THE TUTOR-PHC GUIDE TO FACILITATING ONLINE WORKSHOPS

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Transdisciplinary Understanding and Training on Research – Primary Health Care (TUTOR-PHC)

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Introduction

The role of the workshop facilitator has three major components:

1. INSTRUCTIONAL DESIGN AND ORGANIZATION

In this role, the facilitator envisions the goals, or learning objectives, for the workshop and plans the activities that will help participants meet these objectives. Initially the facilitator must identify the major concepts in the workshop and decide how and when to introduce these concepts. Then the facilitator chooses the readings and other materials and writes tasks, such as discussion questions or problem-solving activities, to structure the participants’ learning.

Setting tasks that draw on participants’ professional experience and prior knowledge and asking questions that encourage participants to collaborate with each other are two important components of good online instructional design.

2. FACILITATING DISCOURSE

One of the great advantages of online learning is the increased opportunity for communication, which has the potential to create a learning environment that is collaborative and student-centered. The facilitator’s communications set the tone and expectations for the discussions that take place in the workshop so that participants take on a sense of ownership of the group’s work.

Facilitators are responsible for ensuring that discussion is productive and “on track”. They do this by pointing out areas of consensus and disagreement, posing follow-up questions and encouraging reluctant participants to join in the discussion.

3. DIRECT INSTRUCTION

Although online learning is widely characterized as collaborative, this should not diminish the importance of the facilitator as subject matter expert. The facilitator’s expert status means that s/he has a unique role in the group. Some of the “expert” tasks that the facilitator must attend to include:

- Assessing student statements
- Diagnosing misconceptions
- Referring students to additional resources

In a lively and dynamic discussion, participants look to the facilitator to highlight important themes in the discussion, place the discussion in the context of developments in the field of study, and share her/his professional experiences that have generated insight into the subject matter.

(Sources: Anderson, Rourke, Garrison, & Archer, 2001; Berge, 2002; Bonk, Wisher, & Lee, 2004)
The Facilitator’s To Do List

The checklist below is provided to help you understand the various responsibilities of an online facilitator:

**Before the workshop begins**
- Identify learning objectives for the workshop.
- Plan the sequence of readings, student tasks, and other learning objects.
- Write an overview of the workshop.
- Decide how to “thread” the discussions.

**During the workshop**
- At the beginning of each week, post a message reintroducing the topic and task(s) for the week.
- Participants are required to post a *minimum* of twice weekly.
- Read new messages every day.
- Provide regular feedback to participants.

**At the end of the workshop**
- Send a message that summarizes the workshop experience and invite participants to comment on the workshop experience and their learning.
- Conduct evaluation process.
- Take notes summarizing what you think worked well and what changes you would like to incorporate the next time that you offer this or a similar workshop.
How to Use this Guide

The rest of this guide is devoted to expanding upon these tasks and providing useful suggestions for your work as a workshop facilitator and includes excerpts from past TUTOR-PHC workshop discussions. The appendices include three sample prospectuses from TUTOR-PHC workshops. The bibliography at the end provides references for works cited, as well as other helpful resources on online education.

Other materials provided in this packet include a full transcript of one workshop as an exemplar and overviews for all past TUTOR-PHC workshops, which include objectives, readings, facilitator posts, and participant feedback. Facilitators seeking further information and access to past workshops should contact Leslie Meredith at lmeredit@uwo.ca.

TUTOR-PHC uses WebCT Vista as its operating platform. For information on the technical aspects of facilitating workshops with WebCT Vista, see the faculty support resources available at: https://vista.uwo.ca/webct/cobaltMainFrame.dowebct or contact Leslie Meredith at lmeredit@uwo.ca.

A note on style: The excerpts from online discussions are presented here in Verdana font, which is the default font for WebCT. Excerpts from printed documents are presented in Times Roman. Within excerpted materials, some typographical errors have been preserved to maintain the authenticity of the excerpts.
# TABLE OF CONTENTS

Planning the workshop: learning objectives .................................................. 1  
Planning the workshop: discussion questions ................................................. 2  
Planning the workshop: tasks that promote collaboration and understanding ...... 4  
Planning the workshop: threading ................................................................. 6  
Facilitating the workshop: welcoming participants and setting the scene .......... 7  
Facilitating the workshop: thinking about netiquette ................................... 8  
Facilitating the workshop: responding to participant posts ......................... 9  
Facilitating the workshop: keeping discussion on track ............................... 11  
Concluding the workshop: wrapping it up ..................................................... 13  
Evaluating the workshop: collecting and analyzing participant feedback .......... 14  
Appendix A: Prospectus for “In-depth Interviewing” .................................... 15  
Appendix B: Prospectus for “Measures and Indicators in Primary Health Care Evaluation” ................................................................. 17  
Appendix C: Prospectus for “Evaluating Primary Health Care Reform in Canada”..... 19  
Bibliography ....................................................................................................... 22  

TUTOR-PHC Guide to Facilitating Online Workshops
Planning the workshop: learning objectives

The learning objectives declare your goals and set participants’ expectations for the learning and discussion in the coming weeks. Keep the number of objectives to no more than three. What are the core ideas, skills, or principles that you would like participants to come away with? What are the key concepts that you will be exploring?

