

BRIEF REPORT, JANUARY 2013: Institutional Change: Facilitators and Barriers

“We ask the students, ‘Why do you want to become a doctor?’ And I realized that it was 99.9% because of the power. How power comes? From the money. Yeah, they would say that’s not the whole focus. There are a lot of persons who are different from that, who can make the change in the whole system. Where it is not for the power or for the money, it is because to do some service. Just try to introduce the type of activities into my system, may be a little change in the near future. To look at what will be the quality of the doctor that society needs, depending upon societal demands. So I think it will grow and there will be better care for the population.” - Fellow

We hear about and see evidence of changes at FAIMER fellows’ institutions. These include the impact of fellows via their FAIMER projects, introducing new educational approaches, starting or strengthening education units/departments, and faculty development efforts. And changes spread across institutions when fellows collaborate (e.g., providing regional faculty development workshops), are recognized as regional and national leaders for educational policy development and consultation, and disseminate educational scholarship. (E.g., See September 2011 brief report on medical education units, February 2012 brief report on fellow project status, March 2012 brief report on accomplishments before/after fellowship).

When we observe change (such as the changes at fellows’ institutions), it is often important to “look more deeply” to try to understand the mechanisms of change. **How does the interaction between FAIMER fellows and their contexts influence institutional change?** Individuals who seek to improve education in their institutions are often trying to introduce change in a context of complexity (many interacting factors, dynamic environment, uncertain future). Most if not all FAIMER fellows face this challenge. A qualitative approach is suited to exploration and learning about such complex scenarios. This brief report looks at findings about institutional change obtained from **focus groups with Fellows and interviews with deans** at fellows’ institutions.

- Every year during the on-site session of the FAIMER Institute in Philadelphia, year 2 fellows are asked to participate in a focus group, facilitated by a consultant external to FAIMER. Focus group questions ask about many aspects of the FAIMER experience, including how participation in the fellowship has impacted their contributions to institutional change. This report draws on findings from focus groups with 2011 and 2010 class fellows.
- From March through September 2011, two independent consultants conducted interviews with deans from six health professions schools in Brazil, India and South Africa. Two schools were included from each country; one school had one to two fellows and the other two or more fellows. Interview protocol questions asked deans for their perspectives on “successful” health professions education, contributions of FAIMER and FAIMER Fellows toward the development of successful education within their schools and countries, and the relationship between health professions education and the health of communities.

Barriers to and facilitators of educational change. Barriers to implementation of policies and practices that contribute to successful education ranged from faculty attitudes to student attitudes or preparedness to institutional issues and governmental guidelines and regulations. Several deans mentioned financial and physical resources as potential barriers.

Facilitators included achieving a critical mass of teachers and students willing to adopt new methods, along with committed leadership in both the institution and the environment.

“... to really implement the change I need a team. With others, it could be more effective.” - Fellow

“At some point, when there is a critical mass of teachers and students, it becomes entrenched, and I think that is the point where one can safely say that those who have not yet bought in will be doing so in the relatively near future.” - Dean

“FAIMER gave several colleagues at my school opportunities... so we already have a team so that we could change for the better.” - Fellow

“If we are able to develop more of the national program and develop a lot of the support and peer groups enabling systems within the country, it would help substantially.” - Dean

“We also learned here how to transfer what we did through scholarship, for example, do publishing, go to conferences and spread your idea. So you are going to be supported even by people whom you don’t know. The society, the community, will support your idea because it’s alluring and it becomes official.” - Fellow

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“Critical mass” of Fellows. Deans and fellows from institutions with more than two fellows saw that greater change can occur when a “critical mass” is reached. Deans suggested that as the number of fellows from the institution grows, there will continue to be a bigger impact.

Relationship between FAIMER and institutions. Fellows’ FAIMER projects are based on needs identified by the fellows and their institutions and so serve to meet institutional needs. And as fellows and their projects gain visibility, there is the opportunity for relationships with and impact at other institutions.

Both deans and fellows also supported the need for initiating and strengthening relationships between FAIMER and deans in the fellows’ institutions. Several deans commented that the only knowledge they have of the program is through the fellows, and if they don’t choose to share what they have learned and keep their dean “in the loop” the benefit is really only to the individual fellow and not the institution. Fellows frequently share that work on their FAIMER projects and their ability to have influence and impact in their institutions during their fellowship and afterward, is facilitated when FAIMER leadership has developed a relationship with their dean.

Relationship between health professions education and the health of communities. Deans noted that the relationship to health of communities is stronger at institutions where the culture is to focus on community engagement, and the focus of medical education is on training clinicians to practice medicine in ways relevant to the communities where they practice. The other component is to find ways for the university to collaborate with governmental entities (i.e. ministries of health, state and municipal health agencies) to deliver cohesive health services. All of the deans interviewed expressed commitment to connecting health professions education to the needs of the community and overall health delivery countrywide.

Fellows believe their projects will contribute to improvement of health and health systems in their countries. They are able to see the connection between the quality of training for healthcare providers and the overall health in their countries, and some noted that it would take time to achieve changes in health.

When deans were asked how FAIMER can contribute to strengthening the relationship between health professions education and the health of communities, responses were mixed. Some felt that this should be up to the institutions because they were more familiar with their communities. Others look to FAIMER to share technology, and to also serve as a convener, connecting researchers, educators, and policy makers to one another to share ideas and collaborate on solutions. Still others would like to see FAIMER continue to bring experiences that institutions can incorporate further into their training.

“If FAIMER is not visible to the institution, the impact is less.” – Dean

“If you want to carry out reform or change in your institution, it’s much easier from top to bottom, from the magisterial office to the faculty. It’s more difficult from the teachers to the whole university. But the minute that the dean and the leadership pay more attention, you have more positive impact in the whole institution.” – Fellow

“One thing that would be good is to involve the institution. Many times we don’t receive, at the institution level, communication from FAIMER directly. Many times we feel we don’t get all the information.” – Dean

“One of reasons our projects are very important and ready to be sustained is that we are addressing needs which have been identified by us. It’s not like FAIMER tells us that “you know, in your institution, you need to do this or that.” – Fellow

“There should really be a memorandum of understanding between FAIMER and the institutions so that we clearly see what FAIMER’s contribution is, not just to the individual, but to the institution.” – Dean

“I think to answer this question that’s a longer term. You cannot answer it one year after. You need for any change to see the impact – you’re talking healthcare. There is no way really we could see that now.” – Fellow