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Quality Assurance Survey for TRIN Affiliates: Summary Report and Recommendations

SURVEY PURPOSES AND SPONSORSHIP

In February 2005, TRIN affiliates were surveyed regarding the following:
1) their application of quality criteria to approve courses and course providers and 2) their opinions on future strategies to increase the availability of quality content and to better designate the quality of courses for public health professionals.

In particular, the survey aimed to answer questions such as the following:

- *What extra measures, if any, do affiliates take to assure the quality of courses and providers approved on TRIN?*
- *Are the criteria that affiliates use working?*
- *What future strategies could help improve the quality of courses, or at least better designate the good from the bad?*

The online survey was a collaborative effort of the Colorado TRIN affiliate, the Public Health Foundation, and the TRIN Learning Content Workgroup, whose goal is to increase affiliates' access to high quality training content.

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RESPONDENT AFFILIATE DEMOGRAPHICS

Total number of respondents: 15

- 10 completed entire survey
- 5 partially completed survey

The survey response rate was 68%. Twenty-two (22) affiliates were invited to take the survey. One new affiliate declined to participate because the state was still unfamiliar with the system. The remaining six affiliates did not reply.

Of the ten respondents that answered questions about their affiliate experience and the number of courses and course providers that they have approved:

Courses Approved

- 20% have approved none
- 50% have approved 1-10
- 10% have approved 11-49
- 20% have approved 50+

Course Providers Approved

- 10% have approved none
- 40% have approved 1-10
- 20% have approved 11-49
- 30% have approved 50+

Affiliate Site Has Been Live

- 10% for 4-6 months
- 40% for 7-12 months
- 50% for over 1 year

COURSE PROVIDER APPROVAL

Over two-thirds of the 15 respondents indicated that they are currently approving course providers outside of their own organization (11), and that they use (or intend to use) the same PHF standards for approving new course providers as specified in the TRAIN Administrators Handbook (11).

Only four respondents (27%) indicated that they use or intend to use additional or more selective criteria for approving course providers than already exists within TRAIN. Of these four respondents:

- Two say that their additional course provider criteria are unknown at this time
- Two indicated that they use (intend to use) a combination of criteria, but did not provide sufficient details to describe their process

Over half (8) of those who responded felt that the criteria they are using to approve course providers are working for their needs. The other respondents (7) either were not sure or thought the question did not apply to them at this time. No respondents indicated that the criteria were not working for their needs.

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General comments received for this section of the survey indicated that some affiliates have not experienced a need for additional criteria, since the course provider applicants have all been known or reputable agencies (local health departments, hospitals, academic institutions, Veterans Administration, etc.). Other comments included the following:

- One respondent felt that the “double” gate of approving each course provider AND each course helps to ensure appropriate content
- One respondent indicated that they felt the most critical phase of approval is the review and approval of courses and that each course should be looked at with the competencies mapped to learning objectives
- Two respondents indicated that they have begun to investigate criteria options (what other institutions are using, requiring measurable learner objectives, outline of course content, agenda, etc.)
- One respondent noted that the criteria are going to be developed by a committee

COURSE APPROVAL

Most of the 15 respondents indicated that they are currently approving courses to list on their TRAIN affiliate site (11), and over 60% say that they use (or intend to use) the same PHF standards for approving new courses as specified in the TRAIN Administrators Handbook (9).

Additional or More Selective Course Standards

Five respondents (36%) indicated that they use or intend to use additional or more selective standards for approving courses than already exists within TRAIN. Of these five respondents:

- Two indicated that they also apply these additional criteria to courses approved nationally or by other affiliates.
- One indicated the intention to use multiple criteria to approve courses: subject matter expert, content review panel, approve only certain formats, approve only for certain audiences, courses that are part of an approved curriculum, emergency preparedness courses only
- One respondent indicated that they check with agency staff about provider credibility, and another listed measurable objectives, course outline, and agenda as additional criteria for approving courses
- Two of the four say that the additional criteria are unknown at this time
- One respondent indicated that they have not yet approved any new courses

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Implementation and Enforcement of Additional Criteria/Processes

When these five respondents were asked to describe how they implement and enforce the additional criteria/processes:

- Two respondents indicated that the process and procedures are currently being defined. One noted that they are piloting the approval process internally in order to develop overall policy and criteria
- One stated that they check internally with state health department staff (of appropriate expertise) to verify the credibility of the provider and to gather any information that would be critical to determining approval of a course or course provider
- One indicated enforcement of criteria by removal of courses from the site
- The fifth respondent stated this was not yet applicable

Out of eleven responses, seven (58%) say that their criteria for course approval are meeting their needs, three (25%) are unsure, and two (17%) indicated the question was “not applicable.” No respondent indicated that the criteria for course approval were not working.