Verbs Referring to Different Types of Learning Objectives

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<tr>
<th>Knowledge/Concepts</th>
<th>Skills/Processes</th>
<th>Analytical/Critical Engagement</th>
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<td>Read</td>
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(Sources: Anderson & Krathwohl, 2001; Moseley, Baumfield, Elliott, Gregson, Higgins, Miller, & Newton, 2005)

Objectives may take the form of knowledge/concepts to acquire, skills to practice, processes to engage, or analysis to be attained by participants. While there are no rules about what types of objectives you should identify, you might consider whether including a combination of knowledge, process and analytical thinking objectives. Anderson & Krathwohl (2001) have identified a number of verbs for use in writing learning objectives that represent different types of thinking, which we have divided into three categories in the chart above.

Learning Objectives in TUTOR-PHC Workshops

The workshop prospectuses in Appendices A, B, and C, offer a number of objectives from the three areas identified above. For example, the objectives for “Evaluating Primary Care Reform in Canada” (Appendix C) include knowledge, concepts, processes, and critical engagement with the topic of healthcare reform:

1. To understand what is meant by “primary care reform” in Canada and where it “fits” in the history of the Canadian health care system.
2. To evaluate and critique different approaches proposed to evaluate “primary care reform” in Canada.
3. To acquire knowledge of the principles of evaluative research and systematic reviews applied to the health policy field.
Planning the workshop: discussion questions

Much of the learning in online workshops is generated by posing questions that prompt discussion, collaboration, and critique. Good questions lead to discussions that analyze, synthesize, and integrate new information and concepts with the participants’ experiences and interests.

Palloff & Pratt (2005) identify seven questioning techniques, which they adapted from Brookfield & Preskill (1999) for use in online discussion:

1. Questions that ask for more evidence (How do you know that? What data is that claim based on? What do others say that support your argument? Where did you find that view expressed in the materials?)
2. Questions that ask for clarification (What’s a good example of what you are talking about? Can you explain the term that you just used? Could you give a different illustration of your point?)
3. Open-ended questions (What have you learned about evaluation frameworks that you found new and interesting?)
4. Linking or extension questions (How does your comment fit in with the earlier comments about this issue? How does your observation relate to what the group decided last week? Does your idea challenge or support what we seem to be saying?)
5. Hypothetical questions (If you were presented with the following question in an interview, how would you respond . . .? If you had $100 million to spend on health care reform in Canada, where would you put the money?)
6. Cause-and-effect questions (What is likely to be the effect of changing from a one-to-one mode of working to a team mode? How might delivering training online affect the quality of care provided?)
7. Summary and synthesis questions (What are the one or two most important ideas that emerged from this discussion? What remains unresolved or contentious about this topic? What do you understand better as a result of today’s discussion? Based on our discussion today, what do we need to talk about next time if we’re to understand this issue better?)

(Sources: Palloff & Pratt, 2005, pp. 69-72; Brookfield & Preskill, 1999)

When initiating a discussion, it is important to pose a small number of questions that are tightly focused or that build on one another. Posing too many questions (i.e. more than three questions) will often lead to an unfocused or superficial discussion.

Planning Discussion Questions in TUTOR-PHC Workshops

The following set of questions asks participants to connect the new readings to previous readings, to place them in the context of their knowledge of the Canadian primary care system, and to draw connections to their research interests:

Please, between Wednesday and Friday, comment on:
• Common threads that you see emerging from the three set of references;
• Additional insights on the Canadian primary care system you gained from these papers.
• How your discipline is connected to/involved with primary care reform; what are the most important issues from your perspective.
• How your research interest fits in this global picture.
In the next set of questions, the facilitator establishes a conceptual framework of Structure, Process, and Outcome to be applied to all of the discussions in the workshop on Measures and Indicators in Primary Health Care Evaluation (Appendix B):

The first reading is a classic paper by the father of Health Services Research (HSR) Avedis Donabedian. Some of you may be familiar with this work and some perhaps not. What is important is the language and conceptual framework of HSR in terms of evaluating: Structure; Process; and Outcome. Reflect on the extent to which the research reported in the CIHI chapters cover structure, process and outcome.

