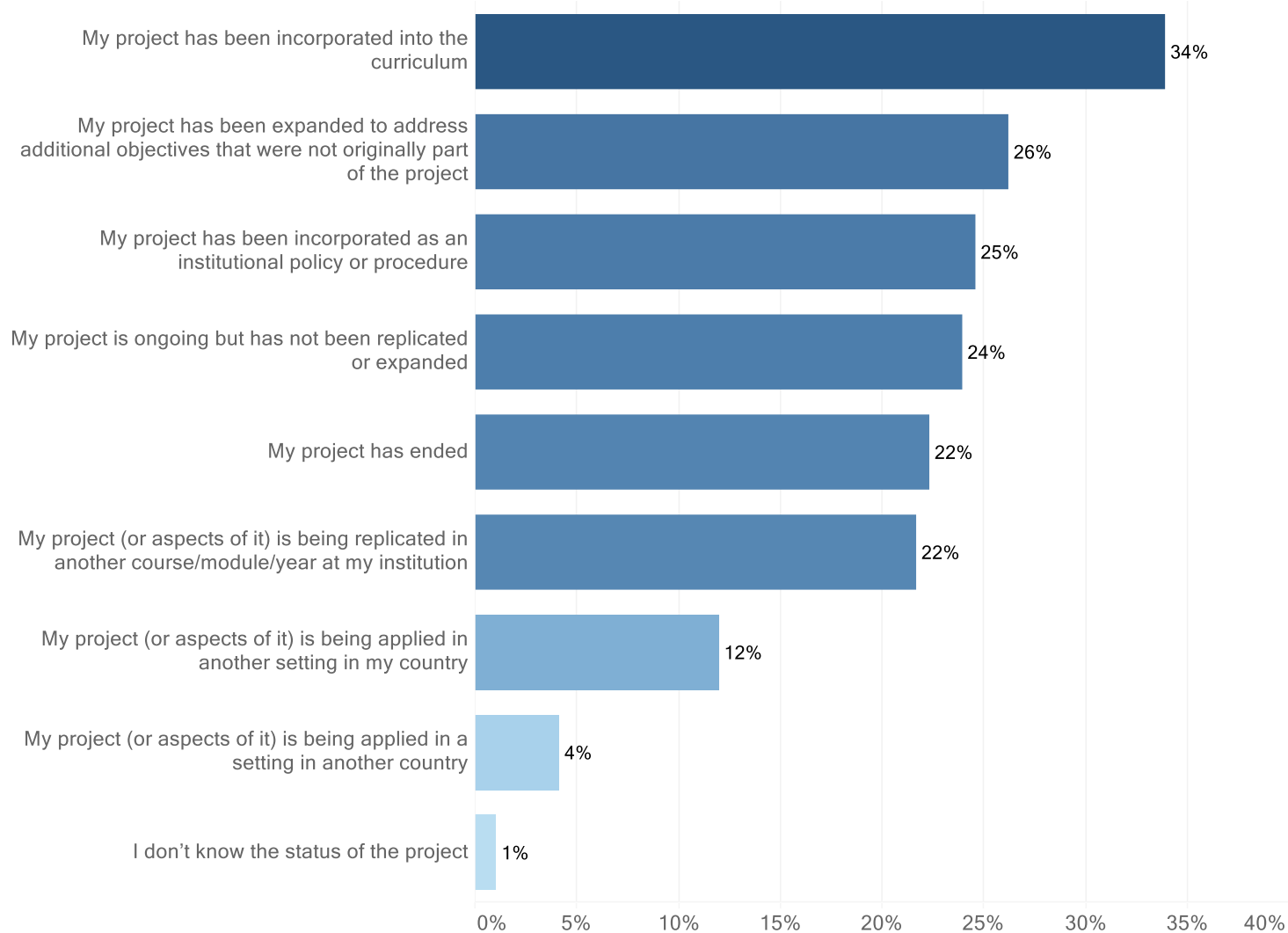
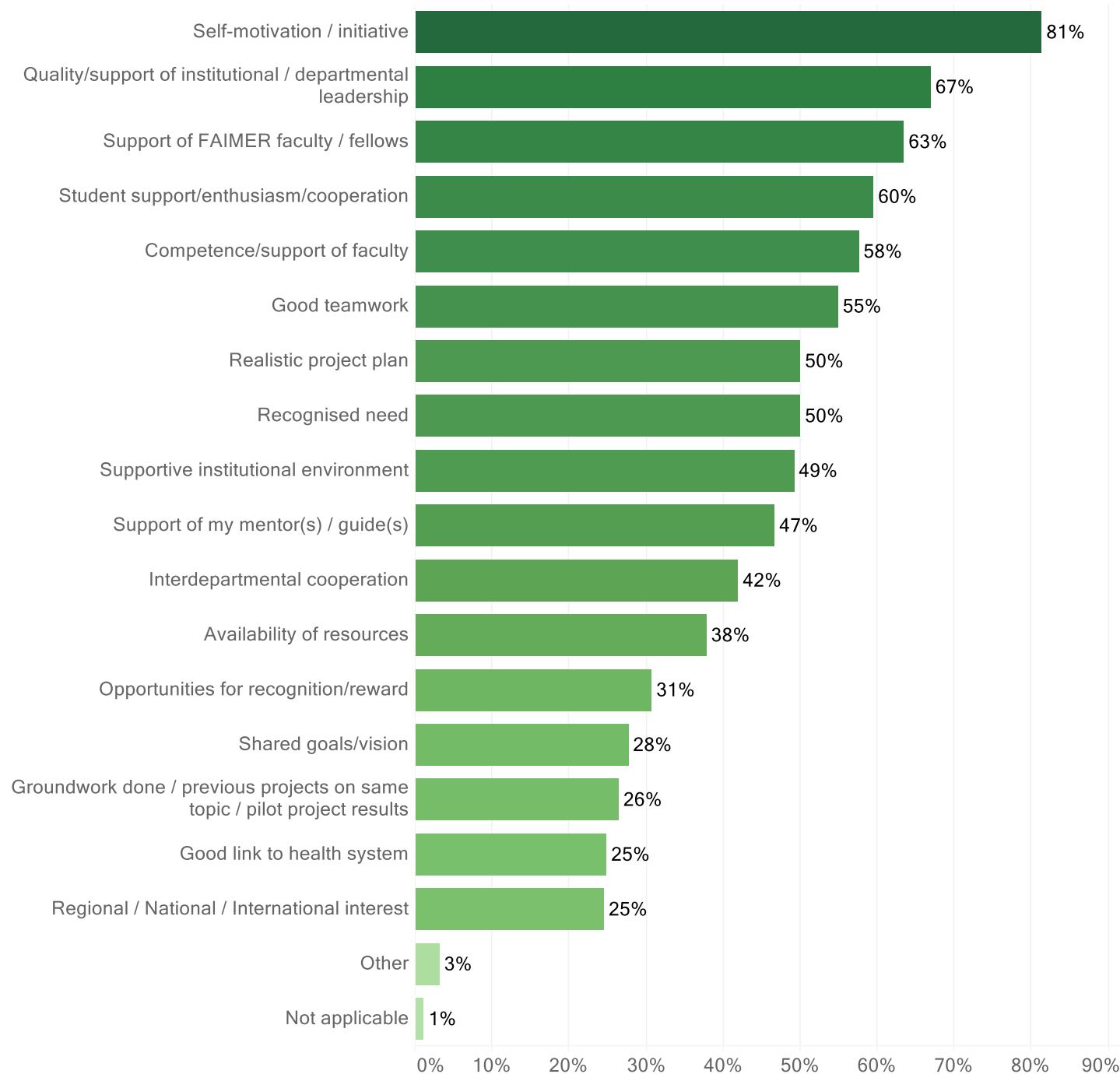


Figure 19: Factors Affecting Projects (N=484)

*respondents could select more than one response

a. Supportive Conditions/Situations



b. Obstructive Conditions/Situations

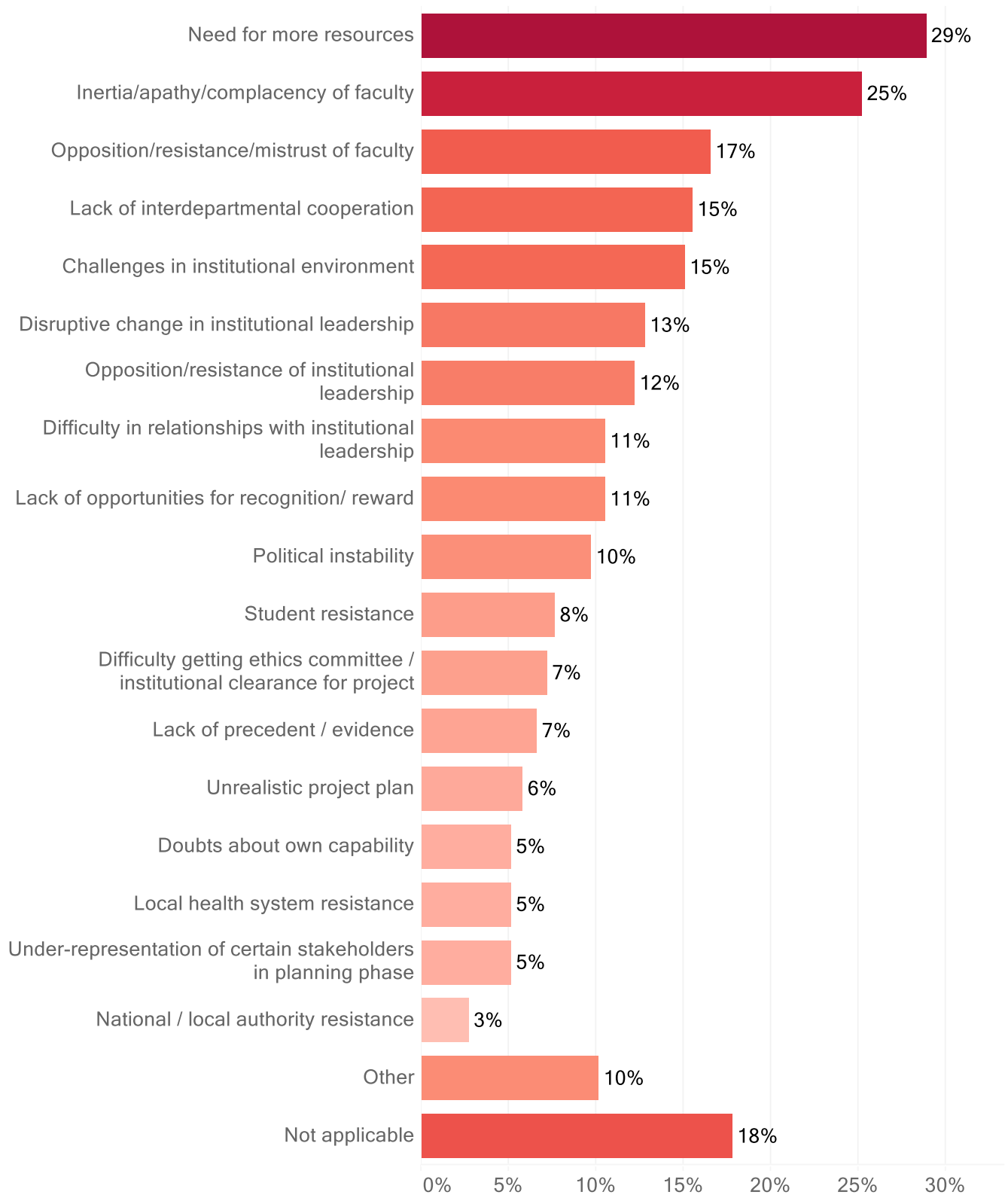


Figure 20: Changes in School or Community/Region as a Direct or Indirect Result of Respondents' FAIMER Project (N=482)

