

CHAPTER II

REVIEW OF LITERATURES

2.1 Definitions of

2.1.1 Program: A procedure or set of instructions for solving a problem that involves collection of data, processing and presentation of results [10].

2.1.2 Evaluation: the weighing of assessment information against some standard, such as the health education foundational objectives, in order to make a judgment or decision. This may then lead to other decisions and action by the teacher, student, or parent [11].

2.1.3 Program Evaluation: a continuous process for collecting information about all the elements and outcomes of the program to help arrive at an understanding of the extent to which they have been achieved and subsequently take decisions to improve their efficacy [12]. The concept of program evaluation includes a wide variety to evaluate many aspects of programs. Program evaluation can include any or a variety of at least 30. different types of evaluation [13], such as needs assessments, accreditation, cost/benefit analysis, effectiveness, efficiency, formative, summative, goal-based, process, outcomes, etc. The type of evaluation which undertakes to improve the programs depends on what evaluators want to learn about the program [13].

2.2 The Purpose of Program Evaluation

The principal reason for program evaluation is to plan improvements to the program. Such improvements might involve changes to the curriculum document and/or the provision of resources or in service to teachers [12].

The outcomes of evaluation are the basis for developing and modifying the program and to discover ways of learning and finding the points of strength and weakness in the program.

2.3 The Process of Evaluation

An evaluation study follows essentially the same steps as those involved in doing a research study.

2.3.1 Clarifying Reasons for Doing an Evaluation [13]

An evaluation study can be initiated because of the evaluator's personal interest in doing it or because some people or an agency requested it. Both reasons can be involved in initiating the study, as when the evaluator's personal interests and an agency's need for evaluation happen to coincide.

2.3.2 Selecting an Evaluation Approaches or Models [13]

Clarifying the reasons for an evaluation request is useful in selecting an appropriate model. The approaches differ on various dimensions, among them being:

- the purpose of the evaluation and the questions being asked
- the methods for collecting data
- the relationship between the evaluator, the administrators overseeing the evaluation, the individuals in the program or organization being evaluated.

2.3.3 Identifying Stakeholders

A stakeholder is anyone who is involved in the program being evaluated or who might be affected by or interested in the findings of the evaluation. It is important to identify the stakeholders at the outset of an evaluation study. They can help clarify the reasons why the study was requested, the questions that should guide the evaluation, the choice of research design, the interpretation of results, and how the findings should be reported and to whom [14].

2.3.4 Deciding What is to be Evaluated or Reviewed

One of the first tasks that confronts the evaluator is the process of identifying the most important characteristics of the program to be evaluated. The program should be analyzed to determine which of its components are to be included in the evaluation study [15]. Program components can be grouped into the following categories.

2.3.4.1 Program Goals

A goal is the purpose, effect or end point that the program developer is attempting to achieve. If a program does not have goals, or if the goals are not perceived as worthwhile, it is difficult to imagine how the program itself can have merit.

2.3.4.2 Resources and Procedures

Resources are the personnel, equipment, space and other cost items needed to implement program procedures. Stakeholders might want to know the answers to such question as : are our present resources sufficient to operate the program as intended by its developers?

Procedures are the techniques, strategies, and other processes used in conjunction to achieve program goals.

2.3.4.3 Program Management

Most programs have a management system to monitor resources and procedures so that they are used effectively to achieve program goals.

2.3.5 Identifying Evaluation Questions

If a study is not designed to test hypotheses derived from a theory, the evaluator instead can state priate to use several of these formats as with hypotheses, each question, purpose, or objective should be supported by a rationale.

2.3.6 Developing an Evaluation Design and Timeline

Many evaluation studies are similar to research studies in design, execution, and reporting. The research procedures can be incorporated into the design of an evaluation study. Evaluation studies, however present several issues that do not arise in research studies [13].

One issue is whether the evaluation should be done by an internal evaluator or an external evaluator. An internal evaluator is a staff member of the program that is being evaluated.

An external evaluator is not in the regular employ most of the program but is employed specifically to do the evaluation

The other issue to consider is time. Many research studies have no time constraints for completion. Not so with evaluation studies. If stakeholders are

involved, they usually want the final report by a certain date. In these situations, the evaluator will need to create a time line as part of the evaluation design to ensure that the study is completed by the requested date [13].