When we move on to consider the indicators/attributes and measures of Primary Health Care, we can ask ourselves: Are the indicators/attributes and measures we read about focused on Structure or Process or Outcome?

Please comment on:

- The extent to which the research reported in the CIHI chapters cover structure, process and/or outcome.
Planning the workshop: tasks that promote collaboration and understanding

Providing participants with clear tasks to accomplish is perhaps the most straightforward of the facilitator’s responsibilities, yet a lack of task clarity is one of the most common complaints in studies of online learning experiences (Youngblood, Trede, & Di Corpo, 2001; Lim & Cheah, 2003). This finding, confirmed by the experiences of TUTOR-PHC trainers, means that it is important for facilitators to plan tasks thoughtfully and write clear task descriptions in the planning stages of the workshop.

When planning workshop tasks, keep in mind the general expectation that participants will post a minimum of two times per week. Some facilitators choose to have one discussion or activity that lasts for the course of the week, while others will assign one task for the beginning of the week (e.g., Monday-Wednesday) and another for the end of the week (e.g., Thursday-Friday).

There are a variety of possibilities for tasks to promote discussion, collaboration, and learning beyond the standard discussion questions. Palloff & Pratt (2005) offer 13 collaborative online activities:

1. roleplaying
2. simulations
3. case studies
4. questioning techniques for collaborative discussions (see previous section)
5. dyads
6. small-group projects
7. jigsaw activities
8. blogs
9. virtual teams
10. debates
11. fishbowls
12. learning cycles
13. webquests

The 3-week duration of the TUTOR-PHC workshops requires that tasks be short, clear, and meaningful. Within these constraints, however, it is possible to have participants engage in interesting debates, simulations, case studies, fishbowls, etc.

Tasks for Promoting Collaboration in TUTOR-PHC

The In-depth Interview Workshop (Appendix A) revolved around a simulation exercise in which participants divided into teams and generated their own interview guides and responded to another team’s guide. Then participants gave feedback on the interview guides and reflected upon the experiences of being the interviewer and interviewee. This set of tasks allowed participants to practice skills related to interviewing and to engage with larger issues surrounding in-depth interviewing. The division of tasks is described below:
**Week 1** - Participants will have an opportunity to discuss the reading materials and participants’ issues, concerns, thoughts and ideas about in-depth interviewing.

**Week 2** - Participants will be divided into two groups that will together create an in-depth semi-structured interview guide to address the research question: "What is the lived experience of personal growth through formal graduate education?"

**Week 3** - Members of each of the two groups, will assume the role of interviewees in answering the questions of the other group, and, through this lens, will critique the semi-structured interview guide of the other group, together exploring the personal experiential knowledge acquired through this process.

The interviewing tasks described above combined the techniques of simulation and roleplay with a fishbowl, as participants on each team viewed the other team’s process for generating the interview guide.

In the workshop on Measures and Indicators in Primary Health Care Evaluation (Appendix B), participants engaged in a form of debate by ranking attributes of primary healthcare:

You will read and discuss the presentation on “Attributes of Primary Healthcare”
Step 1: read the attributes and their definitions.
Step 2: suggest modifications, add any missing attributes and propose an operational definition and rank the importance of the dimension in primary care with the following scheme
   1 = essential to core function in all models
   2 = important but not essential in all models
   3 = relevant to some models of care
Step 3: comment on each other’s postings

This task also set the stage for what Palloff and Pratt (2005) refer to as “cycles of learning” because participants compared their healthcare priorities to those evident in the following week’s readings and used these comparisons as a springboard for discussion.
**Planning the workshop: creating the threads**

A thread is a series of messages all replying to the same original message. All of the threads for the workshop module will appear on the messages screen, allowing participants and facilitators to see discussion topics at a glance.

It is a good idea for the facilitator to plan the discussion threads as s/he plans the workshop tasks. For a straightforward discussion, the facilitator may simply create a thread for each week and title the thread with the main topic of discussion.

If there is more than one task for the participants to address in a given week, it is a good idea to create a different thread for each task. In a case where participants may be working on different tasks simultaneously, as with the In-depth Interviewing Workshop described above, it may be necessary to create a different thread for each team or one for each step of the process.
Facilitating the workshop: welcoming participants and setting the scene

The facilitator’s first post sets the tone and the expectations for participants. Participants generally appreciate a facilitator who is enthusiastic, responsive, and encouraging of their participation.

