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Evaluation of health professions education: an interprofessional perspective

The article by Allen et al on evaluation of health professions education (HPE) argues for a change of focus from predominantly outcomes-based to program evaluation methods that are better suited to explore the complex processes of HPE.[1] The history of the outcomes-based Kirkpatrick framework that they critique is interesting. The earliest adaptation by Barr et al,[2] as cited in Table 2 of the paper, evolved to help answer the questions: what is the evidence for IPE?; is interprofessional education (IPE)' effective?; and what kinds of outcomes does it produce? [3] These questions were important as IPE was, at that time, once again being championed but we knew that critics wanted evidence of value prior to addition or integration into full HPE curricula. The adapted Kirkpatrick model specifically refers to interprofessional learning and interprofessional collaboration – outcomes informed by the authors' study of IP evaluations. The level 4 descriptors were modified from the original business outcomes such as increased production, sales and customer satisfaction[4] to more difficult to measure outcomes including organisational change and improvement in patient/client health or well-being. Once the modified model was adopted by many authors in the early years of BEME (best evidence medical and health professional education – see https://www.bemecollaboration.org/Home/ for review articles), the interprofessional focus disappeared - except for IPE reviews. However, many recent BEME reviews do not focus solely on outcomes.

In 2015 I co-authored a paper with Australian colleagues that reconsidered evaluation of IPE based on our exploration of studies of IPE interventions (2009-2013).[5] While not always cited by name, the Kirkpatrick *interprofessional* framework was an obvious influence on the type of outcomes

measured, and particularly level 2a, a fuller description of which is: changes in reciprocal attitudes or perceptions between participant groups; changes in perception or attitudes towards the value and/or use of team approaches. We concluded by recommending that evaluators change from solely outcomes-based approaches and short-term evaluation to realist approaches and longitudinal studies.

Allen et al have demonstrated that the Kirkpatrick model is still widely used in HPE evaluation, though they did not include IPE/practice journals in their review. I suspect that even when not referenced its ethos underpins many studies, as we found in 2015. To help the shift to program evaluation journal editors and reviewers need to be more critical of evaluation methods. The Allen et al paper is part of this strategy and, hopefully, will help inform future evaluations.

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[1] Allen LM. Hay M. Palermo C. Evaluation in health professions education – is measuring outcomes enough? Medical Education 2021. https://doi.org/10.1111/medu.14654

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[4] Kirkpatrick D, Kirkpatrick J. *Evaluating training programs: The four level model.* San Francisco: Berrett-Koehler, 2006.

[5] Thistlethwaite JE, Moran M, Kumar K, Saunders R, Carr S. An exploratory review of pre-qualification interprofessional education evaluations. Journal of Interprofessional Care 2015; 29: 292-297. DOI: 10.3109/13561820.2014.985292