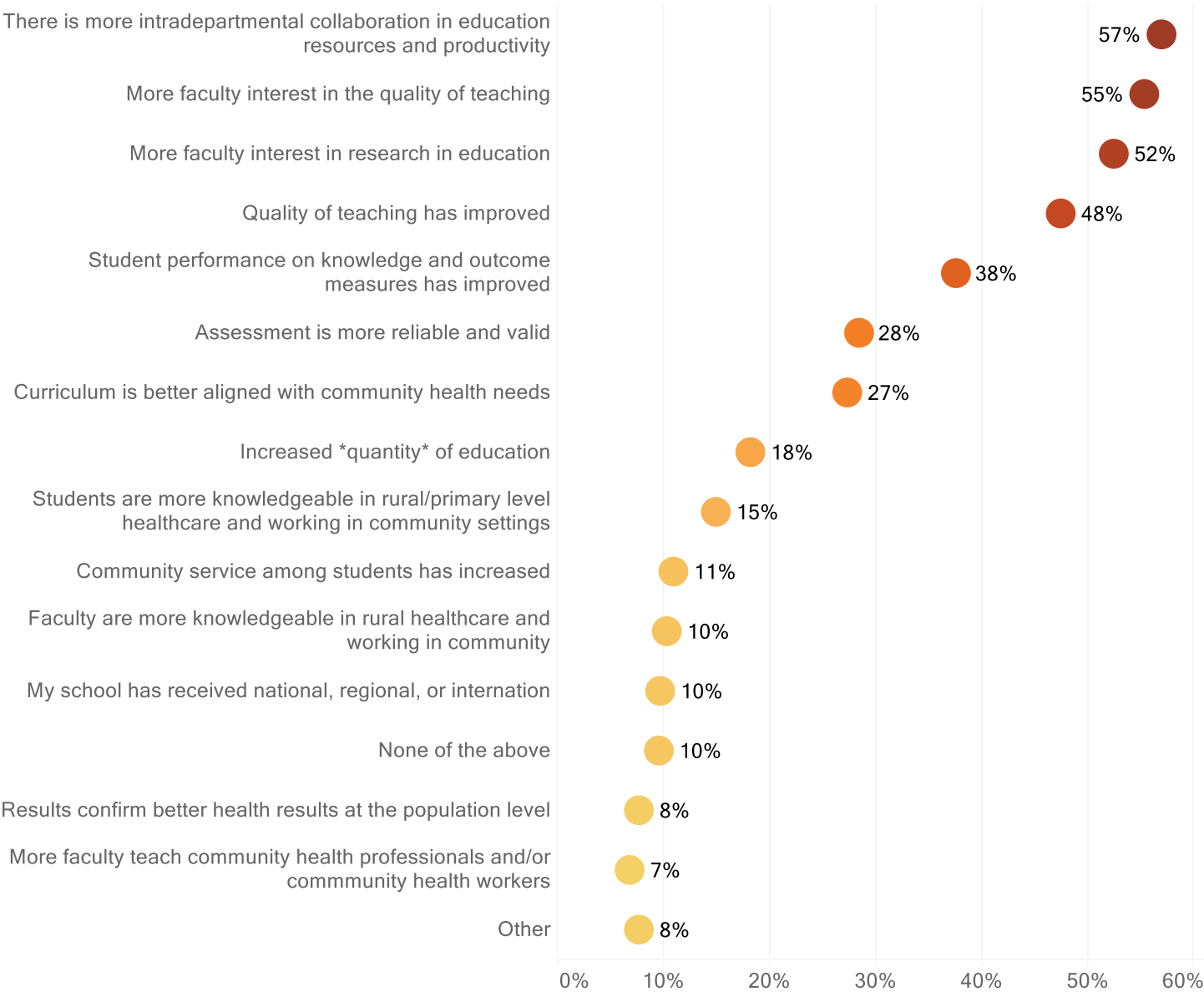
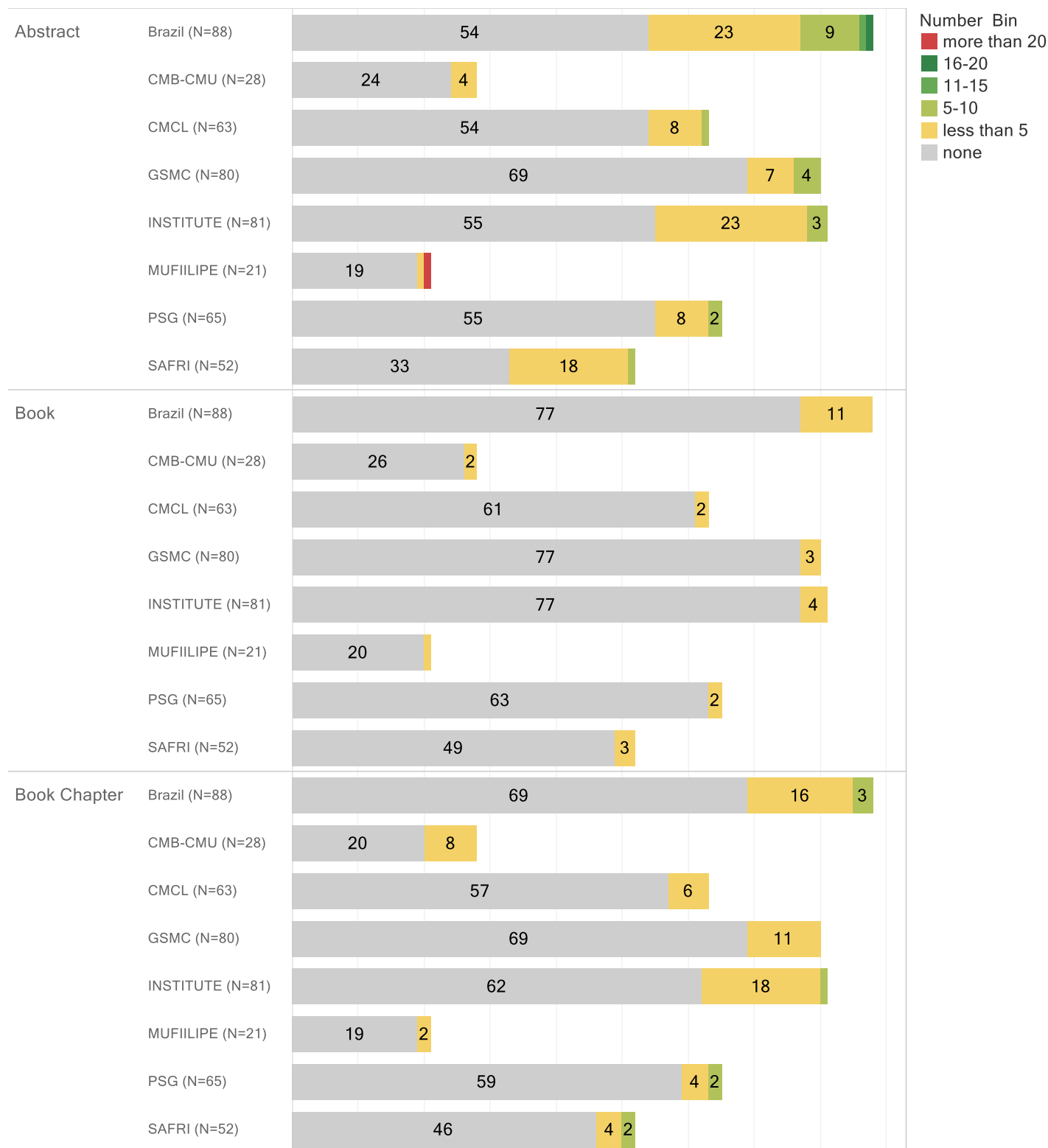
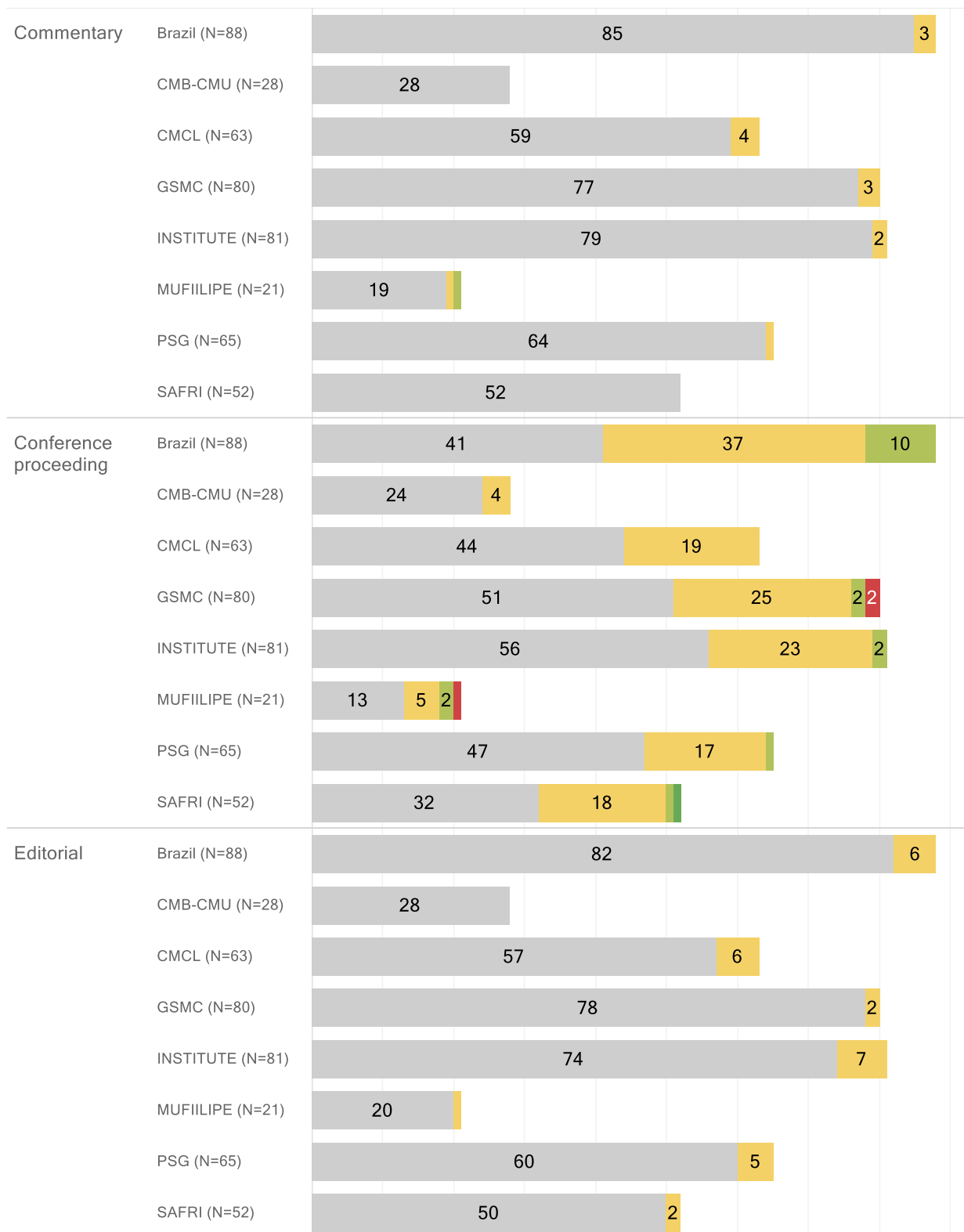
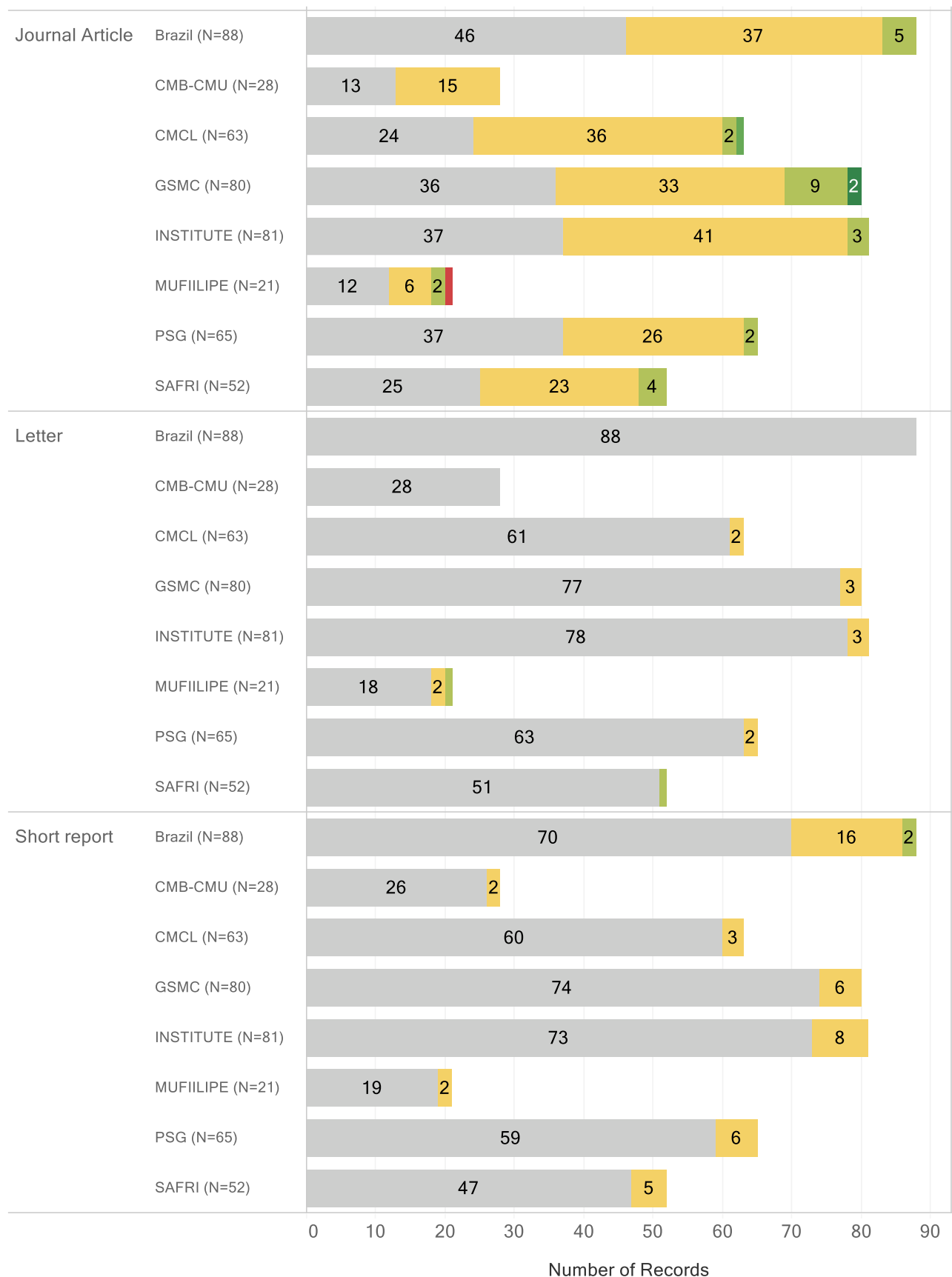


Figure 21: Number of Health Professions Education Publications by Type during the past one year (N=478)







Note: There are three participants (2 from GSMC, 1 from MUFILPE) reported more than 20 publications for a certain type (e.g. the participant from MUFILPE reported 50 Journal Articles, 60 Abstracts and 60 Conference Proceedings published during the past one year), which is questionable. More information needs to be requested to investigate if the respondent mis-interpreted the question.