The first post is also an opportunity to introduce yourself and your teaching or communication style to the participants, as you can see in the excerpt below.

A TUTOR-PHC Welcome

Welcome to all of you to the workshop “Evaluating Primary Care Reform in Canada”. What an ambitious title! A little bit presumptuous indeed! As if there was “a” primary care reform that began in a given point in time. Still, primary care is one of the major preoccupations of all the stakeholders in the Canadian health care system. For you as future researchers, it will provide great opportunities.

Here is my ultimate goal for this workshop: to help you see better how your research fits within the global picture of primary care in Canada and to provide you with a more comprehensive conceptual framework to guide the methodological decisions that you will have to make in designing your own research project. So always keep this in mind when you read the material. As you saw in the outline, the workshop is organized around three topics, or “threads”: issues related to primary care in Canada; general issues regarding evaluation of complex interventions; and specific examples on the evaluation of primary care “policies”.

Some house keeping. I will tell you each week when I will “jump in” on the web site. I see my role as a facilitator. I expect you to engage discussions fully between yourselves. I will make sure you stay on track and will respond to any clarification questions. Keep two things in mind. First, it is my first “go” at this form of teaching: please if I am not meeting your expectations, simply say it and I will adjust. Second: English is not my first language, so my writing style may be awkward at times: if what I say is not clear, say it.

So, let’s go with Week 1 . . .
Facilitating the workshop: thinking about “netiquette”

The facilitator may want to post a statement summarizing her preferences or ground rules for online discussion. While many TUTOR-PHC trainees have experience in online forums and workshops, it is sometimes a good idea to establish a common understanding of netiquette in your workshop. Below are some tips for making online discussions clear and collaborative.

Plan your post or comment to be clear and purposeful. Because extended online discussions can be difficult to follow, use keywords in the subject heading that will help readers remember your main idea.

Make context clear. Consider including a brief quotation from the message that you’re responding to. Explain any acronyms that you use so that participants from a variety of fields can follow your meaning.

Warn your reader at the beginning of a long post. It is generally considered good manners online to let your reader know if your post is going to be longer than 1-2 screens.

Avoid typing in all capitals because it is difficult to read and is considered the electronic version of “shouting.”

Remember that your remarks can be misinterpreted due to cultural differences or the lack of non-verbal cues. Label your emotions (i.e. “I'm confused about this . . .”) to avoid having others misunderstand your intent. Read your comments over before you post them.

(Sources: Bennett, Marsh, & Killen, 2007; Palloff & Pratt, 2005; TRACE Teaching Resources Office)
Facilitating the workshop: responding to participant posts

Participants report that they value facilitator feedback and cite the quality and timeliness of that feedback as important to their learning (Northrup, 2002). Once discussion is underway, the facilitator’s role is to recognize the contributions of group members; summarize the discussion; pose questions or comments that will link the discussion to broader themes in the workshop; and direct participants to additional resources on topics that have been raised in the discussion. The typology of questions offered in the discussion question section may be helpful in thinking about responding to ongoing discussions.

Facilitators need to strike a balance between allowing participants to take ownership of the discussion and using their experience and expertise to shape and direct the discussion. Facilitators should be prepared to log on at least once a day to check on an ongoing discussion. This way facilitators can quickly intervene when there is confusion about the assigned tasks or when participants need clarification of important concepts. Berge (1995) recommends that facilitators provide 25-50% of all of the content in an online discussion, and Shank (2001) recommends that facilitators provide at least 10% of discussion content.

When the facilitator takes part in an ongoing discussion, she should acknowledge each post; find unifying threads; articulate the conflicts of opinion that are evident either between discussants or in the field in general; and share how the key issues in the discussion have played out in her own work (Berge 1995).

Anderson, et al (2001) developed six types of facilitator comments:

1. Identifying areas of agreement/disagreement (Joe, Mary has provided a compelling counter-example to your hypothesis. Would you care to respond?)
2. Seeking to reach consensus/understanding (I think Joe and Mary are saying essentially the same thing.)
3. Encouraging, acknowledging, or reinforcing student contributions (Thank you for your insightful comments.)
4. Setting climate for learning (Don’t feel self-conscious about ‘thinking out loud’ on the forum. This is a place to try out ideas after all.)
5. Drawing in participants, prompting discussion (Any thoughts on this issue? Anyone care to comment?)
6. Assessing the efficacy of the process (I think we’re getting a little off track here.)