2.3.7 Collecting and Analyzing Evaluation Data

Data collection and analysis in both evaluation studies and research studies are similar. The data – collection instruments are the following [10]:

- Surveys: use surveys of views and opinions by paper or programmable electronic computer (PC) questionnaires, or obtained by discussion or interview:
 - Student feedback on effectiveness of teaching
 - Graduate and employer feedback on appropriateness of the program.
- Consultative groups:
 - Student – liaison or consultative committees
 - Employer and professional – liaison or consultative committees
- Staff observations and reflection:
 - Feedback from staff via peer review and team discussion of teaching
 - Personal reflection – observations at the time, such as a teaching log
 - Reflection on good practice observed elsewhere – e.g. by staff who have undertaken visits or who have acted as external examiners or reviewers.
- External reviews: these may include reviews by funding bodies or professional and statutory bodies (PSBs).
- Reports, textbooks, journal articles: review documents/literature on good practice in teaching
- External consultant.

2.3.8 Reporting Evaluation Results

A typical research study will yield a single report, for example, a master's thesis, doctoral dissertation, or technical report. A condensed version of the report might subsequently be presented as a paper at a professional conference or published as a journal article.

2.4 Surveys of Opinions towards the Family Medicine Residency Training Program

2.4.1 Surveys of Faculty Staffs

Review of the literatures revealed some published reports or surveys of the faculty members' opinions towards the family medicine residency training program. Murai et al [16] assessed the opinions of the ten Japanese faculty leaders of family medicine programs: five chairpersons, two program directors, and three faculty members. The facilities where they worked included private medical colleges, two private community hospitals and three public universities in Japan. While family medicine was not well established as a discipline in Japan, a growing number of Japanese medical schools and training hospitals had recently started general medicine departments. Some of these departments incorporated a family medicine approach to residency training. They sought to learn from family medicine pioneers of these programs lessons for developing residency training. This qualitative project utilized a long interview research design. Questions focused on four topics: circumstances when becoming chair/faculty member; approach to starting the program; how western ideas of family medicine were incorporated; and future directions. They analyzed the data using immersion/crystallization to identify recurring themes. They identified five lessons: few people understood the basic concepts of family medicine; developing a core curriculum is difficult; starting with undergraduates; emphasizing clinical skill; and trained in the community. While organizational change was difficult, the identified lessons suggested issues that merit consideration when developing a family medicine training program. They concluded that developing family medicine departments should make residency training goals clear to their residents and partnering departments; balance hospital-based and community-based training; develop a model family medicine office as a clinical classroom; and actively participate in medical student education. Lessons from complexity science could inform application of these insights in other countries and settings newly developing residency training.

Thomas Ricketts, [17] the area program director of the Health Services Research Center at the University of North Carolina, reviewed enrollment trends and projected sources of funding for postgraduate training in family practice and asserted that the interest in and commitment to family practice as a medical specialty in USA

had reached and passed its peak in 1978. The future growth and development of family medicine was uncertain because of the adverse environment in which change must occur and the strong reliance upon grant and government appropriation. The ultimate objective of the family medicine residency training program should make effective primary care more accessible for all persons regardless of economic or social circumstances. Without major changes in the structure of health services delivery systems beyond what we are experiencing today, simple changes in the volume of physicians trained in certain socially desirable specialties, such as primary care, will not suffice as an effective social policy to solve manpower or delivery problems. Leung and Chen [18] evaluated the status of academic family medicine in Taiwan. There were sixty-five family medicine residency training programs with one hundred and fifteen teaching staff in nine medical schools. The questionnaires were mailed to collect information. They concluded that family medicine was a rapidly growing specialty in Taiwan. Past efforts had laid a concrete foundation for future development. Expansion of residency training and the improvement of academic achievements were important for the future development of this specialty.

2.4.2 Surveys of Family Medicine Residents

Yaman and Ozen [19] showed that postgraduate family medicine curriculum in Turkey needed to be changed and opinions of residents regarding their training should be taken into consideration. To expand the programs, emphasis should be placed on improving training sites and using multiple qualitative techniques to assess them, including participant observations, use of focus groups, long interviews and analysis of key texts.

Abdulrahman and Dakheel [20] explored the resident's views about their training experiences in family medicine clinical attachment and community medicine course. About 85% of the residents believe that they should have a half day clinical attachment in family medicine training center every week throughout the whole program: 43% claimed that they do not have enough time for case discussion with their supervisor. Forty percent residents were not closely supervised by full time trainer. 60% believe that they were treated as service residents rather than trainees in family medicine. In addition, 64% stated that their training centers did not carry video camera facilities for training purposes and 74% believed that the community medicine course should be run by family medicine and community medicine trainers

rather than community medicine alone. Furthermore, 50% preferred integrated course rather than block system and 59% believed that the easily accessible facilities were available such as library, internet, audio-visual aids. Moreover and 42% thought that their centers were not supported by enough numbers of full time trainers.