Figure 22: Publication in any Health Professions Education Indexed Journal during the past one year (N=477)

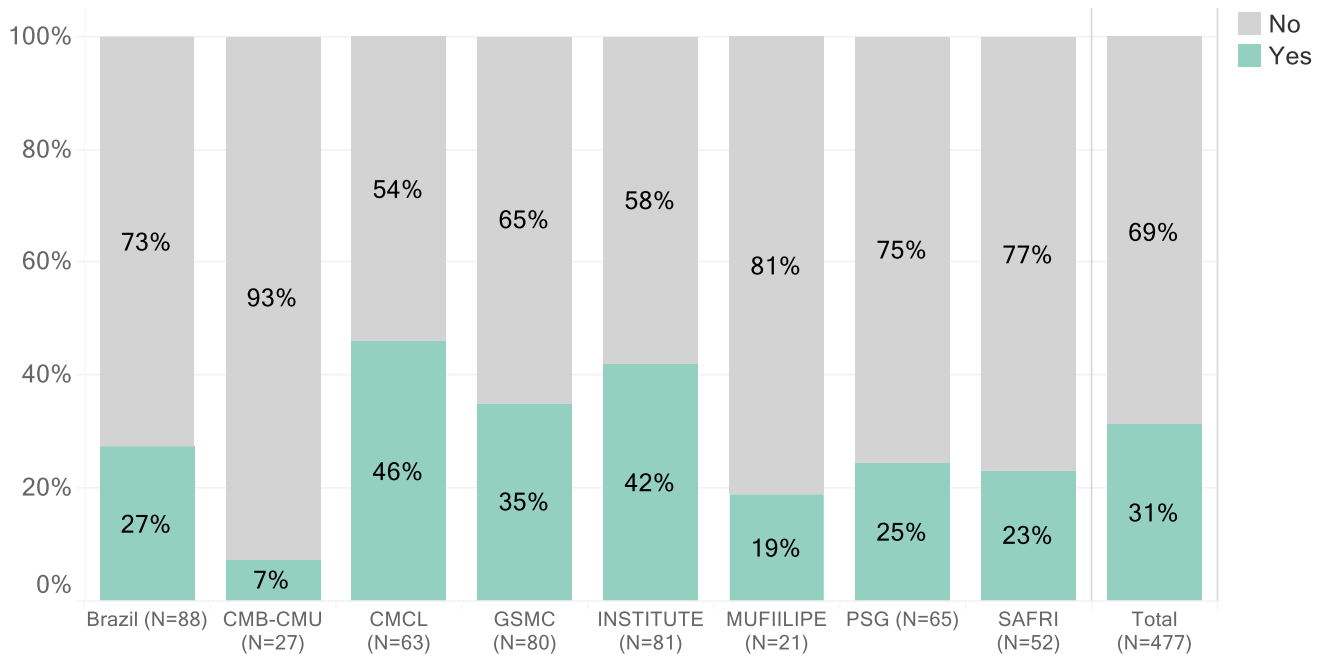


Figure 23: EVER Published Anything Based on FAIMER Project (N=477)

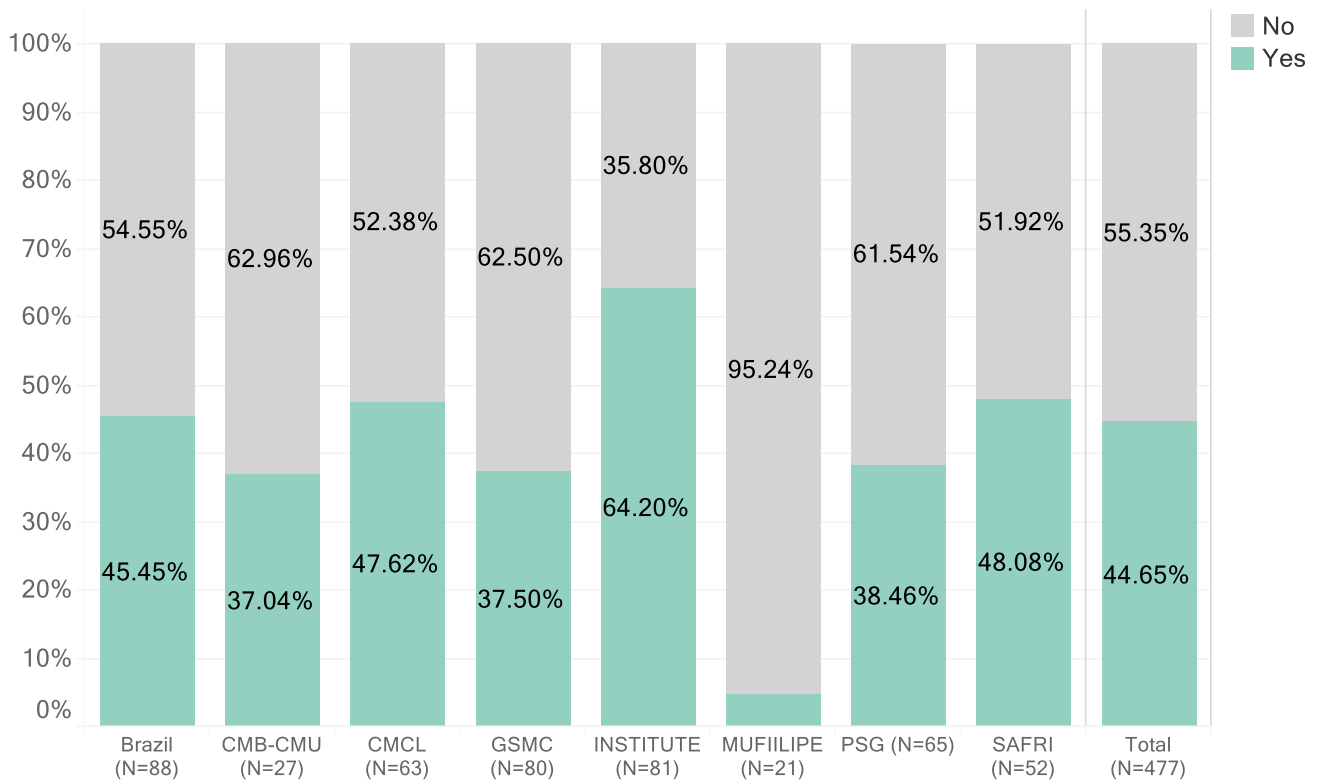


Figure 24: Collaboration with another FAIMER Fellow on any publications during the past one year? (N=477)

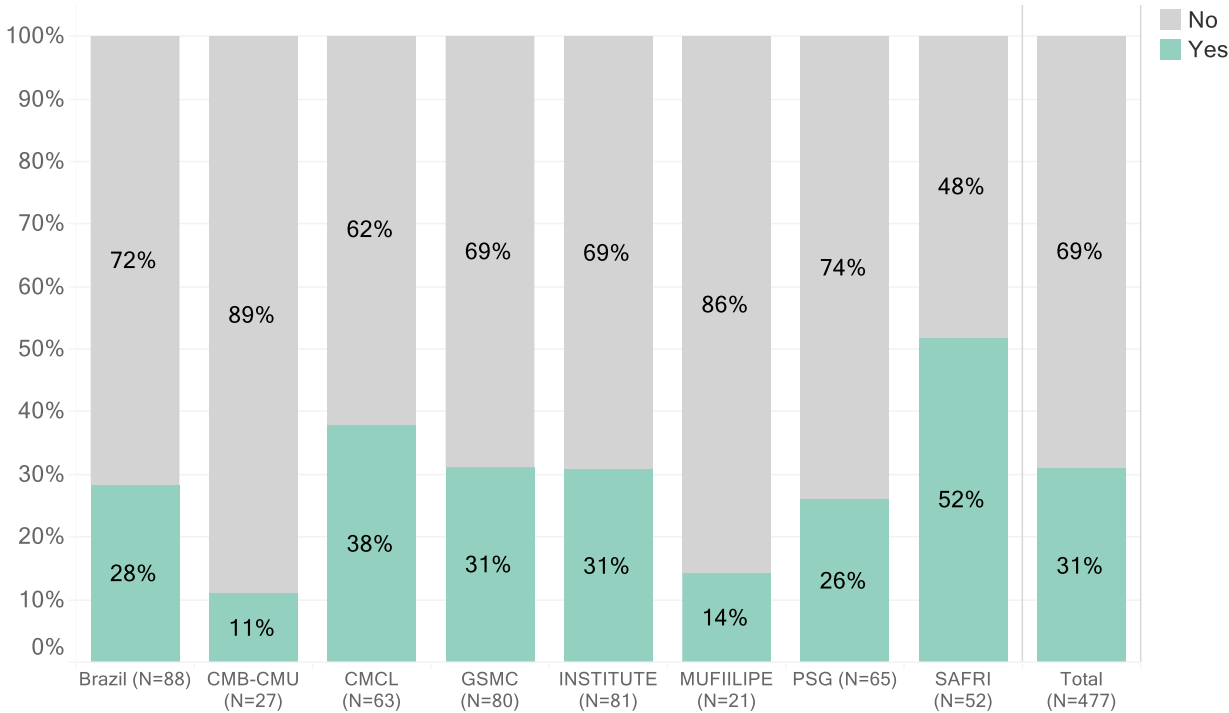


Figure 25: Creation of Any Publicly Available Educational Materials in Past Year (N=477)

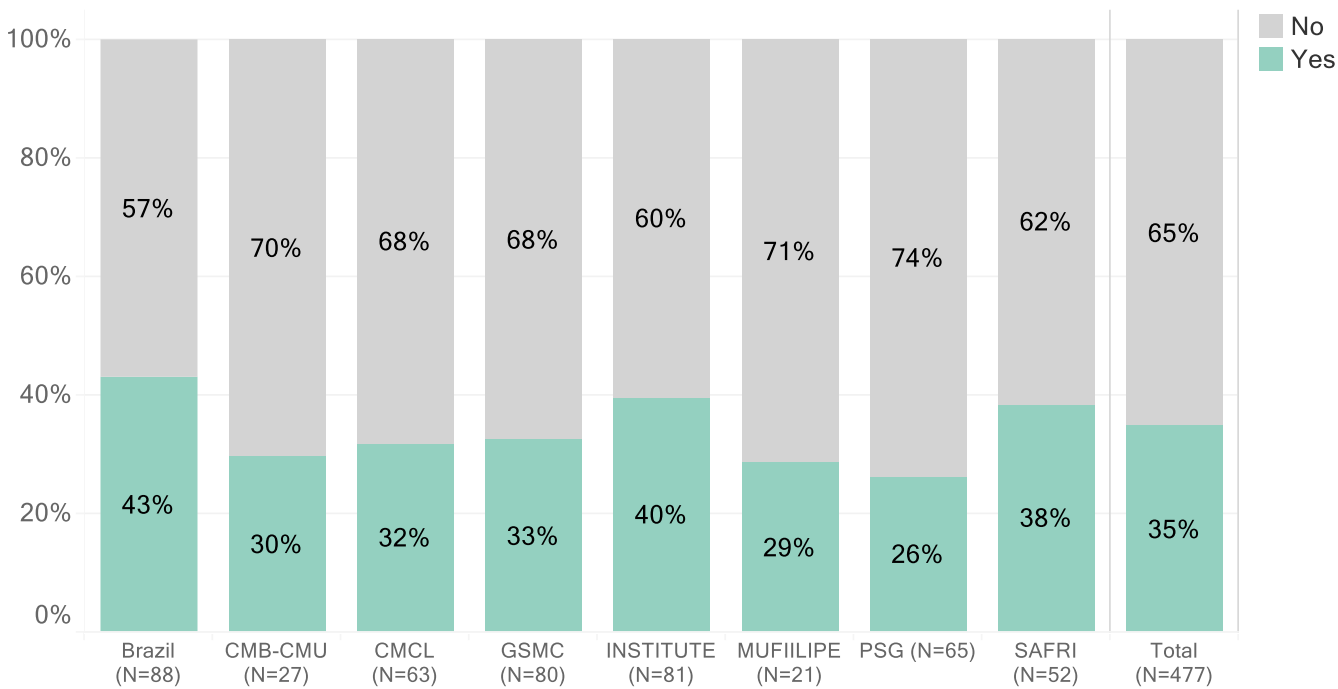


Figure 26: Collaboration with another FAIMER Fellow on any Educational Materials in Past Year (N=477)

