WONCA Working Party on Mental Health

WONCA Integrated Care Leadership & Advocacy Program for Young Family Doctors

Beta Cohort – 2023-2024

Scholars' End-point Program Evaluation Report

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WONCA 2023 ADVOCACY Program

Integrated Care Leadership & Advocacy Program for Young Family Doctors

Scholars' end-point program evaluation report

Summary of key themes and messages

The positive reception and added value of the programme

Overall, the programme was very well-received by the scholars. All agreed that they would recommend it to their colleagues, stressing the fact that it provides valuable knowledge, tools and networking opportunities that can benefit young family doctors in their practice.

Mentorship and experience sharing are the programme's main strengths

Mentors and the mentoring triad were highly valued by all scholars, particularly due to the personal bond fostered by mentors who exhibited interest and care for their mentee's mental health and provided support for professional growth beyond the programme. Feedback from mentors and other scholars was mentioned as a positive factor facilitating group cohesion through experience sharing, motivation and peer communication

Enabling better interaction remains the main suggestion for improvement

The use of a more interactive and real-time platform compared to Padlet, which would also allow scholars to stay connected beyond the end of this programme, was highlighted. The inclusion of separate meetings where the scholars will have the time to hold open discussions regarding their individual projects and connect more deeply was also acknowledged.

The impact of the programme on scholars' confidence and practice

Learnings enabled scholars to understand the importance of collaboration and increased their communication skills. The course empowered scholars to take action other than clinical work and boosted their confidence, especially towards approaching their higher-ups regarding mental health integration. Most participants intended to apply programme learnings into their practice (some already succeeded too) in various ways, including integrating screening protocols, fostering collaborations, teaching residents and advocating for policies.

The inspiration that scholars gained is the programme's best aspect

Scholars shared that it was inspiring to learn about experiences from around the world shared by their peers and mentors. This helped them realize the importance of mental health advocacy and how it can improve the services they provide to their patients.

Recap of mid-point evaluation

Initial expectations: Many scholars shared that they would appreciate having a clearer view of the programme content and requirements when they applied. They suggested more detailed and comprehensive information to be provided already from the application stage for future participants. Some also suggested that a pre-administered, comprehensive, step-by-step guide with visualisations of project content and requirements would help them with forming expectations and managing their engagement.

Regular meetings: Almost all participants mentioned that more time is needed during the regular meetings in order to:

- deepen through the compelling new knowledge shared
- better connect with peers, share experiences and foster collaboration
- understand project requirements and their responsibilities

Also, most participants reported that more time allowed to achieve their goals would help them be more efficient and balance project requirements with their practice workload.

Padlet: Many scholars reported that they would appreciate a more user-friendly and dynamic platform. Most were not able to effectively interact with peers through Padlet. All were very satisfied however with the connection they developed with their mentor.

Understanding of terms/concepts: "Leadership" and "advocacy" were very novel terms for everyone. Although everyone was satisfied with the educational material provided, they agreed that it would be good to allow for more emphasis and time to understand the actual meaning and application of these terms. They suggested that more practical examples of how to apply leadership and advocacy (e.g. practice simulations and case studies), along with further focus on the practical skills required to make it happen would be helpful.

Aim of end-point evaluation

This evaluation activity was conducted to assess the overall implementation of the WONCA 2023 ADVOCACY programme (content, process, delivery), as well as to understand whether the programme was helpful in increasing participants' knowledge and skills on leading practice transformation and advocating for mental health integration in primary care of their countries.

Design

Qualitative research employing open-ended questionnaires and a guided focus-group discussion.

Date

10 April 2024

Setting
Online

Participants
Eight young family doctors (two men and six women) from diverse global settings (Bahamas, Brazil, China, Ghana, Kenya, Mexico, Pakistan, Philippines) participated as scholars in the ADVOCACY programme. Of these, seven submitted the final evaluation questionnaires and all eight attended the end-point evaluation focus group.

Analysis
Thematic Content Analysis

Moderation / analysis / reporting
Marilena Anastasaki

Results
The results from the analysis of the evaluation questionnaires and the focus group discussion can be summarized in five overarching themes that are presented in the executive summary of this report.