Facilitators Respond to Participants’ Comments

Here are some examples of facilitators responding to ongoing discussions. In the first example, the facilitator recognizes and validates participants’ comments and draws connections to the central themes in the field. In the second example, the facilitator seeks to correct a misunderstanding on the part of two of the participants while
remaining highly positive. In the third example, the facilitator clarifies her role in the discussion and offers general encouragement to the group.

Example 1

Hello to everyone,

Just to say that I am there. I read with a lot of interest Doug's and Lorraine's comments. What I find particularly interesting is your reading of the material through your lenses- your interests and experiences.

The PC reform in the military is an interesting laboratory, indeed. Even in a context where there is organizational "clout" (an euphemism for "control and command") competing interests and agendas in different parts of the organization may create obstacles, like the example of the shoes shows well.

We begin to see some outcomes/ processes indicators emerge.

Doug is also raising the questions of implementation : how to go from a series of pilot projects to a "systemic" change ? What is your view on this ? (The Hutchison and Lewis&Kouri papers will permit to debate this questions more in depth).

I will stop here for now. Let's wait for the others' comments to the first reading and for their answers to the first question. Thanks to Lorrrain and Doug for the first comments.

I am in the clinic all day tomorrow. I will join in Wednesday morning early.

Example 2

Good discussion Julie and Michelle... I didn't really want you to think that only two were relevant. I just wanted you to focus on a few and "talk out" the "why" part of how you think they might be important covariates. You have done that well.

I'm going to post a paper based on some work we did that will give you a feel for the covariates we chose so you can have a look. Let's discuss the strengths/weaknesses of the ones we used over the next couple of days and finish this discussion up by Friday so we are set to move on to some new stuff on Monday.

Example 3

I will be reading everyone's comments, but won't be responding to each comment, as I would like for some discussion to ensue. In fact I find that by the time I have gone through 2-4 other postings, everyone has picked up on the issues, challenges, etc and pre-empted what I was going to say. This is actually good! So, I will be checking regularly but if you don't hear from me after every posting, don't worry. Be assured I am reading the postings and will comment after there has been a little discussion or when there is an issue that needs clarification or discussion from me.
Facilitating the workshop: keeping discussion on track

At the beginning of each week, facilitators post a new message restating the task for the week and linking it to the discussions from the previous week. Since the expectation is that participants will post at least twice each week, usually facilitators ask participants to complete their first post in the beginning of the week so that the discussion can continue to develop throughout the week. As noted in the previous section, facilitators should check in on discussion daily. If a facilitator will be unable to access WebCT for a day or more, it is a good idea to inform the participants in advance (e.g. “I will be away from my computer all day tomorrow but will be back online to respond to your comments on Wednesday . . . “)

When participants appear absent or silent in the discussion, facilitators may contact them privately, as through email, or may encourage them in a post, such as, “This discussion over ___ is certainly heating up! I’m looking forward to hearing what Anya and Ben have to say about the issue . . . “

Bennett, Marsh and Killen (2007) offer a number of practical tips for handling disagreements and miscommunications online. While this has not been a significant issue in TUTOR-PHC workshops, it is important to remember that due to the informal nature of online communication, it is common for people to unintentionally or unknowingly offend each other. Facilitators should be prepared to recognize when interpersonal tensions arise online. On these occasions, facilitators may remind participants to direct their criticisms to ideas rather than to persons, to consider how cultural differences may affect how they read each others’ posts, or to reestablish “ground rules” for the group’s discussions. The facilitator may choose to contact participants via private email on these occasions.

What do TUTOR-PHC participants have to say about facilitators?

Feedback from participants creates a sense of what they appreciate about their facilitators.

• [The facilitator] was inclusive in her responses and discussions, very respectful of others’ positions, and enthusiastic about the topic. This provided for fruitful, open discussion and learning was accomplished from the interaction between participants as well as from the material.

• Extremely knowledgeable and easygoing. I really appreciated how she included everyone in her feedback comments and how she brought all of our ideas in her wrap-up/summary.

• She prompted participation, responded to posts, and challenged the participants. She respected that we were all at different stages in our knowledge about PHC reform evaluation, and yet, she was very skilled at challenging the participants to think critically and apply the information to our own discipline and our own research.
• [The facilitator] was an excellent facilitator for this workshop. Her postings kept the group on track and focused on particular topics – it is a pleasure to work with such an expert on both content area and process.

• [The facilitator] was very helpful in her comments and questions that lead to active thinking and rethinking in our workshop discussions. She was always positive but constructive with her feedback. She encouraged interaction between trainees which was also helpful.

• She always had insightful, relevant comments and made an effort to respond to queries in a timely manner.

• It was evident that she has a lot of expertise in this area and I feel lucky to have benefited from this.