The general comments about course approval included the following:

- One respondent expressed intent to use an Education and Training Advisory Committee to review courses (subject area and competencies) prior to approval.
- Another gave the general suggestion of using measurable learner objectives, course outline, agenda, method to evaluate learning, etc.
- A final respondent expressed a concern for liability if they “got into the content approval business”, and that the key is to approve trusted and reputable course providers.

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FUTURE ACTIONS TO ADDRESS COURSE QUALITY

Survey participants were asked about the effectiveness and feasibility of potential options to increase the quality of available courses or to better designate the quality of courses to learners. The option that received the highest votes as both the most effective and the most feasible strategy was to “Encourage more providers to use existing accreditation options (CME, CNE, etc.) to demonstrate quality of material.” Only four strategies (shaded) were considered most effective and most feasible by at least 35% of respondents. [The sum of response frequencies total over 100% because respondents were permitted to select up to three options.]

Option	Most Effective (n=11)		Most Feasible (n=11)	
	# of Responses	Response Ratio	# of Responses	Response Ratio
Third party review and approval of course content by panels or subject matter experts	5	45%	3	27%
Encourage more providers to use existing accreditation options (CME, CNE, etc.) to demonstrate quality of material	7	64%	6	55%
Create a new “Public Health CEU” accreditation and request/require that providers obtain this CEU for courses posted to TRAIN	5	45%	2	18%
Encourage more providers to use existing instructional design standards set by organizations such as American Society for Training and Development (ASTD)	5	45%	4	36%
Raise standards for course providers to be approved to list courses on TRAIN	4	36%	6	55%
Increase learner reviews posted on TRAIN using the existing process	2	18%	5	45%
Enable prospective learners to compare courses based on more detailed evaluation forms	1	9%	2	18%
Develop a mechanism for affiliates or managers to request inspection copies or the right to “try before you buy” through TRAIN	4	36%	4	36%
Other: *Require Learning Objectives for approval process **Credentialing of public health aligned to CEUs	1*	9%	1**	9%

(Note: the top choices under each column are bolded and in red)

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Respondents who selected the strategy of third-party review panels as being "most effective" (n=5) were asked about specific types of review panels or processes that would be most feasible in the next 1-2 years.

Most feasible review panel options

- Locally organized content review panels for all state/local courses (5)
- Nationally organized content review panel for all national courses (4)
- Review panel consisting of volunteer members (2)
- Locally organized content review panel for all national courses (1)

None selected the options to "charge course providers to have their courses voluntarily reviewed" or to "create a review panel consisting of paid members." One respondent suggested using existing sources, such as schools of public health, academic centers, or public health institutes.

Respondents (n=11) also expressed several concerns regarding more rigorous quality assurance strategies and processes. The top concerns were:

- Staff and resource limitations to support a more rigorous review (9)
- Potential to discourage course providers from participating (7)
- Potential time delays in posting courses to the system (7)
- Duplication of effort by multiple affiliates reviewing the same courses (7)

Other general comments for addressing course quality on TRAIN included the suggestion to add a screen to collect information on content, curricula, and learning objectives to ensure competencies are reflected in these courses. Another suggested that we look to similar learning management systems (those with internal AND external content) in other fields to see how they address this issue.

CONCLUSIONS

What extra measures, if any, do affiliates take to assure the quality of courses and providers approved on TRAIN? Are the criteria that affiliates use working?

- Most affiliates are not taking extra measures beyond the TRAIN minimum requirements to assure the quality of courses and providers approved on TRAIN.
- Few affiliates reported that they have increased, or are looking at increasing, the criteria for course quality assurance.
- The criteria for approving course providers and courses are working for the majority of affiliates, and no affiliate has indicated that these criteria do not work. So, while there may be some interest in or room for further development of course quality assurance strategies, there is no evident failure of the current process.

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The fact that few affiliates are investing time and resources in exploring or implementing alternative course quality assurance strategies suggests that most affiliates are satisfied with the current process or that extra quality assurance is not a high priority for them. Two related factors that may be influencing the level of interest in quality assurance practices among affiliates are as follows:

- Most affiliates are currently working with known course providers. Existing quality assurance measures may be adequate because affiliates already have a degree of confidence in the quality of courses coming from these providers.
- Most affiliates are just getting their systems up and running, and consequently have few course providers or courses listed in their affiliate system. Many are intentionally populating the system with a limited number of carefully selected state and local courses in order to establish TRAIN as a valuable resource.