For the purposes of this extensive analysis, we present emerging results in a comprehensive structure of three broad themes and 11 specific sub-themes, as follows:

1. **Evaluation of technical aspects**
    a. Group cohesion
    b. Course structure: content and materials
    c. Course delivery: facilitation and mentoring triad
    d. Suggestions for improvement: interaction, course materials, mentorship
2. **Evaluation of course implications**
    a. Impact on scholars' knowledge and confidence
    b. Applicability of learnings in daily practice
    c. Scholars' achievements
3. **Evaluation of scholar's overall experience**
    a. Adjustments upon mid-point evaluation
    b. Meeting scholars' expectations
    c. Best course aspects
    d. Reflections on course future

The above themes and sub-themes are described in detail below. The end-point evaluation questionnaire and the focus group interview guide are attached in Appendix 1 and 2 respectively.

1. Technical evaluation of the course

a. Group cohesion

Overall, participants mentioned that they were able to work well as a group, understand each other's strengths, challenges and professional experiences and support each other throughout the project. The diversity in scholars' settings, along with the feedback from mentors and other scholars were mentioned as positive factors facilitating group cohesion through experience sharing, motivation and peer communication.

- *"It was exciting to hear the progress of the projects of other scholars. The monthly sessions facilitated networking with colleagues (…) Despite the varied projects, feedback from other colleagues and mentors was helpful."* (S2)

- *"The group make me feeling really motivated and excited for the opportunities. It was really friendly and energetic. Gave loads of really good real-life examples. Having this group people to utilise the skills learned was invaluable" (S5)*

- *The group worked well together, and the collaborative environment encouraged open communication and idea sharing (…) other learners have been supportive. For example, they provided valuable insights during discussions and offered assistance with understanding complex topics and celebrated small wins, which was amazing (…) The variety of clinical settings among learners was a positive aspect as it provided diverse perspectives and experiences" (S7)*

However, in line with the results of the mid-point evaluation, there was a general agreement that time restriction during regular sessions was a key factor impeding optimal connection. Scholars' professional commitments, which sometimes impeded their full engagement in keeping in touch with each other, were also mentioned as a barrier to better group cohesion.

- *"The difficulty has to do with busy work schedules in our respective countries"* (S2)

- *"For me, we are not able to know each other deeply especially in terms of our ideas because usually we have limited time during our sessions" (S4)*

- "*There really wasn't much time to get to know each other, I think there was only time to present our project and some comments about it. I think we worked individually then we shared our progress, there was no time to share our opinions" (S5)*

b. Course structure

Content: Scholars reported that the content of the programme was of high scientific value, comprehensive, relevant to their local settings and helpful towards implementing their individual

projects on integrating mental health in primary care. Mainly, scholars mentioned that the programme enhanced their communication skills so that they could approach and initiate discussions with their higher-ups regarding the integration of mental health into their practices.

- *"Although at first I thought it will be about more on the clinical side, all the topics covering how to make a program helped me a lot (…) The theories and methods we learned were able to help me talk to our administrations so that we could make a mental health program"* (S4)

- "*All the content covered was very useful for our setting. A very professional approach. Very in-depth course. Very enjoyable and interesting*" (S5)

Teaching materials: Teaching materials were found useful and practical by scholars who reported their intention to use them as references in their practices. However, they did mention that the amount of pre-session materials was sometimes high, making it difficult to prepare before the respective sessions and/or devoting much time during regular sessions which could have been used for more interactive activities.

- *"I do plan to use the teaching materials in the future, particularly as references for clinical practice and to complete my project and scale it up" (S7)*

- *"Content covered was at the right level. However, some sessions had a lot of pre-session materials and articles to read making it difficult to cover everything before the session (S2)*

- *"(…) in some sessions we spent a few minutes covering up the content of the pre-meeting readings in a superficial way, which could have been used for another activity" (S6)*

c. Course delivery

Group facilitation: Scholars endorsed the group facilitation which, according to all, was supportive and effective in encouraging discussion and participation.