• I thought that the amount of input was just right…they allowed the fellows to move the discussion along, but facilitated when things lagged. It was a challenging topic to cover given the range of disciplines, yet it was so interesting to consider covariates from that range of perspective.

While the overwhelming majority of the feedback from TUTOR-PHC workshops is positive, workshop participants have also offered some constructive or critical feedback. These comments suggest some common challenges that facilitators should be aware of.

• I think that the material was covered too fast for easy digestion – also I really did not know anything about this topic and others on the course seemed to know a vast amount and that made me feel somewhat inadequate …

• Find ways to ensure all get a response from the instructor . . . . I felt I was throwing my thoughts into the ‘ether’ with no idea if I was on target, or out in left field.

• I wound up printing off comments because I got lost and frustrated trying to find messages. The ~thread~ system is very confusing! Perhaps if each student could put a keyword in the subject line, rather than just “Response from Linda” it would help to navigate.

• I would have loved to have had an exercise to work through with the group. I think an exercise might have provided a common thread as a focus.

• It might have been useful if [the facilitator] had provided a summary at the end of each week of the workshop, sharing her “bottom line” about the concepts discussed that week.
Concluding the workshop: wrapping it up

A wrap-up post thanking participants and soliciting their feedback is valuable for a number of reasons:

1. It allows you to sum up for participants your observations about their learning and synthesize the issues that emerged through the group discussions. As facilitator, you “create a narrative path” through the workshop that helps participants to make sense of what they are learning. (Anderson, Rourke, Garrison & Archer, 2001)

2. Thanking participants and soliciting their feedback reminds them that their work is essential to the workshop learning process.

3. Asking participants to describe their learning process helps them to synthesize what they have learned and integrate it with their professional knowledge.

4. While you undoubtedly have your own ideas about what participants will take away from the workshop, you will often be surprised by their assessment of what was most valuable to them or which aspects of the experience they appreciate.

A TUTOR-PHC Wrap-Up Post

Hi everyone,
It is time to part. Again, I want to thank you for your participation. My goals were 1) to give you an overview of the questions surrounding what we call “Primary care Reform” in Canada; 2) to help you see better how your research fits within the global picture; 3) to provide you with more comprehensive conceptual frameworks to evaluate complex health care interventions; 4) and finally, to guide the methodological decisions that you will have to make for your own research.

Please, do not take what I have presented to you as “the” way to see the world, but as “a” way to see it. I hope that you realize how this is a work in progress. We live a very interesting period with a lot of opportunities and openness to approach problems in a more “systemic” way. This is a very stimulating moment for you.

I must say that I was impressed with your level of participation and by the quality of the discussions. To a certain extent, many of your posts would qualify as editorials. Indeed, there could be one or two papers there: one on primary care and one on producing knowledge to guide decision-making in primary care. Mind you, to bring your posts in the states of two papers would require a lot of work. I am just throwing the idea if some of you would be interested to take a lead there. I would be willing to guide you. Please: do not take this as a “prescription” for more work, but as a genuine reaction to the quality of your work.

I would appreciate if you could just take a few minutes to go back to your own objectives at the beginning: did you meet them? Leslie will send you an evaluation form. Do not hesitate to critique the process and the choice of articles.

I was a real pleasure to work with you. I wish you well for the rest of the session. A Merry Christmas to all of you. Bye now!
Evaluating the workshop: collecting and analyzing participant feedback

A formal evaluation process allows the facilitator or program administrator to compile feedback data to inform the individual facilitators and the program planning process. When planning workshop evaluations it is important to decide who will administer the evaluation and compile the data so that the respondents can remain confidential.

Usually a third party, such as the program administrator, emails the evaluation form to the workshop participants and asks them to send their responses directly to her. She is then able to keep track of who has responded, which usually ensures a 100% response rate. The program administrator then compiles the data on a single form and shares this form with the facilitator.

ON-LINE WORKSHOP EVALUATION
TUTOR - PHC

We would like to receive direct feedback and constructive recommendations from you in order to improve these workshops. Please be as specific as possible in your ratings and comments. Thank you.

In your opinion how would you rate this workshop on the following factors? (Please circle or bold the appropriate number.)

WORKSHOP: ______________________

(a) my overall impression
(b) pace at which material was covered
(c) printed material
(d) content appropriate for my needs
(e) met stated objectives

INSTRUCTOR: ______________________

(a) well prepared and organized
(b) knowledgeable about subject matter
(c) used practical examples
(d) encouraged class participation

Comments related to instructor

The most useful part of this workshop was

Suggestions for improvement
Appendix A: Prospectus for “In-depth Interviewing”

In-depth Interviewing

Learning Objectives:

• to explore some of the research problems, purposes and questions that might be addressed by in-depth interviewing.