However, as time passes and affiliate sites mature, new and unknown state and local course providers may emerge to whom TRAIN affiliates may feel the need to apply additional course quality assurance measures. Additionally, over time, more resources may become available to explore and apply alternative quality assurance processes.

What future strategies could help improve the quality of courses, or at least better designate the good from the bad?

- Few quality assurance strategies are endorsed by affiliates as effective and feasible in the short term. There is limited agreement about the most promising quality assurance approaches.
- The only strategy that was highly recommended by the majority of respondents was to encourage more providers to use existing accreditation options (e.g., CME, CNE) to demonstrate quality of material.

A particularly interesting result of this survey was that only about half of the respondents thought that third party review would be an effective option for addressing course quality assurance. Even fewer thought that it would be feasible. This is an interesting outcome given the frequency with which this strategy is discussed among TRAIN affiliates.

Whatever quality assurance strategies are pursued and implemented over time, it will be very important that the strategies consider and address the top concerns of affiliates:

- Staff and resource limitations to support a more rigorous review
- Potential to discourage course providers from participating
- Potential time delays in posting courses to the system
- Duplication of effort by multiple affiliates reviewing the same courses

On a final note, looking to other learning management systems for quality assurance strategies and solutions may be of limited value. TRAIN is unusual in

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that most learning management systems are set up within one organization and they do not have to account for or manage outside course providers. One advantage of this traditional type of internal application is that most other learning management systems are only reviewing courses for appropriateness and utility for their own employees. This is in great contrast to TRAIN, which needs to offer courses across a wide variety of disciplines and practices within a larger target audience, the public health workforce. Consequently, TRAIN has a greater challenge in addressing quality assurance, which may require entirely different or innovative approaches and strategies.

RECOMMENDATIONS—OVERVIEW

Informed by these survey findings, TRAIN affiliates endorsed on April 27, 2005 the following seven recommendations from the Learning Content Workgroup. Please refer to the "Recommendations—Discussion" section (p. 9) for a discussion of each recommendation and proposed action steps.

1. Actively encourage more course providers to use existing accreditation options (such as CME, CNE, CEU, CLE, and CHES) for their continuing education programs targeting professionals who protect the public's health.
2. Encourage more providers to use existing instructional design standards set by organizations such as American Society for Training and Development (ASTD).
3. Explore potential mechanisms for affiliates or managers to request inspection copies of learning materials, guest user access, or the right to "try before you buy" through TRAIN.
4. Facilitate the sharing of lessons learned among TRAIN affiliates that are piloting higher standards for course provider or course approval, and reconsider in 2006 whether system-wide standards changes are warranted.
5. Affiliates should use and promote the existing "Accreditation" field on course listings to indicate approval by any review bodies.
6. Identify potential options to increase the feasibility of using third party review panels to rate and raise the quality of courses, and then reassess interests among affiliates, course providers, and learners.
7. Federal and national organizations should explore the creation of a "Public Health CEU" accreditation type that would be voluntary for course providers and tied to certification, licensure, or other incentives for public health workers.

RECOMMENDATIONS—DISCUSSION

1. **Actively encourage more course providers to use existing accreditation options (such as CME, CNE, CEU, CLE, and CHES) for their continuing education programs targeting professionals who protect the public’s health.**

Discussion:

Voluntary efforts by training providers to attain accreditation for their courses may help to raise the quality of courses. To the extent that accreditation requires courses to have learning objectives, be offered by qualified faculty, demonstrate their relevance to a professional discipline, and meet other standards, accredited courses receive a level of review that is beyond the TRAIN minimum requirements and the review practices of most affiliates. While certainly not a guarantor of content quality (particularly related to instructional design), accreditation offers learners a potential indicator of quality. Beyond the value of this strategy to quality assurance, increasing the number and diversity of courses that offer continuing education credits will assist professionals with licensure requirements and expand the appeal of many providers’ courses.

Some public health organizations may forgo accreditation because they are unfamiliar with accreditation options and costs, or because they do not see benefits that outweigh the costs, time, and energy required. Strategies to influence these providers include making accreditation information highly accessible and timely, sending clear messages to encourage (but not require) accreditation, and marketing the benefits to course providers. Additional information on accreditation will benefit not only TRAIN providers, but also the entire public health field.