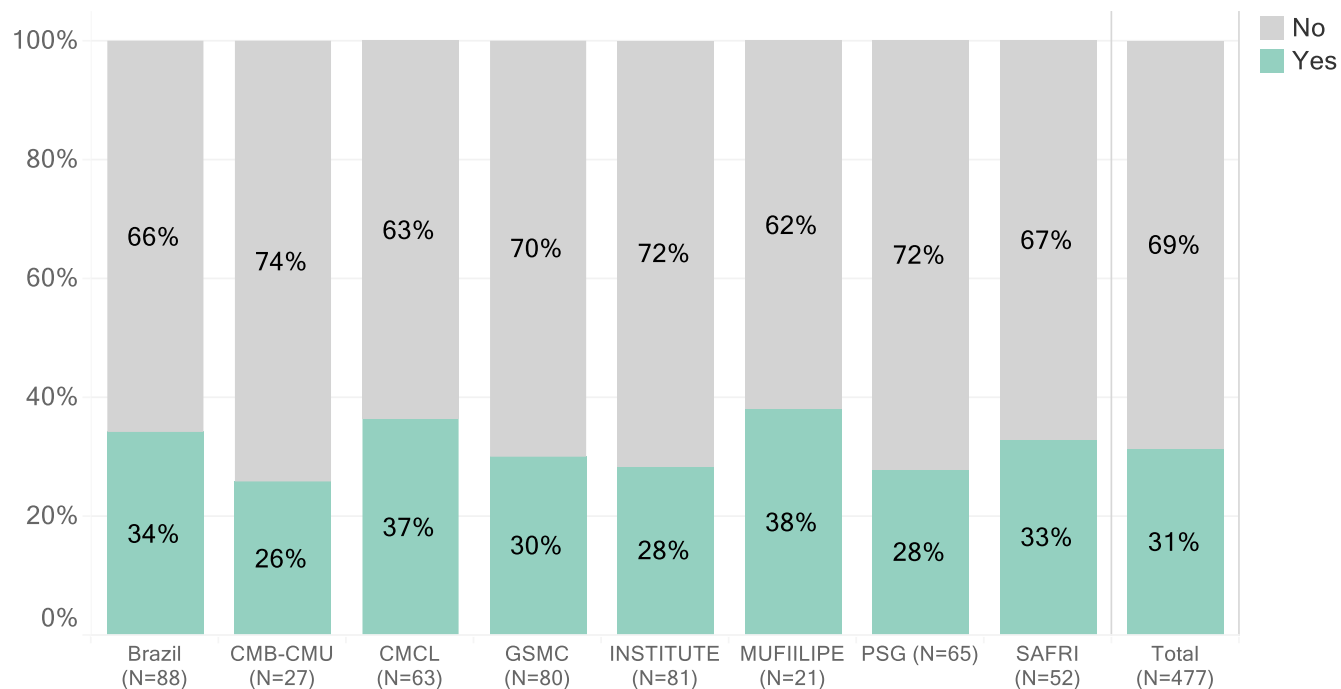


Figure 27: Number of Education-related Conferences/Meetings/Presentations/Workshops as Organizer or Presenter in Past Year (N=476)

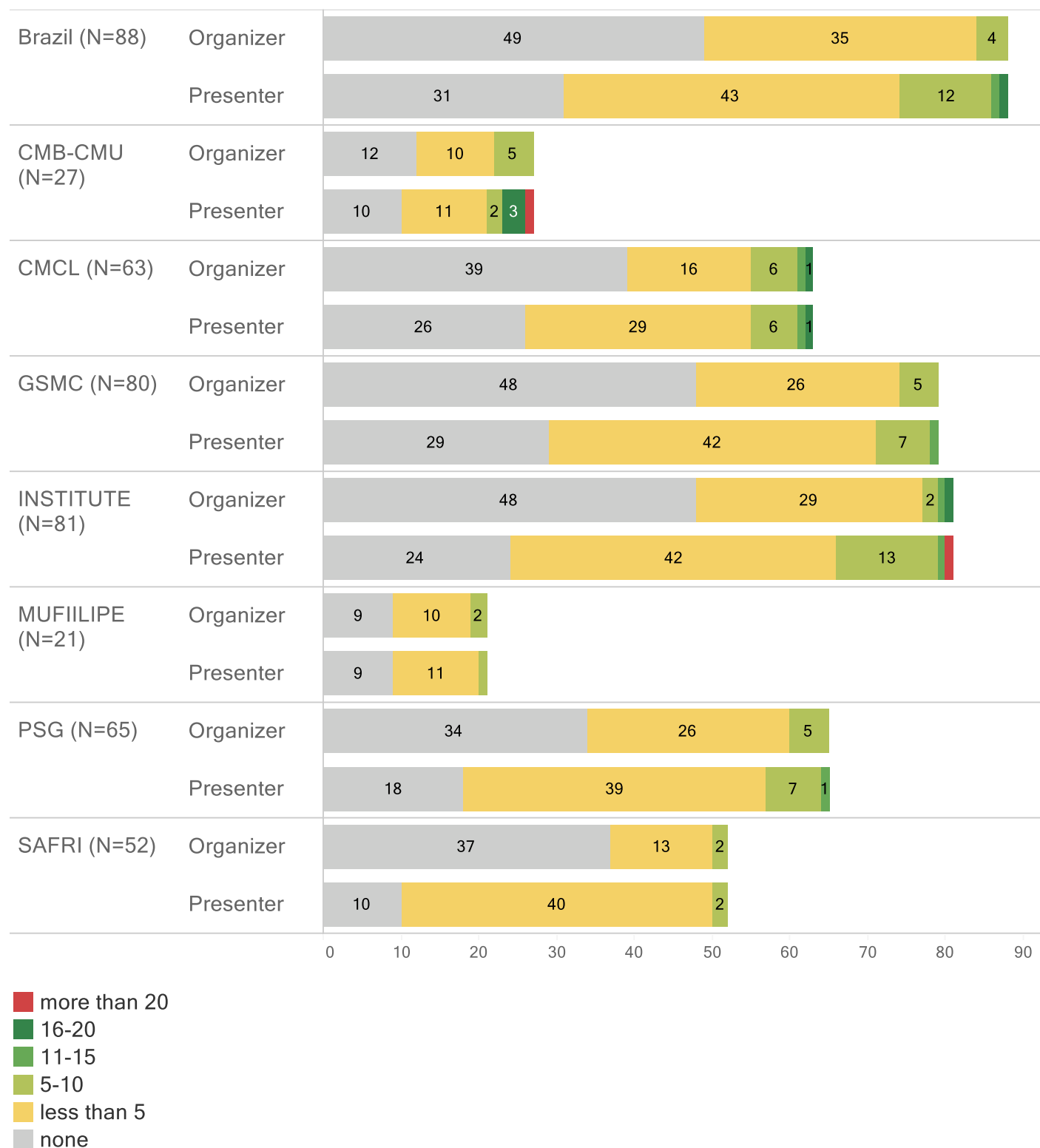


Figure 28: Participation in Organization or Presentation at any Conference - National, International, Local, during the Past Year (N=476)

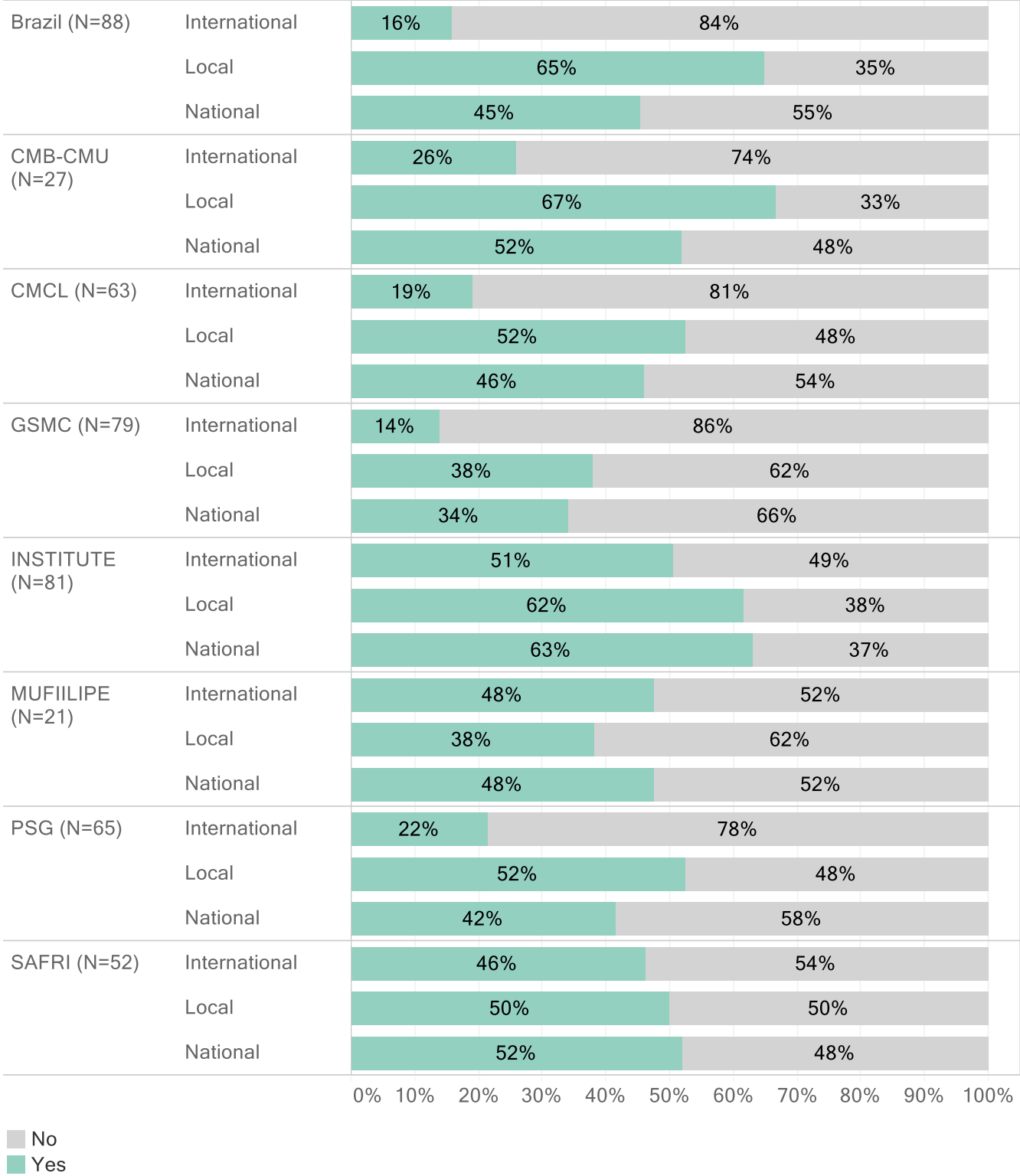


Figure 29: Collaboration with another FAIMER fellow on any HPE Conference (co-presenting or co-organizing) during the Past Year (N=476)