• to acquire knowledge of the strengths, limitations, techniques, potential pitfalls and outcomes of this data collection method.

• to obtain practice in developing a semi-structured interview guide for facilitating the in-depth interview process.

Readings:


Brief Introduction:

An in-depth interview is an intensive, thorough exploration of a phenomenon, culture, life experience, or human meaning/understanding of some concept. A high level of rapport is essential - the interviewer needs to convey that he/she is genuinely concerned with the interviewee as a person. The interviewer aims to go beyond search for delimited information input, uncovering the deeply held views, feelings, experiences and dynamics of the interviewee, some of which may initially be sub-conscious and require surfacing through the interview process. In a well done in-depth interview, the interviewee will "connect" with and value the interviewer's motives and will seek to respond with an appropriate depth. The time frame for in-depth interviews are not tightly constrained. Normally such interviews take 1 to 2 hrs, and, depending upon topic and depth, may be expanded into a series of interviews of this length. The interviewee may also ask questions of the interviewer, exploring intent, seeking clarification and otherwise actively participating in the process of seeking understanding. It is critical that the interviewer be continuously conscious of his/her own contribution to the interview. To ask a question is to shape an answer. To convey non-verbal judgement is to constrain depth or distort the integrity of the understanding uncovered.

Learning Activities:

Week 1 - Participants will have an opportunity to discuss the reading materials and participants' issues, concerns, thoughts and ideas about in-depth interviewing.
**Week 2** - Participants will be divided into two groups that will together create an in-depth semi-structured interview guide to address the research question: "What is the lived experience of personal growth through formal graduate education?

**Week 3** - Members of each of the two groups, will assume the role of interviewees in answering the questions of the other group, and, through this lens, will critique the semi-structured interview guide of the other group, together exploring the personal experiential knowledge acquired through this process.
Appendix B: Prospectus for
“Measures and Indicators in Primary Health Care Evaluation”

Workshop on Measures and Indicators in Primary Health Care Evaluation
5 - 23 June 2006

Objectives:
1. to become familiar with recent Canadian data and evaluations of primary health care
2. to read about and discuss primary health care indicators/attributes
3. to read and discuss concepts and measures of primary health care quality

The structure of the workshop is as follows:

June 5 - 7  Discussion of “Structure, Process and Outcome” as key concepts in Primary Health Care Evaluation

June 8 - 16  Primary Health Care Indicators/Attributes
*based on feedback from last year’s trainees, the ‘structure, process and outcome’ discussion has been shortened to allow more time for the indicator exercise

June 19 - 23  Primary Health Care Quality Measures

Pre-reading:

You will recall you were asked to read chapters 2, 3 and 4 of the Canadian Institute of Health Information report entitled “Health Care in Canada: 2003” for the Symposium. It is important background to remind yourself of this reading. Read/remind yourself of this material with a view to understanding what we already know and what we don’t yet know about primary health care. (to access this material, go to the symposium section on WebCT Vista and click on pre-reading assignments)


The first reading is a classic paper by the father of Health Services Research (HSR) Avedis Donabedian. Some of you may be familiar with this work and some perhaps not. What is important is the language and conceptual framework of HSR in terms of evaluating: Structure; Process; and Outcome. Reflect on the extent to which the research reported in the CIHI chapters cover structure, process and outcome.

When we move on to consider the indicators/attributes and measures of Primary Health Care, we can ask ourselves: Are the indicators and measures we read about focused on Structure or Process or Outcome?

Please comment on:
- The extent to which the research reported in the CIHI chapters cover structure, process and/or outcome.
**June 8-16 Reading:**
Operational Definitions of Attributes of Primary Healthcare to be Evaluated: Consensus among Canadian Experts (work in progress); Haggerty and Burge et al.
You will read and discuss the presentation on “Attributes of Primary Healthcare”
Step 1: read the attributes and their definitions.
Step 2: suggest modifications, add any missing attributes and propose an operational definition and rank the importance of the dimension in primary care with the following scheme
1 = essential to core function in all models
2 = important but not essential in all models
3 = relevant to some models of care
Step 3: comment on each other’s postings

This task must be completed June 8-12 (all ratings completed by Monday June 12).
Tuesday to Friday will entail comparing and discussing the results of your prioritization with the Haggerty prioritization process.

**June 19-23 Reading:**
Shi L, Starfield B, Xu, J. Validating the Adult Primary Care Assessment Tool. The *Journal of Family Practice* 2001; 50(2);161-175.