- *"Clear communication and responsiveness were key strengths"* (S1)

- "*(…) moderators of the sessions worked well, making me feel at ease to talk when I needed/wanted to (…) the facilitation of the monthly meetings was very good, with clear English for the non-native speakers, with multiple sections that made me keep attention in the discussion*" (S6)

- *"The group facilitation was effective, and facilitators ensured active participation and maintained a positive learning environment" (S7)*

Mentorship: In line with the mid-point evaluation results, mentors and the mentoring triad were highly valued by scholars. All agreed that their mentors were supportive, timely responsive, with high scientific expertise and efficiency in providing guidance, feedback and encouragement, both for their individual projects and throughout the course in general. An aspect that was particularly valued was the personal bond fostered by mentors who even exhibited special interest and care for their mentee's mental health and provided support for professional growth beyond the programme.

- "*Yes, she (i.e. the mentor) was super supportive throughout, always available whenever I reached out, even connected at personal level to check for my mental health and stress which was commendable at her end"* (S1)

- "*Yes, especially to my triad group wherein my mentor and co-mentee had been helping each other(...) We also share ideas and whenever one of us lacks ideas, our mentor and co-mentee suggest something which could help us*" (S3)

- *"It was easy to contact my mentor, and they were approachable and supportive. I loved how they blended coaching and mentorship enriching my professional growth overall, even beyond the program. This is a relationship I hope to maintain for the long-term" (S7)*

d. Suggestions for improvement

Scholars did provide suggestions for improving future course implementations. These concerned group cohesion and course materials, where more interaction was requested, and the mentors' group synthesis, where allowing for more diversity was suggested. Additionally, the need for a more explicit presentation of course requirements was also suggested so that future scholars can form more specific expectations. In further detail:

Interaction: In line with the mid-point evaluation results, better interaction both among scholars and between scholars and faculty was mentioned as the main aspect to improve. In this direction, the use of a more interactive and real-time platform compared to Padlet, which would also allow scholars to stay connected beyond the end of this programme, was highlighted. The inclusion of separate meetings where the scholars will have the time to hold open discussions regarding their individual projects and connect more deeply was also acknowledged.

- *"(…) if we could have a regular connection like watsapp rather than just being connected in a monthly session (…) I intend to keep in touch with other learners, leveraging these connections for professional growth, collaboration, and support in the future but maybe through a different platform like watsapp"* (S1)

- *"Maybe a separate time where the scholars could talk about our programs as well as to know each other will help to facilitate discussion (…) I suggest having a real-time chatting*

application for the mentees and mentors as well, because it will give us more chances of communicating" (S4)

- *"I would have liked to have had more of a forum for discussion with the other colleagues about their projects or carry out the same project all the scholars*" (S5)

- *"I believe that the asynchronous communication beside our monthly meeting hasn't been flexible enough to keep the interaction happening in between the sessions (…) I did (use Padlet), but I reckon in a kind of a rigid way, as most people, including myself, seemed to be answering to the proposed questions but not interacting with the others' previous comments.*" (S6)

- *"…creating time outside the sessions for this (i.e. getting to know peers better) could have been helpful (…) I rarely used the discussion platform (Padlet) to share thoughts on my learning experience. It was a bit difficult for me out figure out how it works" (S7)*

Materials: More interaction was requested also during the delivery of course learnings, with scholars suggesting that adding visual elements to the pre-session materials may facilitate better comprehension of the new terms and concepts provided through this programme.

- *"Pre-session materials can include recorded videos, so that learners can also take advantage of that and appreciate some concepts better" (S2)*

Mentorship: Allowing for more diverse backgrounds and experience among mentors to help mentees relate more was, finally, mentioned by some scholars as a potential improvement.

- *"Perhaps, allow diversity among the mentors in terms of background, experience, and expertise. This can provide mentees with a range of perspectives and insights" (S2)*

Expectations*:* Providing more explicit information, already from the application stage, about what scholars should do during group sessions and mentorship activities was reported as a suggestion to ensure that future participants are more clear on what to expect from the programme.

- *Maybe it would be interesting to make clear for the scholars in the beginning of the programme what is the function of each part: what should they expect to do with their mentors x what they should expect to do in the monthly group sessions" (S6, male)*

2. Evaluation of course implications

a. Impact on scholars' knowledge and confidence

All scholars agreed that the course increased their knowledge, specifically mentioning that themes like the SWOT analysis, the Team-based Care and the Elevator speech had been most useful for their practice. Many also shared that course learnings enabled them to understand the importance of collaboration, increased their communication skills and contributed to boosting their confidence, especially regarding taking the first step towards discussing actions on mental health integration with higher-level or older colleagues.