<u>ACTION</u>	<u>WHO</u>
A. <u>Prepare or compile accreditation guidance for course providers</u> , building on existing resources where possible, including the following: <ul style="list-style-type: none">– Lists of accreditation types– Accreditation requirements– How to get courses accredited– Links to accrediting bodies– Costs and considerations	<i>PHF and TRAIN Learning Content Work Group</i>
B. <u>Determine the extent to which accreditation designates quality</u> , and communicate this information to affiliates, as well as learners.	<i>TRAIN Learning Content Work Group and PHF, with affiliates</i>

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- C. Market and provide accreditation information to providers through links and documents on TRAIN sites, the TRAIN Course Provider Guide, a training program, or other communications targeting course providers.

TRAIN Marketing Work Group, TRAIN affiliates, and PHF

2. Encourage more providers to use existing instructional design standards set by organizations such as American Society for Training and Development (ASTD).

Discussion:

Many public health courses have valuable information but fail to provide an effective learning experience because of poor instructional design. Promoting existing instructional design standards, and strategies to achieve them, may help motivated course providers improve the quality of their instruction. In addition, promoting such standards may assist TRAIN affiliates and other purchasers of public health content ensure the quality of funded offerings.

ACTION

WHO

- A. Compile information about existing design standards, building on existing resources where possible.

PHF and TRAIN Learning Content Work Group

- B. Include information about existing design standards with accreditation information and marketing materials for course providers, as described above.

TRAIN Learning Content Work Group, Marketing Work Group, and PHF

3. Explore potential mechanisms for affiliates or managers to request inspection copies of learning materials, guest user access, or the right to “try before you buy” through TRAIN.

Discussion:

Many affiliates and managers desire the ability to review course content before approving courses for listing on TRAIN, purchasing multiple copies, or registering multiple staff. Mechanisms to request inspection copies are highly decentralized. Individual course providers, particularly those that offer physical learning products (for example, print, video, and CD-ROM products), often permit individuals to request inspection copies by completing a request form or otherwise contacting them directly. Many providers have no such inspection mechanism, especially for fee-based online courses. Currently, there is no system on TRAIN to assist prospective purchasers in making such

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requests, nor in knowing which providers will consider them. While greater access for reviewing course content would help public health decision makers control quality, the benefits, costs, feasibility, and value of trying to coordinate these requests to providers are unknown. However, some affiliates caution that any solution involving the TRAIN web-based system should avoid making the site appear cluttered or too oriented to commercial providers.

<u>ACTION</u>	<u>WHO</u>
A. <u>Identify the benefits, costs, feasibility, and value of potential mechanisms to make it easier for TRAIN affiliates and managers to request inspection copies or rights to view course content.</u>	<i>TRAIN Learning Content Work Group</i>
B. <u>Make recommendations to the TAC by early 2006.</u>	<i>TRAIN Learning Content Work Group</i>

4. Facilitate the sharing of lessons learned among TRAIN affiliates that are piloting higher standards for course provider or course approval, and reconsider in 2006 whether system-wide standards changes are warranted.

Discussion:

At this time, there are insufficient examples and support from TRAIN affiliates to recommend any system-wide changes to the approval standards. The survey suggests that most affiliates think that the current course and course provider standards are working, or that it is too soon to tell otherwise. Although a handful of affiliates are moving in the direction of adding their own, stricter criteria to the approval process, very few are far enough along to even have such criteria in place.

Over the next 12 months, TRAIN affiliates with higher approval standards can serve as "pilot sites" for potential changes throughout the nationwide system. Affiliates that have raised approval standards should be encouraged to work together, document their standards and processes, and capture the effects of such standards on their approval rates, staff burden, approval lag times, provider interest, course quality, and other factors. The TAC should facilitate the sharing of lessons learned among the sites and with the TAC as a whole. The TAC should reconsider the issue of raising approval standards in 2006, when members can be informed by these affiliates' experiences.

<u>ACTION</u>	<u>WHO</u>
A. <u>Facilitate communication among affiliates that have raised, or plan to raise course</u>	<i>TRAIN Learning Content Work Group</i>

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or course provider approval standards.

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|--|---|
| B. <u>Identify important factors to document or lessons to capture for each site. Regularly track and discuss successes, challenges, results, and other issues with other TRAIN affiliate pilot sites.</u> | <i>TRAIN Affiliate Pilot Sites</i> |
| C. <u>Convene a meeting in mid-2006 with pilot sites and make recommendations to the TAC regarding potential system-wide changes to approval criteria.</u> | <i>TRAIN Learning Content Work Group with Pilot Sites</i> |

5. Affiliates should use and promote the existing "Accreditation" field on course listings to indicate approval by any review bodies.