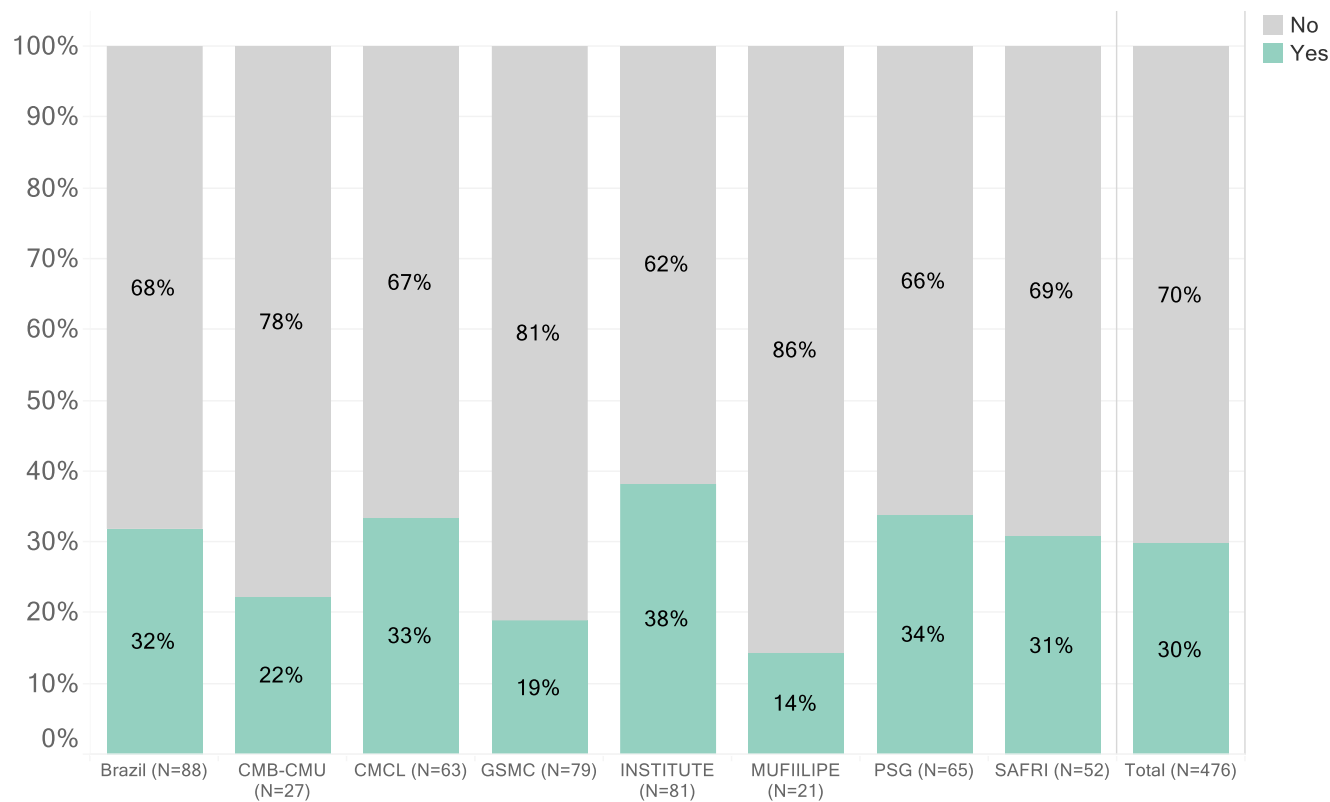
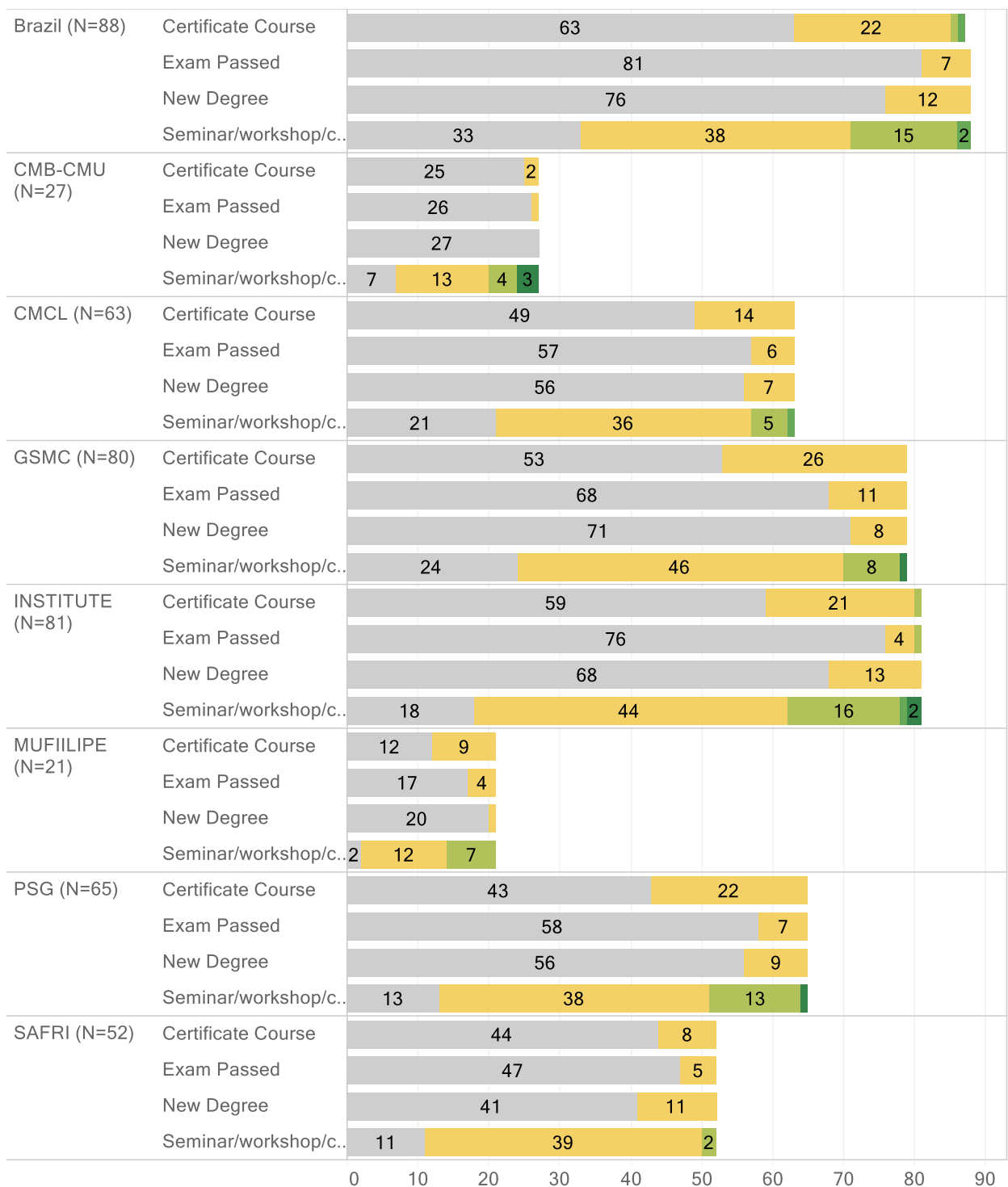


Figure 30: HPE Professional Development (other than FAIMER Activities) (N=476)



Note: one participant from Brazil FAIMER Regional Institute put 2014 for number of Certificate Courses. We conclude that this is an invalid answer and removed it from the chart.



Figure 31: Service or Leadership Role in “Health Professions Education” Journal in the Past Year (N=476)

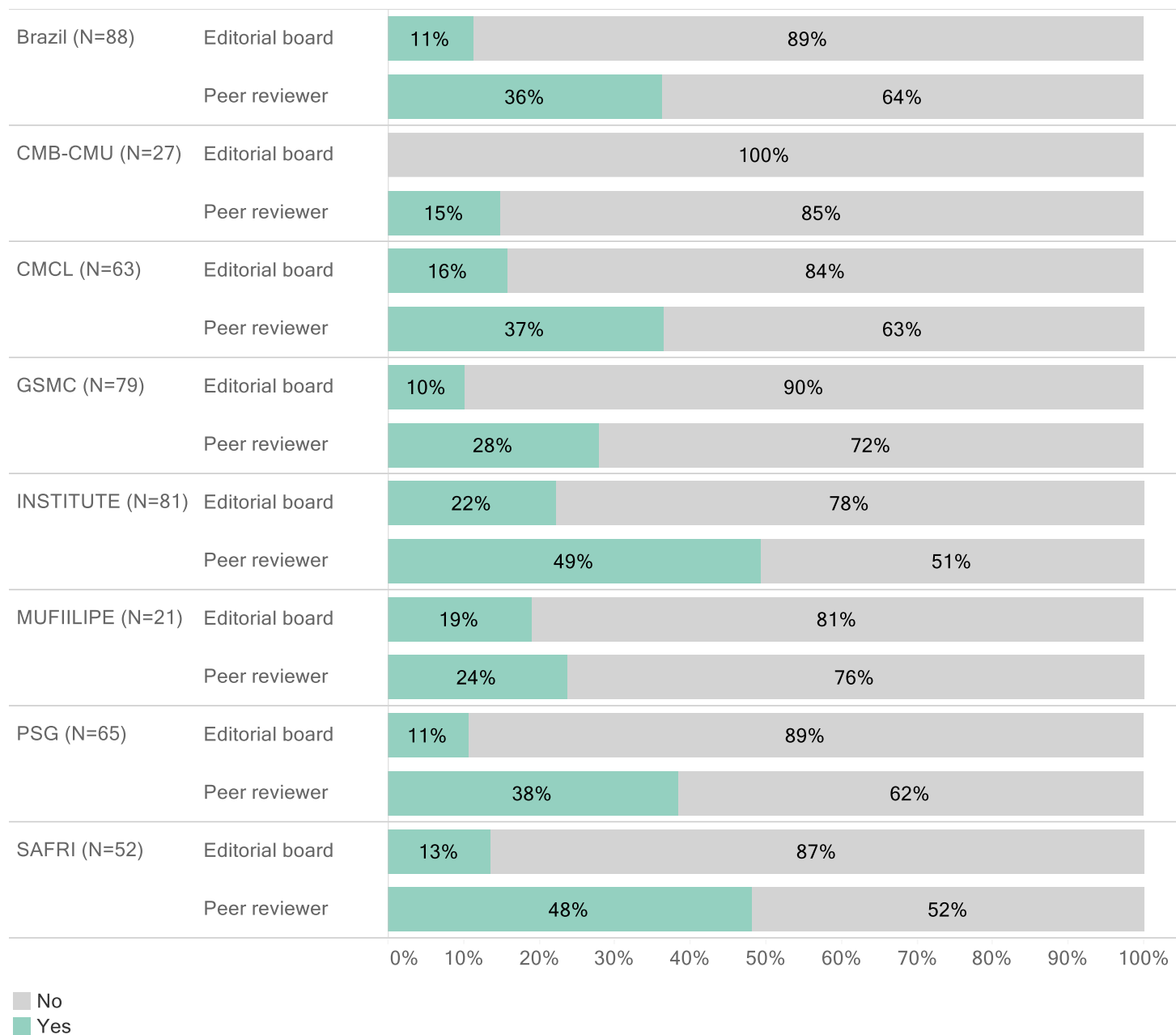


Figure 32: Membership or Leadership Role (executive committee member, president, secretary, etc.) of any Health Professions Education Professional Organizations in the Past Year (N=475)

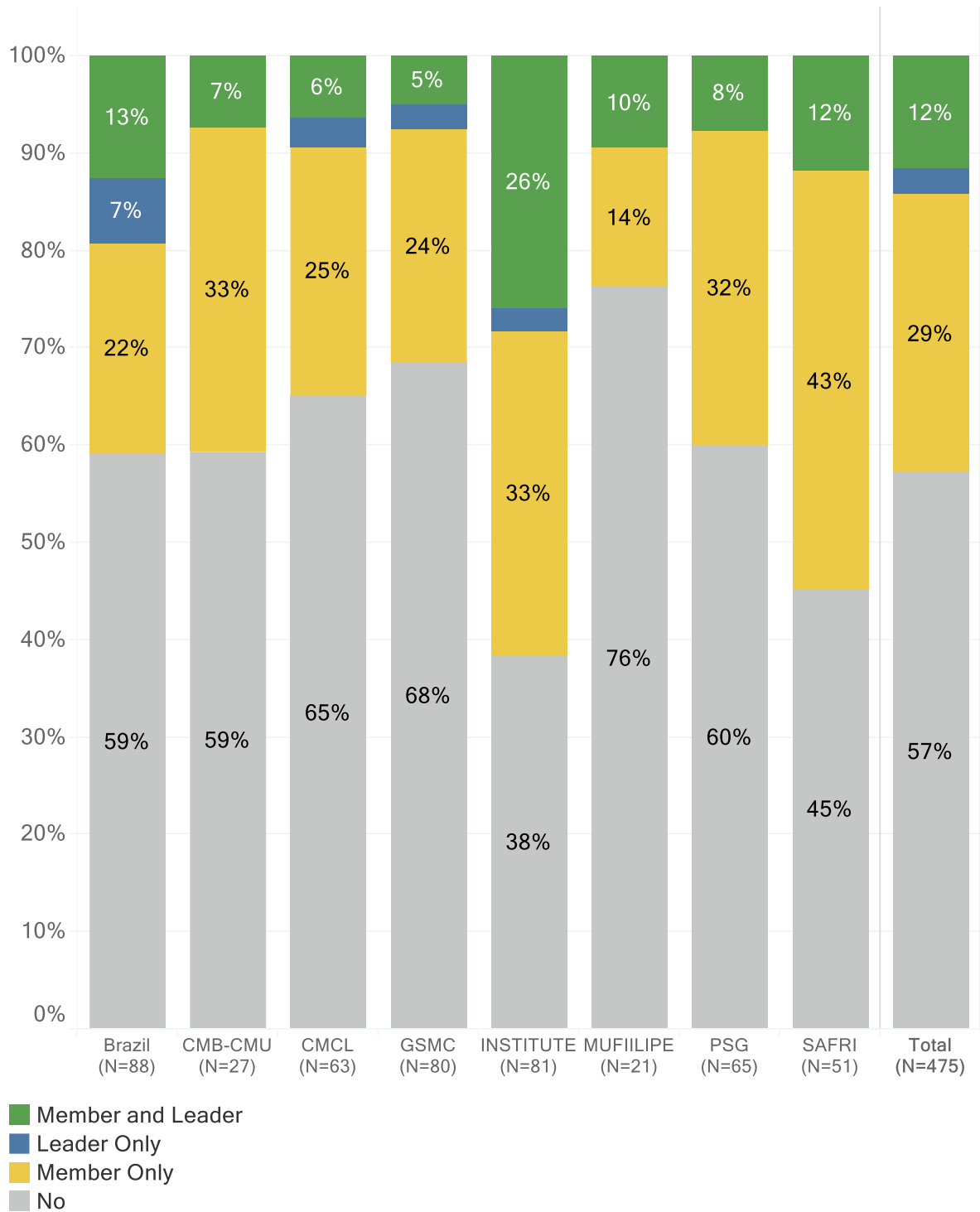
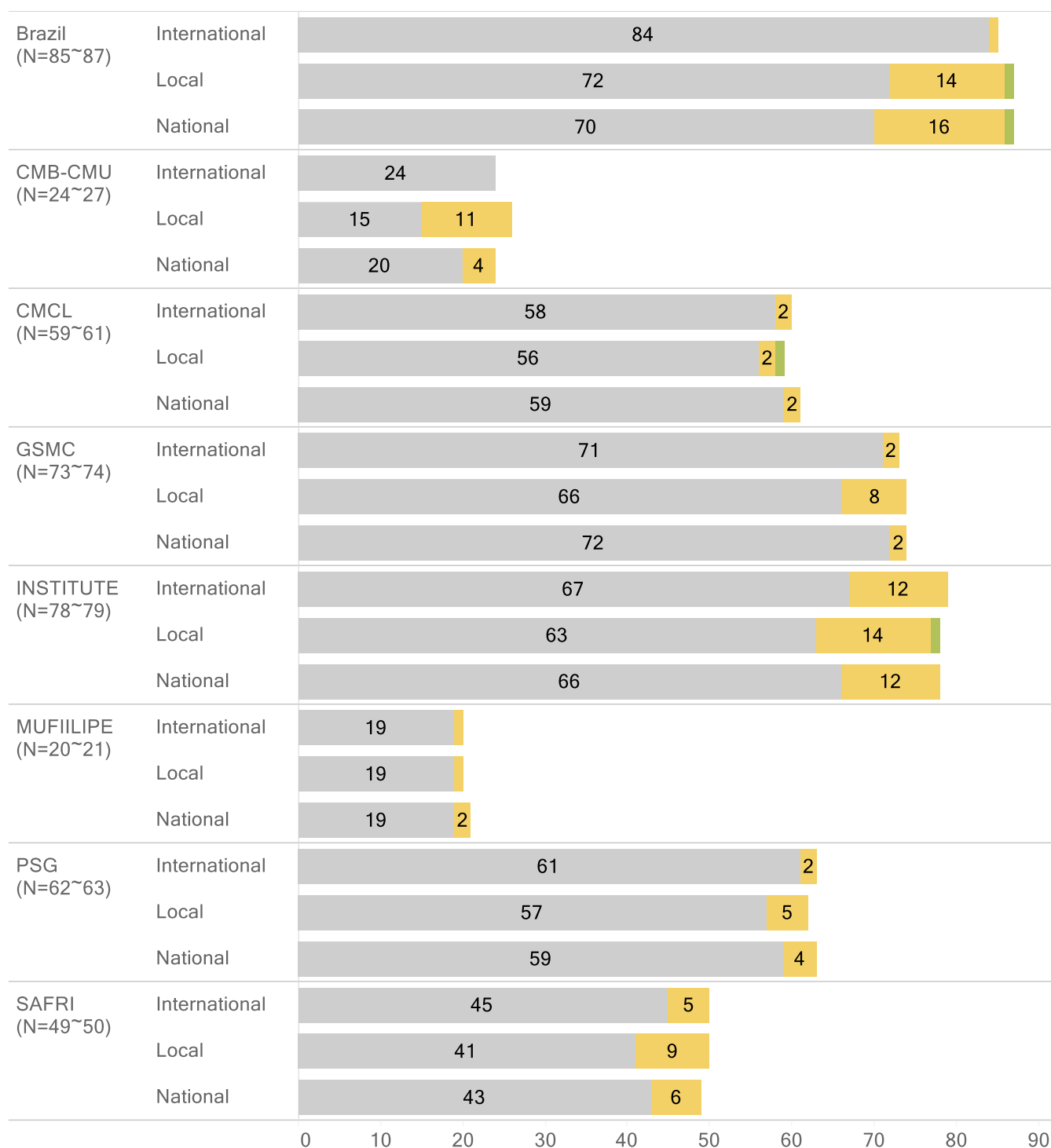