- *"The course increased our confidence in finding ways to improve system defects (…) (it helped us understand) that we have the power to initiate progress rather than being passive" (S8)*

- *"(The course) provided valuable insights and practical skills that I can apply in my practice. I have gained so much knowledge and added quite a few useful tools to my toolbox (...) The main thing I will take away from this learning is a deeper understanding of mental health advocacy in primary care settings. I especially love the idea of the patient centred medical homes that I intend to explore further and incorporate into my practice" (S7)*

- "*The main thing I will take away from this learning is the importance of collaboration and shared learning in advancing integrated care and advocacy" (S2)*

- *"The ones about the step by step on how to communicate to the higher ups on how you will propose your advocacy. I was able to use it and make them understand that a mental health program is necessary for our employees" (S4)*

b. <u>Applicability of learnings in daily practice</u>

Most participants reported that they intended to apply programme learnings into their practice in various ways, including integrating screening protocols, fostering collaborations with other healthcare professionals and stakeholders, teaching their residents and advocating for policies to improve (mental) healthcare provision for their patients.

- *"I plan to apply the knowledge and skills gained from the program to our practice settings, incorporating effective screening protocols and interventions for adolescent patients" (S1)*

- *"I will apply what I have learned to my setting as a family physician. Specifically, I will integrate the principles of integrated care and advocacy by working more closely with other healthcare providers, such as specialists, mental health professionals, and community organizations, to provide holistic care for my patients. I will prioritize the needs and preferences of my patients, involving them in decision-making and care planning. I will advocate for policies and programs that improve access to integrated care and support for patients with non-communicable diseases and mental health conditions*" (S2)

- *I may use it not only as resources for teaching about the themes for students and residents, but also for keeping the development of advocacy and leadership abilities among medical associations/organisations, which is an activity that I like to take part in" (S6)*

Still, scholars did also report certain barriers towards sustaining project benefits and applying learnings into their settings. These mainly concerned the lack of funds and limited affordability to continue individual projects, as well as time restrictions, competing priorities and, importantly, resistance to change by higher-level colleagues. The access that the programme provided to resources such as guidelines, communication tools and training materials was mentioned as the main facilitator for scholars to implement their individual projects.

- "*Challenges in applying learning in my setting include limited time and resources, competing priorities, and resistance to change. If there is a lack of support or buy-in from colleagues or leadership, it can also hinder the application of learning (…) Having access to resources, such as guidelines, tools, and training materials, facilitates the application of learning*" (S2)

- *"There are just some theories and methods which are hard to apply in our culture because some of our administrators are still not yet open for some younger generation to take over as administrators (S4)"*

c. <u>Scholars' achievements</u>

Some scholars further reported that, through implementing the individual projects they designed as part of their ADVOCACY training, they were able to start making practical achievements in their local settings. These mainly included establishing mental health programmes in their practices as well as initiating research to inform administrators and higher colleagues about local needs.

- *"Making my mental health program for our hospital has become much easier since it is more organized. Step-by-step I was able to start it, which I thought was hard at first, since I don't know where to start. But because of this programme, it helped me on how to start it (…) also, I could use it to make other programs in the future" (S4)*

- *"I can carry out research studies and present the results to the leaders of the health institutions to carry out the pertinent actions for the improvement in health" (S5)*

3. Evaluation of scholars' overall experience

a. <u>Adjustments based on mid-point evaluation</u>

Scholars reported during the focus group that the faculty did take into consideration the results of the mid-point evaluation and did make the necessary adjustments, especially in regards to the

request of deepening into the new terms and concepts and the request of dedicating more content to the concept of advocacy and professional burnout.

- *"It was nice in the meeting with (faculty member name) that he/she deepened the content on professional burnout with his/her experience and about the studies that we had read, so that was good" (S6)*

The only requirement that, according to scholars was the choice of the communication platform, which could not be changed during the last half of the course. The use of Padlet remained until the end, retaining the issues that had been reported during the mid-point evaluation.

- *"Communication between sessions remained rigid and a bit difficult" (S6)*

b. <u>Meeting scholars' expectations</u>

Overall, the programme was very well-received by the scholars. All agreed that they would recommend it to their colleagues, stressing the fact that it provides valuable knowledge and networking opportunities that can benefit young family doctors in their practice.