We now have our list of indicators/attributes. Please read the three papers listed above by researchers who have developed measures.

Please comment on:
- the extent to which the dimensions in these measures correspond to the attributes identified last week.
- the psychometric properties of these measures.
Appendix C: Prospectus for “Evaluating Primary Health Care Reform in Canada”

Evaluating Primary Care Reform in Canada
TUTOR-PHC workshop
November 13 to December 1 2006

Objectives:

1. To understand what is meant by “primary care reform” in Canada and where it “fits” in the history of the Canadian health care system.
2. To evaluate and critique different approaches proposed to evaluate “primary care reform” in Canada.
3. To acquire knowledge of the principles of evaluative research and systematic reviews applied to the health policy field.

The structure of the weeks is as follows:

Week 1 – Discussion of the “Primary Care Reform” proposal as outlined in the “Romanow Report” and of the observations from two seasoned researchers in the Primary Care field about what has been accomplished to date.

Week 2 – Discussion of three approaches proposed/used to evaluate primary care in Canada.

Week 3 – Discussion of two frameworks proposed to evaluate complex policy interventions.

Readings for week 1:

The following chapters / sections of the Romanow Report:
- A Message to Canadians. Pages xv to xxi
- Health and Health Care Services, pages 2-9
- Needs and outcomes, pages 9-23
- Primary Health Care and Prevention, pages 115-136.


We will begin the week (till Tuesday evening) by discussing the readings from the Romanow Report: the value statements that Mr. Romanow acknowledged as the core of the Canadian health care system and of his work; his observations about the state of our system and his proposal for primary care. This will sort of set the stage and permit us to develop a common understanding of the general issues.
Then I will ask you to comment on the Lewis & Kouri and the Hutchison papers: their evaluation of what has been accomplished to date and of the key issues to consider if we want to have primary care reform.

Please, comment on:
- What you learned about what we mean by primary care reform.
- How your discipline is connected to/involves with primary care reform; what are the most important issues.
- How your research interest fits in this global picture.

**Readings for week 2:**


*Haggerty J, Martin C. Evaluating Primary Health Care in Canada: the Right Questions to Ask! Prepared for Health Canada, March 2005*


We will gain more insight on issues related to the Canadian primary care reform with the reading of three documents produced with the specific intent of guiding Canadian decision-makers and researchers. The first two (Watson and Haggerty) propose general frameworks to guide the evaluative efforts. The last one (Lamarche P et al) is a synthesis of existing research released in 2003 and requested by decision-makers to guide choices for the Canadian Health Care System. This synthesis has been widely disseminated and generated a lot of interest.

Please comment on:
- How these documents relate to the papers we discussed last week
- What are their strengths and weaknesses.
- How it relates to your discipline
- What you can apply to your research project.

**Readings for week 3:**


Evaluating the implementation of policies is much more complex than evaluating specific interventions. As well, knowledge transfer, i.e.: the utilization of evaluation results, is not a simple endeavor as it concerns many stakeholders. Hence, the “Evidence-based” paradigm of knowledge production and transfer has been rightly criticized as being too “narrow” to capture the complexity of policy implementation. This applies both to the design of original research and the production of research synthesis, the evaluation of an existing body of knowledge on a given question. Indeed, syntheses are considered as invaluable contributions to understanding policy implementation. In recent years, important contributions have been made by proposing more appropriate, still very rigorous approaches to evaluation.

We will begin the week (till Wednesday) with the Champagne and Contandriopoulos paper. This paper addresses the question of evaluation research methods and processes as it relates to the broader issue of knowledge transfer. In the last years, there has been a growing concern to "bridge the gap" between researchers and decision-makers. Many major granting agencies have designed competitions that specifically asks of researchers and stakeholders to develop partnerships in the design, conduct and dissemination of research. Researchers are invited to work on multidisciplinary teams. Many researchers and stakeholders have embarked without realizing that this "new" way of doing research actually meant more profound changes to the conduct of evaluative research. The Champagne and Contandriopoulos paper is not easy to read. It may appear to some of you as very theoretical. Still, I think that it proposes interesting ways to understand what is going on.

Please comment on:

- What you have learned about evaluation frameworks that you found new and interesting.
- How it relates to what you have already read on evaluative research.
- How it relates to some of the concepts introduced during the TUTOR workshop in May on interdisciplinary research teams.
- How it relates to you as a researcher more or less engaged as an actor of the reform.
- How it relates to the proposals of the Romanow Commission and the need to evaluate and produce information on the primary care reform.
Bibliography


*References that are most useful to the new facilitator are identified with an asterisk.