

FIVE- YEAR TRENDS IN THE EVALUATION OUTCOMES OF SLICE OF LIFE PRESENTATIONS (2002-2006) USING THE KIRKPATRICK'S MODEL FOR SUMMATIVE EVALUATION

Anas Nader BHSc, Chi-Ming Chow MD MSc FRCPC
St. Michael's Hospital, University of Toronto, Toronto, Ontario, Canada

Summary: We have retrospectively reviewed 275 Slice of Life (SOL) abstracts over the past five years (2002 to 2006) to identify trends in the presence and level of project outcome evaluation using a modified Kirkpatrick's model for summative evaluation. This presentation will benefit the participants in identifying the trends in the evaluation methods and learning more about the Kirkpatrick's model as a construct for summative evaluation.

Background: SOL workshop is an annual international meeting for multimedia, developers, educators and evaluators to explore and share ideas about using technology in health sciences education. Evaluation of the outcomes and impact is an important component of the e-learning projects. Over four hundred presentations were made in the last five annual SOL meetings. However, little is known about the overall trends in the project types, the presence of evaluation description and the evaluation methods employed in these e-learning projects.

Objective: We sought to retrospectively classify the presentations and identify the trends in the evaluation outcomes of the e-learning projects presented over the past five years.

Methods: We reviewed the published abstracts of the SOL meetings from 2002 to 2006. Exclusion criteria included incomplete abstract description, and abstracts that focused on describing general educational theories or technological methods. Modified Kirkpatrick's model for summative evaluation is used: Level 1 – learner usage or satisfaction; level 2 – learning outcomes; level 3 – performance improvement; level 4 - patient/health outcomes.

Results: 416 abstracts were identified. 141 abstracts were excluded resulting in a total of 275 abstracts being reviewed. The number of web-based e-learning programs consistently outnumbered the other formats (with an average of 2:1). Number of projects that described an evaluative component increased over the years (35% in '02 to 51% in '06). Among projects with an evaluative component, 90% described level 1 evaluation, 25.6% described level 2 evaluation, 1.7% described level 3 evaluation, and there was no level 4 evaluation. Over the past five years, percentage of level 1 evaluation stayed relatively constant, whereas level 2 and 3 evaluation increased, particularly in the last two to three years. The main limitation in our study is that we rely on the published abstract content. We may have underestimated the level of evaluation done if the abstract did not provide sufficient details.

Conclusions: Among the SOL presentations, the percentage and level of the evaluation increased over the past five years. Majority of the SOL presentations that have an evaluative component are based on participant usage and satisfaction (Kirkpatrick level I) but level 3 and level 4 evaluations remained uncommon. These findings highlight the need to examine in greater detail the nature and characteristics of those e-learning projects that are most effective in enhancing practice change, and ultimately improving patient and health outcomes.

Reference: 1. Kirkpatrick DL. *Evaluating Training Programs: The Four Levels*. San Francisco: Berrett-Koehler.

	Computer	Web	Palm	Evaluated	Level 1	Level 2	Level 3	Level 4
2006	32.8%	71.6%	1.5%	50.7%	82.4%	38.2%	5.9%	0.0%
2005	47.5%	50.8%	5.1%	61.0%	91.7%	33.3%	2.8%	0.0%
2004	37.3%	64.7%	0.0%	51.0%	88.5%	38.5%	0.0%	0.0%
2003	34.9%	67.4%	4.7%	30.2%	92.3%	7.7%	0.0%	0.0%
2002	36.4%	67.3%	1.8%	34.5%	89.5%	10.5%	0.0%	0.0%