- *"I would recommend this program to colleagues who are interested in advancing their skills in integrated care and advocacy. It provides valuable learning opportunities and networking connections that can benefit young family doctors in their practice" (S2)*

- *"My experience of this program overall has been awesome (…) would recommend this program to colleagues who are interested in advocating for mental health in primary care and integrating behavioural health into their practice. I would also recommend it to residents interested in behavioural health and doing quality of care improvement projects as part of their learning" (S7)*

Although scholars reported being somewhat unclear on what to expect from the course during the mid-point evaluation, eventually they were enabled to remain engaged, follow the programme's objectives and understand its aim and concepts. Scholars particularly acknowledged that the programme is intended for young family doctors, providing knowledge, tools and opportunities to connect with a global community and become leaders in mental health integration in their own settings and health systems.

- *"Actually, I didn't know what I needed from the programme when I entered it, but I'm sure I have learned new content that will be useful during my career as a family doctor (…) the programme's goal is not related to clinical management of disorders, but rather related to leadership and advocacy in order to develop integrated behavioural health care worldwide, specially in low-to-middle income countries. This means that the scholars should be interested in learning content beyond their medical-patient relationship, expanding their abilities beyond the clinic room" (S6)*

- *"The program is intended for young family doctors who are passionate about integrated care and advocacy in Mental Health. It is designed to help them develop leadership skills, expand their knowledge in these areas, and connect with a global community of like-minded professionals (…) The program aims to teach participants about the principles of integrated care and advocacy, including how to collaborate effectively with other healthcare providers, engage patients in their care, and advocate for policies that support integrated and patient-centered care. It also aims to develop leadership skills, such as communication, problem-solving, and decision-making, to empower young family doctors to be leaders in their communities and healthcare systems*" (S2)

c. <u>Best course aspects</u>

Scholars stated that the best aspect of the course was related to the inspiration that it provided through the sharing of experience among scholars and between scholars and mentors. They also reported that the course helped them realize the importance of mental health advocacy and how it can improve the services they provide to their patients.

- *"The best part was the opportunity to collaborate and learn from other young family doctors who are passionate about integrated care and advocacy. It was inspiring to hear different perspectives and experiences from around the world"* (S2)

- "*I think I have learned about the problems that general practitioners in different countries and regions want to solve through these months of discussion and learning, which has provided me with a lot of inspirations for my daily work*." (S3)

- *"The advocacy session was very interesting, I didn't imagine that we could make so many changes in the community and help people…." (S5)*

- *"The learning about burnout among family doctors, which I used as the basis for writing a research project required for the master application this year (…) The importance of being active in a range of functions beyond being a clinical consultant, otherwise I may keep spending too much energy seeing patients without making a bigger difference in their possibilities of health care." (S6, male)*

d. <u>Reflections on course future</u>

Reflecting on how they see the future of the programme, during the focus group discussion scholars mentioned that it would be interesting if faculty:

- *"Investigated the long-term impact of the course by following up past participants few months after the end of each course" (S6)*

- *"Developed train-the-trainers courses based on this programme so as scholars can further teach their colleagues" (S7)*

- *"Included sections on integration of mental health into non-communicable disease management" (S2)*

- *"Allowed materials to remain available to ensure ongoing access of scholars" (S8)*

Reflecting on how they see their personal involvement in the future of the programme, all scholars reported that they would be interested in contributing to its expansion and dissemination. Most stated that they would be interested to represent the programme at conferences and other meetings. They also reported that, due to their own experience of being a scholar, they could be of assistance in selecting future cohorts and in mentoring future participants, along with the faculty.

- *"I would be particularly interested in dissemination of findings from the program, presenting at conferences, co-authoring papers for publication and also becoming a mentor?"* (S2)

- *"Maybe two mentors; "two heads are better than one". Maybe we can be assistant mentors in the next course" (S5)*

The table below presents the number of participants who are interested in being involved in each of the reported activities regarding the course's future. This table was completed by six out of the seven scholars who provided mid-point evaluation questionnaires.