Figure 33: Number of Grants by Type during the Past Year (N=454-457)

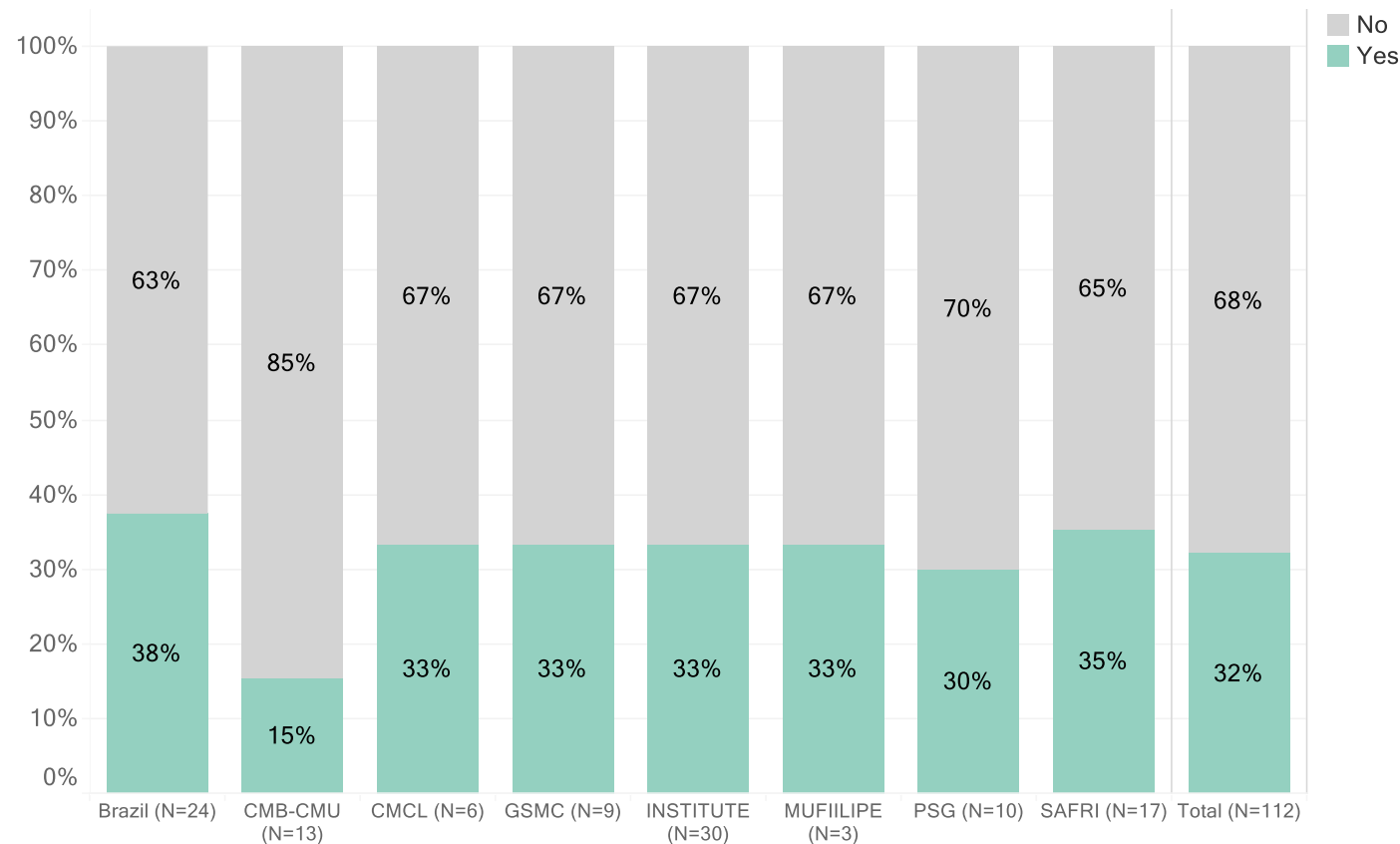


Note: 1. number of respondents vary for different types of grants;

2. one participant from CMB-CMU FAIRER Regional Institute reported 165000 local grants. It is very likely that the participant entered the money amount of the grant. Therefore we conclude that this is an invalid answer and removed it from the analysis.

■ 5-10
■ less than 5
■ none

**Figure 34: Collaboration with FAIMER Fellow or FAIMER Faculty on any Grant(s)
(N=112)**



Note: This chart captures responses from 112 participants who reported least one local, national or international grant in the previous question.

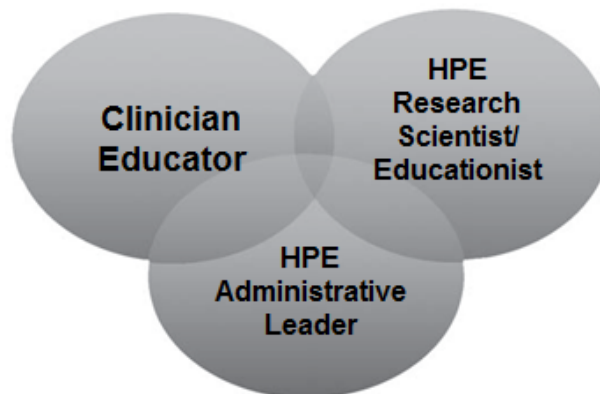
SUMMARY

Key Findings, Study Limitations, Recommendations, Conclusions and Future Directions

This three-part program evaluation study provides a detailed view of the perspectives of FAIMER fellows, alumni and Health Professions Education Leaders who have either participated in FAIMER educational programs or have FAIMER Fellows at their institutions. Overall, the key findings of the study indicate a strong and positive impact of FAIMER's educational initiatives on global health professions education.

Collectively FAIMER's impacts appear to have positively influenced the development and advancement of the multiple facets of a global workforce of health professions educators' careers, as described by Varpio and colleagues (2016) in Figure 35. This development has in turn positively impacted systems, policies and practices at institutional, national and regional levels.

Figure 35
Health Professions Educator Careers



Varpio et al. Working Definitions of the Roles and an Organizational Structure in Health Professions Education Scholarship: Initiating an International Conversation. Acad Med. 2016 Aug 30

One of the **study limitations** is the relatively small sample size of the Key Informants (HPE Leaders) interviews and survey, which might be viewed as a factor that limits the generalizability of the study; however, understanding the context for the sample selection methodology is vital in drawing inferences from this study. The key informants were selected to illuminate information-rich cases in depth. It is important to keep in mind, as Patton (1999) notes: “The problem is not one of dealing with a distorted or biased sample, but rather one of clearly delineating the purpose and limitations of the sample studied, and therefore being extremely careful about extrapolating (much less generalizing) the findings to other situations, other time periods, and other people. The importance of reporting both methods and results in their proper contexts cannot be overemphasized and will avoid many controversies that result from yielding to the temptation to generalize from purposeful samples. Keeping findings in context is a cardinal principle of qualitative analysis.” Hence, the HPE Leaders sample though limited and not homogenous, provided in-depth and candid feedback.

Another study limitation stems from the fact that HPE Leaders who were also FAIMER Fellows perceived the impact differently than those who had not, largely because they had a much deeper understanding of FAIMER and its programs. Leaders who had not participated in the program, but who have experience with Fellows in their institution, or know Fellows through government entities (committees, commissions, etc.), had a better understanding of the types of activities and impacts FAIMER has achieved.

The Health Professions Education (HPE) Leaders interviewed and surveyed through the first parts of the study overwhelmingly credited FAIMER with making a significant impact upon improvement in health professions education within their institutions, countries and regions. The level of impact appears fairly dependent upon the number of Fellows within an institution, country or region who have completed the FAIMER program, and how many Fellows have achieved positions of leadership within those entities. For example, the responses from HPE Leaders in Latin America were more mixed regarding impact and influence than in Africa or Asia. Brazil has the only regional institute there, and because of the

language barriers, individuals from other Latin American countries do not attend, or can only come to Philadelphia. In addition, financial constraints and lack of overall institutional support in Latin America make it difficult for more individuals to participate.

In India and South Africa, the Regional Institutes have produced many more Fellows, creating a critical mass within some institutions and within the region. Some of these individuals have risen to high level leadership positions within their own institutions, and serve on national committees and commissions. This enables them to have greater influence on health education policy. Some have influence regionally, and even internationally.

The Regional Institutes have grown to the extent that valuable data could be generated relative to how changes and improvements in health professions education impacts overall delivery of healthcare in the regions. Study recommendations include ways for FAIMER to play an important role in supporting and strengthening the collection of data and performance of research. In Africa, there is considerable interest in having FAIMER engaged in this way, but not from a developed to developing [country] perspective. Study participants highlighted the need for FAIMER to provide training and education, as well as potential technical support to strengthen scholarship. This would enable Fellows to gain expanded credibility through increased publications. The ability to continue to influence health professions education policy is often dependent upon changes at the top leadership levels of institutions and government entities, and scholarship is one way to assist Fellows in achieving higher leadership roles.

The leadership development component of the FAIMER Fellowship does provide important competencies that support Fellows in their ability to have increased impact and influence within their institutions. HPE Leaders interviewed often cited this element of the Fellowship and noted that Fellows have increased confidence following completion of their Fellowship and this contributes to professional advancement which places them in positions of influence and leadership within health professions education at the institutional and national levels.

Part III study, the FAIMER Fellow/Alumni Questionnaire had a robust sample size. Given that the average response rate for email surveys is around 25%, we had a very good response rate. More importantly, a majority of participants fully completed the survey. The findings of this part of the study were largely congruent with the other two parts. Part III study findings allowed us to obtain a more granular view of Fellows' and Alumni's scholarly and professional accomplishments. Part III study findings also provide an important snapshot of the areas of strength and areas which need additional support. Additionally, the findings provide a comparative view of the scholarly outputs from various regional institutes. These findings have to be interpreted within the context that the Philadelphia Institute is the oldest and the other regional institutes came into being subsequently at different times; the Chinese regional institutes being relatively the newest. Hence, the scholarly outputs of each regional institute are likely impacted by its age and support structures.

In conclusion, taken together, the three parts of the study provide very valuable information for future directions. Overall, in addition to individual Fellows and Alumni's appreciation of the support they have received from FAIMER, the HPE leaders interviewed and surveyed value the contributions of FAIMER towards capacity building of their faculty to positively influence health professions education and health policy at multiple levels. They also provided concrete suggestions for FAIMER to support alumni, existing regional institutes and potential future ones.

ACKNOWLEDGEMENTS

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- M. Silvia Setubal – for conducting Portuguese interviews of HPE leaders;
- FAIMER Philadelphia and Regional Institutes Faculty and Staff – for input in study design; and,
- FAIMER Fellows, Alumni and HPE Leaders - for thoughtful participation and responses that will help further refine FAIMER educational programs.