Discussion:

If additional quality assurance standards are being implemented by some entities or TRAIN affiliates, the review has limited benefit throughout TRAIN unless learners can identify which courses have received a more rigorous review. TRAIN currently includes an optional "Accreditation" text field that may be used by affiliates to indicate that courses have been accredited by review bodies at that local, state, or national levels. When TRAIN was developed, PHF anticipated that some agencies or associations might form their own course review panels, as would national programs such as Public Health Ready. In addition to indicating whether a course carries continuing education credits, a provider could designate in this field that a course is approved by the "State Public Health Curriculum Consortium" or the "State TRAIN Affiliate Review Board," where such bodies exist.

With expanded promotion and use, this field could become a more valuable tool for learners to identify courses of higher quality, particularly if tied to the search feature and coupled with information about criteria for each listed accreditation. In the future, it may be appropriate to define and implement a standardized notation system for course approval criteria or levels of review building on this field in TRAIN.

6. Identify potential options to increase the feasibility of using third party review panels to rate and raise the quality of courses, and then reassess interests among affiliates, course providers, and learners.

Discussion:

Based on the survey results, third party course review panels are perceived as one of the most effective strategies to rate and raise course quality, but

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they are not perceived as a feasible in the short-term. Despite the desirability to some affiliates of having a credible quality "seal of approval" for courses, there appears to be no viable business model to support third party review among affiliates. Staff and resource limitations top the list of affiliates' concerns about a more rigorous review process, yet no affiliate thought that providers should have to pay to have their courses reviewed. Unless a group outside of the TAC steps forward to take on and fund a third party review system and can address the concerns noted by affiliates, the concept of a national third party review panels is unlikely to get off the ground.

Although there may be little momentum around the feasibility of reviewing all courses at the state or national levels, there may be more interest if the task were more manageable and designed to address top affiliate concerns indicated in the survey (resource limitations, potential to discourage course provider participation, time delays, and duplication of effort). For example, the feasibility of using volunteer reviewers from several states to rate a subset of courses in high priority topics like terrorism preparedness or "public health 101" may be worth considering.

To identify more feasible models of using third party review panels to rate and raise the quality of available courses, it may be fruitful to look at the following:

- Sustainable quality review models in other industries
- Emerging experiences of TRAIN affiliate states and other state organizations that have undertaken course quality review activities

The desirability and feasibility of a refined list of third-party review options should be reassessed among TRAIN affiliates and, more importantly, among learners and course providers at the local, state, and national levels.

PHF, other national organizations, TAC members, academic institutions, or other groups are encouraged to seek resources or take the initiative (in coordination with the TAC) to further explore third party review strategies to benefit the public health field.

7. Federal and national organizations should explore the creation of a "Public Health CEU" accreditation type that would be voluntary for course providers and tied to certification, licensure, or other incentives for public health workers.

Discussion:

Today's course accreditation system provides a review mechanism for courses geared predominately to the clinical segment of the public health workforce. Credit types such as CME and CNE, for example, address the continuing education needs and requirements of physicians and nurses. Other licensed and certified professionals such as social workers, certified

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health education specialists, laboratory professionals, and some environmental health workers are additionally served by available credit types and accreditation review processes. Courses geared to the remainder of the public health workforce—such as epidemiologists, non-certified health educators, program and policy developers, and outreach workers—largely have no accreditation mechanism. Notable exceptions are the few states (namely, New Jersey and Washington) that have statutory continuing education requirements for public health officers or environmental health specialists; such states in turn review courses and designate those that meet state requirements.

The creation of a national continuing education credit type for public health workers (a "Public Health CEU") would provide an accreditation option for courses geared to professionals not covered by the current accreditation system. If tied to expanded public health professional certification options, licensure programs, or other incentives, a new "Public Health CEU" accreditation would increase its appeal to both learners and course providers. As the public health workforce continues its evolution to focus on population-based programs instead of clinical care, a "Public Health CEU" accreditation could help to raise the quality of continuing education for non-clinical public health workers. It also might lure more quality course providers—some of whom concentrate on lucrative and high-demand CME and CNE courses—into the marketplace of training for non-clinical public health workers.

Although TRAIN affiliates regard the creation of a new "Public Health CEU" as one of the most effective strategies to raise and better designate the quality of courses, feasibility is a big concern. Spearheading such an initiative falls outside of the TAC's scope, priorities, and resources.

National leadership and sustained funding are needed to make a "Public Health CEU" program viable. Federal and national organizations are encouraged to further explore this strategy in consultation with affiliates, providers, associations, and others in the public health community.