Activity	**n**
Dissemination of findings from the program	5
Presenting at conferences	6
Co-authoring papers for publication	5
Selecting the next cohort(s) of learners	3
Teaching or teaching materials	3
Becoming a mentor	5

Appendix 1: Evaluation Questionnaire

WONCA advocacy program in primary mental (behavioral) health care for young family doctors: 2nd evaluation questionnaire

Hello again! This is your 2nd chance to comment on your experience of this new programme and to shape its future development. Please send Marilena your completed questionnaires by Monday April 8th.

Your replies will not be shared with other learners or Faculty, except as common themes.

We will also have a chance to discuss the whole program at our 2nd focus group session on Wednesday, April 10th (see page 3 of this document for a preview of our discussion prompts). Looking forward to seeing you all again soon!

How did your learning set develop?

Do you feel like you got to know each other throughout the programme? What helped facilitate this? What made it more difficult?

Do you think you worked well as a group? If it worked well, why was that? If it didn't work for you, do you know why?

Was the group the right size/right gender balance? Was your variety of clinical settings a positive or negative?

Have your other learners been supportive? Can you give any examples of how they have helped you – or how they have made the project more difficult for you?

Did you use the discussion platform (Padlet) to share thoughts on your learning experience? If no, why?

Will you keep in touch with other learners? How do you see yourself using these connections in the future?

Teaching

How do you feel about the amount of content covered during the programme? Was it covered at the right level?

What is the best thing you have got out of the teaching materials?

Do you think you will use the teaching materials in the future? If so, how?

How could the teaching materials be improved? Is there anything you found unhelpful?

How did the group facilitation work for you? What was best about it? How could facilitation be improved?

How did you find the balance between teaching time and discussion time in webinar sessions overall?

Any comments about what could improve internet connectivity?

Would you like to keep in touch with your group facilitators?

Mentoring

Was it easy to contact your mentor? Were they easy to talk to?

Did you use the support of your mentor? If so, how?

Did they help you with your individual project?

Did they help with understanding teaching materials or concepts?

Any suggestions for what could be improved in the mentoring offered within this programme?

Would you like to keep in touch with your mentor?

What has your experience been of this programme overall?

Have you got what you needed from it?

What is the main thing you will take away from this learning?

Were there things that you wish had been offered, but weren't?

Will you apply what you have learned to your setting? If so, how?

What makes it easier for you to apply your learning in your practice setting?

What makes it harder for you to apply your learning in your setting?

Would you recommend this programme to colleagues?

How would you describe who it is intended for?

How would you describe what the program aims to teach?

The future of the programme

If the Faculty group got funding to continue this programme, would you like to continue to be involved?

For example, would you like to help with:

- dissemination of findings from the program?
- presenting at conferences?
- co-authoring papers for publication?
- selecting the next cohort(s) of learners?

- teaching or teaching materials?
- becoming a mentor?

Questions for the focus group on Wednesday, April 10th.

You don't have to answer these questions yet. I just wanted to give you a chance to see what we'll be discussing in the focus group.

- Thinking about the teaching material, what would you add or cut out?
- After the first focus group, did your feedback help Faculty make the right adjustments to the programme?
- Did the last 3 webinar sessions cover what you were hoping for?
- What have you learned during the programme?
- What progress have you made with your individual projects?
- What challenges have you faced?
- If you had to set new goals – what would they be?
- How will you work differently as a result of your participation in the programme?
- Would you like to continue receiving support from your mentors/learning set?
- Would you like to be involved in disseminating findings from this pilot?
- Would you like to be involved in future programmes?
- Any other feedback for Faculty?

Appendix 2: Focus Group Interview Guide

10 Mins	**Presentations** **Recap of evaluation questions**
10 mins	**Thinking about the teaching material, what would you add or cut out?**
10 mins	**What have you learned during the programme?**
15 mins	**After the first focus group, did your feedback help Faculty make the right adjustments to the programme?** **Did the last 3 webinar sessions cover what you were hoping for?**
15 mins	**What progress have you made with your individual projects? (incl. brief project description)** **What challenges have you faced?** **If you had to set new goals – what would they be?**
10 mins	**How will you work differently as a result of your participation in the programme?** **Would you like to continue receiving support from your mentors/learning set?**
10 mins	**Would you like to be involved in disseminating findings from this pilot?** **Would you like to be involved in future programmes?**
10 mins	**Any other feedback for Faculty?**