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Institutional Change: Facilitators and Barriers

<http://www.faimer.org/education/reports/brief-reports-jan2013.pdf>

Institutionalization of FAIMER Fellows projects

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Educator perceptions of the relationship between education innovations and improved health

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Factors promoting sustainability of education innovations

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APPENDICES

Appendix A **Key Informant (HPE Leader) Interview Guide**

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Appendix A

Key Informant (HPE Leader) Interview Guide

Interview Guide: HPE leader interviews

Hello. My name is _____ from _____. I am an independent consultant hired by FAIMER and am not part of the FAIMER staff. Even though FAIMER has organized this study and made the arrangements to conduct this interview, no representative of FAIMER will be present during the interview and will not influence any part of the data collection or analysis process.

First, I want to thank you very much for taking time out of your busy schedule to talk with me.

I would like to take a few minutes to review the purpose of this interview.

A goal of the FAIMER fellowship programs is to contribute to institutional, national, and regional change that supports health professions education and, ultimately, improves the health of individuals and communities.

I am conducting interviews with deans of schools with multiple FAIMER fellows; fellowship alumni who are institutional leaders; leaders of the FAIMER fellowship programs; and National HPE leaders in India, Brazil, and South Africa, where longtime FAIMER regional programs are based. The purpose of this study is to explore the perspectives of institutional and national leaders regarding the contributions of FAIMER and FAIMER fellows toward the development of successful education within institutions, countries, and regions.

The information that we will gather from this study will help FAIMER to better understand the extent and nature of FAIMER's impact. The information will also inform strategic decision-making about FAIMER's future.

These interviews are one part of a larger study of FAIMER's impact and future direction. FAIMER will also be distributing questionnaires to deans of schools with multiple FAIMER fellows; fellowship alumni who are institutional leaders; and leaders of FAIMER fellowship programs. Analysis of this questionnaire data will be integrated with interview findings to create a comprehensive report to inform FAIMER's future work.

It is important to re-emphasize that FAIMER is serious about obtaining your unbiased input. Even though FAIMER has organized all the arrangements to have this interview take place, no representative of FAIMER will be present during the interview.

To ensure that we obtain accurate data, I will be audio recording the interview as well as taking detailed notes. The audio recording will later be transcribed and integrated with my written notes. Your name will not appear in the transcript that will be made from this interview. The country location of your institution as well as your general role category (dean/leader of institution with multiple FAIMER fellows; fellowship alumni + institution leader; leader of FAIMER fellowship program; National HPE leader) will be noted on the transcript.

The interview will take approximately 30 minutes. Before we start, please review the **information sheet** that you were provided. Do you have any questions before we start?

First, I am going to ask you whether and in what ways FAIMER has contributed to developing successful education in your institution, country, and region. Let me explain what we mean by “successful education.” Here we are defining “successful education” as changes in Health Professions Education processes, practices, and policies to enhance support and promotion of:

1. Effective teaching methods
2. Education curricula & content that is relevant & adaptable to social contexts & priority health needs
3. Inter-professional coordination and collaboration in education of health professionals
4. Coordination of education policies and practices with health systems and services
5. Adequate & appropriate education resources & infrastructure to meet health workforce demands
6. Education research & evaluation to inform planning & identify promising practices

1) Has the work of FAIMER and of FAIMER Fellows to date contributed toward the development of successful education within your institution? How so?

- a. In what ways do you expect or hope that the work of FAIMER and of FAIMER Fellows will in the future contribute toward the development of successful education in your institution?

2) Has the work of FAIMER and of FAIMER Fellows to date contributed toward the development of successful education within your country? How so?

- a. In what ways do you expect or hope that the work of FAIMER and of FAIMER Fellows will in the future contribute toward the development of successful education in your country?

3) Now I would like to ask you about not only your country but the surrounding countries in your region of the world. Has the work of FAIMER and of FAIMER

Fellows to date contributed toward the development of successful education within your region? How so?

- a. In what ways do you expect or hope that the work of FAIMER and of FAIMER Fellows will in the future contribute toward the development of successful education in your region?
- 4) How can FAIMER improve its work in order to maximize its effectiveness?
- a. *Probe if needed to get more detailed suggestions:* What do you think FAIMER could do differently to better meet your expectations and challenges?
- 5) Is there anything else that you think it is important for FAIMER to know or be aware of?

Thank you very much for your time today. Please note that you will receive a **draft transcript** of your interview for your review. You will have the chance to make any edits or corrections to the draft transcript before we include it in the analysis with the rest of the interviews. At the completion of this study, FAIMER plans to publish the findings and will be sending you a **report** with an aggregate summary of this set of interviews.

Appendix B

Key Informant (HPE Leader) Recruitment/Invitation

Dear XXX,

I am delighted to invite you to participate in the FAIMER 15-year impact study. The purpose of this study is to evaluate whether and how FAIMER Education and FAIMER fellows have contributed to “system” (institutional, national, regional) impacts on education to influence health, and also to better understand the future priorities and needs of Health Professions Education (HPE) internationally, and how FAIMER might continue to contributing to meeting these needs and priorities.

The study contains three parts:

Part 1. Key informant interviews: The purpose is to explore to whether, to what extent, and how (via what processes) FAIMER and FAIMER fellows have contributed to successful education, as well to explore how FAIMER might contribute to the future development/improvement of HPE. “Key informants” will be those with in-depth knowledge of the status of HPE in their institution or country, as well as close familiarity with FAIMER and FAIMER fellows.

Part 2. HPE Leader Questionnaire: The purpose is methods triangulation, with investigation of other complementary aspects of FAIMER’s impact and future directions. This questionnaire will be conducted simultaneously with the interviews.

Part 3. FAIMER Fellowship Followup / Alumni Questionnaire: The purpose is to examine application of knowledge / skills gained during the fellowship, including institutional and HPE filed contributions of fellows and alumni. All current Year 2 fellows and alumni will be invited to complete this questionnaire, which is currently being piloted for use as an annual questionnaire.

You are being invited to participate in Part 1 - Key informant interviews, and Part 2 – HPE Leader Questionnaire of this study. You may also be invited to participate in Part 3 – FAIMER Fellowship Followup / Alumni Questionnaire, depending on your role in FAIMER. The interview will be scheduled and conducted in May - June 2016.

The persons who will conduct the Key Informant interviews are:

1. Lesley Wendell:

Email:

lesley@rosewoodconsultinggroup.com

Tel: +1- 610-892-8035 / Fax: +1- 610-892-7406

2. M. Silvia Setubal:

Email: silviasetubal@yahoo.com

You will be hearing directly from Lesley and Silvia, or their administrative assistant Cindy Lehman (Email: cindy@rosewoodconsultinggroup.com) to schedule the interviews.

Thank you in advance for your thoughtful engagement and participation in the important study. The finds of this study will guide and inform the future development of FAIMER's educational programs.

Sincerely,

Memoona Hasnain, MD MHPE PhD

AVP for Education

Co-Director, FAIMER Institute

Foundation for Advancement of International Medical Education and Research (FAIMER)

Email: mhasnain@faimer.org

Tel: +1-215-966-3420

Appendix C

HPE Leader Questionnaire

Introduction

The purpose of this questionnaire is to explore the perspectives of institutional and national leaders regarding the contributions of FAIMER and FAIMER fellows toward the development of successful education within institutions, countries, and regions.

We are inviting the following individuals to complete this questionnaire:

1. Fellows at institutions with more than one fellow;
2. Fellowship alumni who are Deans/Institutional leaders;
3. FAIMER Regional Institute (FRI) Directors/Leaders for FRIs more than 5 years old (GSMC, PSG, CMCL, Brazil, SAFRI)

Information from this study will help FAIMER to better understand the extent and process of FAIMER's impact. The information will also inform strategic decision-making about FAIMER's future efforts.

This questionnaire is one part of a larger study of FAIMER's impact and future direction. FAIMER will also be conducting interviews with deans of schools with multiple FAIMER fellows; fellowship alumni who are institutional leaders; leaders of the FAIMER fellowship programs; and National HPE leaders in India, Brazil, and South Africa, where longtime FAIMER regional programs are based. Analysis of this questionnaire data will be integrated with interview findings to create a more comprehensive view.

Background Information

1. Country where you work primarily (choose one from drop-down list)
2. Are you a FAIMER fellow or alumni? (Drop-down: Current FAIMER fellow, FAIMER fellowship alumni, NO - not a FAIMER fellow or alumni)
 - a. From which FAIMER fellowship program are you a fellow / alumni? (select all that apply from drop-down)

3. Have you ever served as teaching faculty for one or more FAIMER fellowship programs? Y or N
 - a. For which FAIMER fellowship program have you been faculty? (select all that apply from drop-down)
4. Have you ever been a Director or part of the leadership team for a FAIMER fellowship program? Y or N
 - a. For which FAIMER fellowship program have you been a Director or leadership team member? (select all that apply from drop-down)
5. Have you ever served in a top leadership position at your institution or country (e.g., dean, chancellor, director or president of a division or organization, etc)? Y or N
 - a. Please specify your position/role: (text box)
6. Type of institution(s) where you currently work (check all that apply, *and indicate one primary place of employment*):
 - a. School of Medicine – *is this your primary place of employment? Y or N*
 - b. School of Nursing – *is this your primary place of employment? Y or N*
 - c. School of Dentistry – *is this your primary place of employment? Y or N*
 - d. School of Public Health – *is this your primary place of employment? Y or N*
 - e. National Ministry of Health – *is this your primary place of employment? Y or N*
 - f. National Ministry of Education – *is this your primary place of employment? Y or N*
 - g. National board of examinations / accreditation – *is this your primary place of employment? Y or N*
 - h. National or regional health professions association – *is this your primary place of employment? Y or N*
 - i. Other (please specify):_____

Note: If you currently work at more than one institution, please respond to the below items based on your primary place of employment.

7. *Not* including yourself, number of FAIMER Fellows who, to your knowledge, work at your institution(s): (Drop-down for none, one, 2-4, 5-7, 8-10, more than 10)

Please indicate your *level of agreement* with each of the following statements (1 strongly disagree, 2 moderately disagree, 3 slightly disagree, 4 neither agree nor disagree, 5 slightly agree, 6 moderately agree, 7 strongly agree, 99 Not Applicable):

- 1) FAIMER fellows are a valuable resource for health professions education within my institution.
- 2) The education innovation projects completed by FAIMER fellows are beneficial to my institution.
- 3) Participation in FAIMER increases a fellow's visibility within my institution.
- 4) FAIMER fellows are a valuable resource for health professions education within my country.
- 5) Participation in FAIMER increases a fellow's national visibility in health professions education.
- 6) Participation in FAIMER increases a fellow's national influence in health professions education.

8. To what extent have FAIMER fellows contributed to the development of the following items at your INSTITUTION, at the NATIONAL level, and at the REGIONAL level. "Development" may include policies, processes, or practices that create, improve, or sustain. (0 = no positive contribution or not implemented, 1 = small positive contribution, 2 = moderate positive contribution, 3 = major positive contribution).

	At your INSTITUTION? [drop-down list: 0 = no positive contribution, 1 = small positive contribution, 2 = moderate positive contribution, 3 = major positive contribution]	At the NATIONAL level? [drop-down list: 0 = no positive contribution, 1 = small positive contribution, 2 = moderate positive contribution, 3 = major positive contribution]	At the REGIONAL level? [drop-down list: 0 = no positive contribution, 1 = small positive contribution, 2 = moderate positive contribution, 3 = major positive contribution]
a. HPE units or departments			
b. Effective teaching methods			
c. Education curricula and content that is relevant to priority health			

	At your INSTITUTION? [drop-down list: 0 = no positive contribution, 1 = small positive contribution, 2 = moderate positive contribution, 3 = major positive contribution]	At the NATIONAL level? [drop-down list: 0 = no positive contribution, 1 = small positive contribution, 2 = moderate positive contribution, 3 = major positive contribution]	At the REGIONAL level? [drop-down list: 0 = no positive contribution, 1 = small positive contribution, 2 = moderate positive contribution, 3 = major positive contribution]
needs			
d. Inter-professional coordination and collaboration in education of health professionals			
e. Flexibility to adapt education practices to changing social contexts and health needs			
f. Education research & evaluation to inform planning & identify promising practices			
g. Leadership development opportunities			
h. Community-orientated			

	At your INSTITUTION? [drop-down list: 0 = no positive contribution, 1 = small positive contribution, 2 = moderate positive contribution, 3 = major positive contribution]	At the NATIONAL level? [drop-down list: 0 = no positive contribution, 1 = small positive contribution, 2 = moderate positive contribution, 3 = major positive contribution]	At the REGIONAL level? [drop-down list: 0 = no positive contribution, 1 = small positive contribution, 2 = moderate positive contribution, 3 = major positive contribution]
curricula			
i. Processes for continuous updating and improving of curricula			
j. Incentives and policies to ensure that all faculty adopt new education methods			
k. Promotion policies based on performance (versus set progression tied to years spent at each level)			
l. Inclusion of HPE activities and research as significant part of criteria for career advancement			

	At your INSTITUTION? [drop-down list: 0 = no positive contribution, 1 = small positive contribution, 2 = moderate positive contribution, 3 = major positive contribution]	At the NATIONAL level? [drop-down list: 0 = no positive contribution, 1 = small positive contribution, 2 = moderate positive contribution, 3 = major positive contribution]	At the REGIONAL level? [drop-down list: 0 = no positive contribution, 1 = small positive contribution, 2 = moderate positive contribution, 3 = major positive contribution]
m. Educational environment and methods that are sensitive to student backgrounds and needs			
n. Ongoing faculty development opportunities			
o. Educational environment and methods that enable students and graduates to effectively address health issues within the national context			
p. Educational environment and methods that enable graduates to understand the needs of the			

	At your INSTITUTION? [drop-down list: 0 = no positive contribution, 1 = small positive contribution, 2 = moderate positive contribution, 3 = major positive contribution]	At the NATIONAL level? [drop-down list: 0 = no positive contribution, 1 = small positive contribution, 2 = moderate positive contribution, 3 = major positive contribution]	At the REGIONAL level? [drop-down list: 0 = no positive contribution, 1 = small positive contribution, 2 = moderate positive contribution, 3 = major positive contribution]
community			
q. Educational environment and methods that enable graduates to deliver care that is aligned with community needs, using the most appropriate technologies and techniques			
r. HPE conference			
s. HPE association			
t. Organizing diploma or graduate programs for HPE			
u. Peer-reviewed journal(s) in HPE			
v. Competencies framework for health professions			

	At your INSTITUTION? [drop-down list: 0 = no positive contribution, 1 = small positive contribution, 2 = moderate positive contribution, 3 = major positive contribution]	At the NATIONAL level? [drop-down list: 0 = no positive contribution, 1 = small positive contribution, 2 = moderate positive contribution, 3 = major positive contribution]	At the REGIONAL level? [drop-down list: 0 = no positive contribution, 1 = small positive contribution, 2 = moderate positive contribution, 3 = major positive contribution]
educators			
w. Adequate & appropriate education resources & infrastructure to meet health workforce demands			
x. Coordination of education policies and practices with health systems and services			

9. Please tell us a story about what you consider to be one of the most meaningful examples of the impact of FAIMER on your institution, country or region.

10. Additional comments:

Appendix D

FAIMER Fellow//Alumni Follow-up Questionnaire

Introduction

This questionnaire has been designed to gather information about your experiences with the FAIMER community and your professional development in health professions education, since beginning the FAIMER Fellowship. It is a record of your accomplishments as a health professions educator and your reflections on your FAIMER experiences.

This information helps those of us at FAIMER to better understand and enhance the impact of the FAIMER Institutes. We very much want and need to hear your perspective over time, so that we can improve the work of FAIMER.

It will be helpful for you to have your updated CV at hand when you complete this questionnaire -- for reference when answering questions about your professional accomplishments.

Below is a list of the three sections of this questionnaire.

1. FAIMER Community
2. Your FAIMER Project
3. Professional Accomplishments and Milestones

Thank you very much for taking the time to complete this questionnaire. It should take you 20 to 30 minutes to complete this questionnaire. Please contact Shiyao Yuan at syuan@faimer.org if you have suggestions about how we can make it even more useful for you.

Part I: FAIMER COMMUNITY

1. What have you gained from your involvement in the FAIMER community during the past one year? (Check all that apply)
 - a. New ideas about health professions education
 - b. Deeper knowledge about specific content areas in health professions education
 - c. Career advice
 - d. Organizational change advice
 - e. Conflict management advice
 - f. Leadership advice
 - g. Emotional support
 - h. Research collaboration
 - i. Sharing of resources
 - j. Geographically diverse perspectives
 - k. Breadth / diversity of expertise
 - l. Other (please describe)
 - m. None of the above -- During the past year, I was not involved in the FAIMER community
 - n. None of the above -- During the past year, I did not gain anything from my involvement in the FAIMER community

2. How have you applied skills and/or knowledge that you have gained from your FAIMER experience during the past one year? (Check all that apply)
 - a. Curriculum development / revision
 - b. Accreditation process panel member or reviewer
 - c. Training course or workshop
 - d. Educational advisor or consultant, either formal or informal
 - e. Regional or national policy recommendation development
 - f. Community health project or intervention
 - g. Community-based education project
 - h. Professional society or board committee member
 - i. Student assessment
 - j. Health Professions/Medical Education unit creation, expansion, or improvement
 - k. Faculty development program creation, expansion, or improvement
 - l. Reviewer for educational journal(s)
 - m. Collaborative research
 - n. Other (please describe)

- o. None of the above -- During the past year, I have not applied any knowledge/skills gained from my FAIMER experience.

3. How have you been involved in the FAIMER community over the past one year?
(Check all that apply)

- a. Cross-Institute working group or committee
- b. FAIMER Institute working group or committee
- c. FAIMER Regional Institute working group or committee
- d. FAIMER Institute faculty
- e. FAIMER Regional Institute faculty
- f. DAFFRI participant
- g. Met with FAIMER Fellow(s) at a professional meeting
- h. Collaborative research project with FAIMER Fellow(s) (text box: please describe title of project and its contribution to Health Professions Education)
- i. Collaborative Health Professions Education (HPE) project (non-research) with FAIMER Fellow(s) (text box: please describe title of project and its contribution to HPE)
- j. Participation on the listserv by reading postings

On average, how often do you **read** listserv postings? (drop-down: less than once per month, 1-2 times per month, 3-5 times per month, 6-10 times per month, more than 10 times per month)

- k. Participation on the listserv by contributing postings

On average, how often do you **contribute** a listserv posting? (drop-down: less than once per month, 1-2 times per month, 3-5 times per month, 6-10 times per month, more than 10 times per month)

- l. Communication with individual FAIMER Fellows (not including listserv communication).

On average, how many individual **Fellows** do you communicate with **monthly**? (drop-down: 1-2, 3-5, 6-10, more than 10)

- m. Communication with individual FAIMER Faculty (not including listserv communication).

On average, how many individual **Faculty** do you communicate with **monthly**? (drop-down: 1-2, 3-5, 6-10, more than 10)

- n. Other collaboration(s) within the FAIMER community (please describe)

- o. None of the above – During the past year, I have not been involved in the FAIMER community.

4. Looking back over your FAIMER experience, please share any experiences or areas of learning that you now think should be added to or increased in the FAIMER Institute or Regional Institutes. Please explain why you think these areas should be added or increased – what would be the benefit?
5. Please share any suggestions for advanced topics in Teaching/Learning, Leadership, or Research related to Health Professions Education.
6. How has the FAIMER community experience enhanced your cultural competency? Please explain with an example of how you have applied it in your context. (*Cultural competency here means understanding; respecting and successfully interacting with those whose world views, values, behaviors, communication styles, customs and practices are different than one's own.*)
7. Please suggest ways in which the FAIMER community experience can enhance your cultural competency even more.
8. How has FAIMER or the FAIMER community served as a catalyst for change in your school or beyond (country, region) during the past one year?
9. Medical Education Units / Departments or Health Professions Education Units / Departments

Does your Institution have a Medical Education Unit or Health Professions Education Unit?

Yes

No

In what year was the Unit established?

Year: (YYYY)

Were you involved in the creation of the Unit?

Yes

No

Are you a member of the Unit?

Yes

No

Part II: YOUR FAIMER PROJECT DURING THE PAST ONE YEAR

10. What is the current status of your FAIMER project? Please check the statement(s) that best describes your project currently. (Check all that apply)

- a. My project has been incorporated into the curriculum
- b. My project has been incorporated as an institutional policy or procedure.
- c. My project (or aspects of it) is being replicated in another course/module/year at my institution.
- d. My project (or aspects of it) is being applied in another setting in my country.
- e. My project (or aspects of it) is being applied in a setting in another country.
- f. My project has been expanded to address additional objectives that were not originally part of the project.
- g. My project is ongoing but has not been replicated or expanded.
- h. My project has ended.
- i. I don't know the status of the project.

11. Projects are affected by a variety of conditions and situations. Please check all that have affected your FAIMER project. (Check all that apply)

Supportive conditions/situations	Obstructive conditions/situations
▪ Quality/support of institutional leadership ▪ Competence/support of faculty ▪ Interdepartmental cooperation ▪ Support of FAIMER faculty / fellows ▪ Student support/enthusiasm/cooperation ▪ Supportive institutional environment (e.g., open to innovation, appropriate policies, good research environment) ▪ Self-motivation / initiative ▪ Opportunities for recognition/reward ▪ Availability of resources (technical, support staff, funding, etc.) ▪ Realistic project plan (e.g., realistic timescale, size of project, etc.) ▪ Groundwork done / previous projects on same topic / pilot project results	▪ Opposition/resistance of institutional leadership ▪ Disruptive change in institutional leadership (e.g., new dean, etc.) ▪ Difficulty in relationships with institutional leadership (e.g., lack of transparency, poor communication, nepotism, duplicity, etc.) ▪ Opposition/resistance/mistrust of faculty ▪ Inertia/apathy/complacency of faculty ▪ Lack of interdepartmental cooperation ▪ Student resistance ▪ Challenges in institutional environment (e.g., reassigned to other work by university, strike at school, etc.) ▪ Difficulty getting ethics committee /

▪ Good link to health system ▪ Recognised need ▪ Shared goals/vision ▪ Good teamwork ▪ Regional / National / International interest ▪ Other (please describe) ▪ Not applicable – there have not been any supportive conditions during the past year.	▪ institutional clearance for project ▪ Doubts about own capability ▪ Lack of opportunities for recognition/ reward ▪ Need for more resources (e.g., human resources, technology, funding, etc.) ▪ Unrealistic project plan (e.g., workload increase/overload, lack of time, scheduling difficulties, etc.) ▪ Lack of precedent / evidence ▪ Local health system resistance ▪ Under-representation of certain stakeholders in planning phase ▪ Political instability ▪ National / local authority resistance ▪ Other (please describe) ▪ Not applicable – there have not been any obstructive conditions during the past year
--	--

12. What **changes** in your school or community/region have occurred as a direct or indirect result of your FAIMER project? Please check all that apply.

- a. Results confirm better health results at the population level
- b. Increased *quality* of education (i.e., improvement in the quality of education and education systems). Select all that apply:
 - i. There is more faculty interest in research in education
 - ii. There is more faculty interest in the quality of teaching
 - iii. Assessment is more reliable and valid
 - iv. The quality of teaching has improved
 - v. Student performance on knowledge and outcome measures has improved
 - vi. Other (please describe)
- c. Increased *relevance* of education (i.e., emphasis on relevance of education to priority health needs and most vulnerable populations). Select all that apply:
 - i. Curriculum is better aligned with community health needs

- ii. Faculty are more knowledgeable in rural healthcare and working in community
- i. More faculty teach community health professionals and/or community health workers
- ii. Students are more knowledgeable in rural/primary level healthcare and working in community settings
- iii. Community service among students has increased
- iv. Other (please describe)
- d. Increased *quantity* of education (i.e., increased capacity in terms of education resources and productivity)
- e. Changes in institutional or departmental policies, processes, procedures. Select all that apply:
 - i. There is more **intra**departmental collaboration in education (including education research, teaching, etc.)
 - ii. There is more **inter**departmental collaboration in education (including education research, teaching, etc.)
 - iii. Other (please describe)
- f. None of the above – I am not aware of any changes in my school or community/region that have occurred as a result of my project.

Part III: Professional Accomplishments and Milestones in PAST ONE YEAR

13. Health Professions Education Publications (articles, monographs, chapters, books)

Number of Health Professions Education Publications by Type during the past one year

Journal Article
 Abstract
 Editorial
 Letter
 Short report
 Conference proceeding
 Commentary
 Book
 Book Chapter

Did you publish any Health Professions Education Indexed Article during the past one year? “Indexed Article” here means a publication/journal that is indexed by one of the major indexing sourcing such as PubMed or ERIC.

Yes -- *If yes, number of HPE Indexed Articles published during the past one year?*

No

Have you *EVER* published anything based on your FAIMER project?

Yes

No

Did you collaborate with another FAIMER Fellow on any publications during the past one year?

Yes

No

14. Educational Materials

Educational Materials include materials such as curricula, teaching materials, assessment tools, blogs, and faculty development resources.

Did you create any educational materials that are **publicly available** during the past one year (e.g., available in a repository, publication, online venue that is available to the public)?

Yes

No

Did you collaborate with another FAIMER Fellow on any educational materials during the past one year?

Yes

No

15. Health Professions Education Conferences / Presentations / Workshops

Please note any education-related conferences/meetings/presentations/workshops **in which you have participated as an organizer or presenter** during the past one year.

Number of education-related conferences/meetings/presentations/workshops in which you have been an organizer, during the past one year.:

Number of education-related conferences/meetings/presentations/workshops in which you have been a presenter, during the past one year:

During the past one year, did you organize or present at any conferences etc that were (check all that apply)

National

International

Local

During the past one year, did you collaborate with another FAIMER Fellow on any HPE conferences etc? (This means collaboration via co-presenting or co-organizing)

Yes

No

16. Professional Development in Health Professions Education (other than FAIMER activities)

This includes education activities you have participated in for your own professional development in Health Professions Education.

Number by Type during the past one year

New Degree

Certificate Course

Exam Passed

Seminar/workshop/conference attended

17. Health Professions Education Journals

During the past one year, have you held any of the following roles for a *Health Professions Education* Journal

Peer reviewer (Y/N)

Editorial board (Y/N)

18. Professional organizations memberships and leadership

During the past one year, have you been the member or leader (executive committee member, president, secretary, etc) of any Health Professions Education (HPE) professional organizations

Yes – member (if yes, list names all HPE organizations of which you have been a member)

Yes – leadership position (if yes, list names all HPE organizations of which you have been in a leadership position)

No

19. Health Professions Education-Related Grants / Funding

Number of Grants by Type during past one year

National

International

Local

Did you collaborate with FAIMER Fellow or FAIMER Faculty member on any of the grants?

Yes

No

19. Any other Health Professions Education professional accomplishments or milestones during the past one year?