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Geriatrics Fellows Learning Online And Together (Geri-a-FLOAT): A sustainable model of learning & support

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Abstract

Background—Geriatrics Fellows Learning Online And Together (Geri-a-FLOAT) is a virtual curriculum designed to convene fellows nationwide for learning and peer support. This paper presents the expansion and evaluation of the program from the “Wave 1” pilot to the “Wave 2” year-long curriculum.

Methods—Kern’s six-step approach to curriculum development was used to develop the Wave 2 curriculum. Participation was collected via Zoom. Post-session web-based surveys evaluated participant satisfaction regarding speaker, content, and overall session quality; intent-to-change; and a free-response section. A one-year follow-up survey sent to participants with valid e-mail addresses assessed sustained knowledge, skills, and behavior change.

Results—Nineteen sessions were held with mean(SD) of 23(13) participants per session, totaling 182 unique participants. Fifteen of 19 sessions were evaluated with 96 evaluations completed [mean(SD) 6(4) evaluations per session]. Mean(SD) ratings per session that were excellent or above average was 100%(0) for content, 99%(4) for speaker, and 99%(4) overall. Mean(SD) evaluations per session noting intent to change was 90%(14). Respondents reported helpful aspects as sharing resources and examples, perspectives and experiences of others, professional connections, and collaborative discussion. Of 127 participants with valid e-mail addresses, 40

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Acquisition of data: RZC, MCD, AG

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(response rate= 31%) completed the one-year follow-up survey. Mean(SD) respondents reporting some or significant sustained impact was 89% (7) across all learning outcomes.

Conclusions—This virtual, national curriculum for geriatrics fellows was well-received and associated with high rates of self-reported, sustained impact one-year post curriculum. Geri-a-FLOAT may be a model to standardize education and build collaboration and peer support across a discipline.

Keywords

medical education; virtual curriculum; education innovation; geriatrics

INTRODUCTION

Effective training of future geriatricians is critical to enhancing the workforce to care for the aging population.¹ Holistic training of future geriatricians should ensure not only clinical competency (patient care and medical knowledge), but also provide interpersonal collaboration and personal and professional development.²⁻⁴ Such training during geriatrics fellowship can be challenging due to small programs with few faculty, few fellows (1 in 3 programs have only a single fellow),⁵ and limited resources to create adaptable curricula responsive to developments in geriatrics and society. National conferences may enhance such training, but only occur once a year and may be insufficient to break down the silos among fellowship programs.

In the last few years, online learning has gained traction in graduate medical education, and with the onset of the pandemic, it has become mainstream.⁶⁻¹² In March 2020, triggered by the pandemic, a small group of geriatrics educators across the United States built Geriatrics Fellows Learning Online And Together (Geri-a-FLOAT),¹³ an educational series of virtual meetings to convene fellows nationwide to deepen their knowledge of geriatric medicine and to provide a place for networking and peer support. In spring of 2020, the first five Geri-a-FLOAT sessions, which were intended to serve as an added layer of education and peer support, were feasible to implement and well-received by participants.¹⁴ Yet, Geri-a-FLOAT's sustainability and ultimate impact were uncertain. This paper describes the expansion and evaluation of Geri-a-FLOAT from the "Wave 1" pilot to "Wave 2," a year-long curriculum from August 2020 to June 2021.

METHODS

Curriculum Design and Update

The Geri-a-FLOAT curriculum is designed to target geriatrics fellows in one-year and advanced/nonstandard programs. Program directors, physicians, other healthcare workers (e.g. advance practice providers), and other trainees (e.g. medical students, residents) may also attend. The Geri-a-FLOAT curriculum is structured to include regular interactive videoconferences on Zoom (©2021 Zoom Video Communications, Inc) led by a combination of current or recently graduated fellows and content experts. Live virtual sessions are recorded, uploaded to a public Box (©2021 Box) folder, and posted on Geri-a-FLOAT's open access webpage (<https://sites.google.com/view/geriafloat/home?>

authuser=0)¹³ for post-session access. Wave 1 included 14 sessions, mostly related to COVID-19, from 3/31/20 to 6/5/20 (Figure S1).¹⁴

Kern's six-step approach to curriculum development guided the design of Wave 2.¹⁵ Feedback from post-session evaluations of Wave 1 and a needs assessment survey that was sent to the Association of Directors of Geriatric Academic Programs (ADGAP) of the American Geriatrics Society (AGS) in May 2020 were used to develop Wave 2. While Wave 1 content focused largely on COVID-19, Wave 2, which started in August 2020, was expanded to add a layer of learning to supplement topics commonly covered in geriatrics fellowship curricula (Figure S1). Curricular threads included geriatrics clinical practice, career development, networking, social and structural determinants of health (SSDOH), education, and wellness. A multi-institutional leadership team was formed to select sessions and speakers. Sessions were advertised via the ADGAP member forum and personal and institutional Twitter accounts. Fellows were encouraged to sign up for a listserv for email reminders via the Geri-a-FLOAT webpage.

Curriculum Evaluation

Participation—The number of live session participants was collected from Zoom's usage report. Duplicate users were removed to account for participants who entered the meeting more than once or on multiple devices.

Post-session Survey—Similar to Wave 1, Geri-a-FLOAT co-directors (RZC, MCD, AG) designed an anonymous, voluntary post-session survey using REDCap¹⁶ to collect participant demographics, session satisfaction, intent to change, and feedback for iterative session improvement. The survey was distributed via a link in the chat box during the live session. Geri-a-FLOAT co-directors accessed evaluation data to continuously improve sessions throughout the year.

To capture demographics, a survey item identified participants attending their first session of Wave 2, which prompted collection of their institution, role, and degree of previous participation in Geri-a-FLOAT during Wave 1.

Participant satisfaction was measured with Likert-type questions rating session speaker, content, and overall session quality (1=very poor, 2=below average, 3=average, 4=above average, or 5=excellent). Intent-to-change was asked as a yes/no question with an optional free-response item to describe any intended change. Both satisfaction [n(%) above average or excellent)] and intent to change [n(%) yes] were determined for each session in order to calculate mean(SD) ratings by session. The survey also included free-response items to evaluate the most helpful aspects of the session and opportunities for improvement.

One-year Follow-up Survey—A survey was developed to assess sustained knowledge, skills, and behavior change related to each curricular thread one year after the end of Wave 2. The survey collected participants' role during Wave 2 and sessions attended. The survey asked how much Geri-a-FLOAT positively impacted 19 learning outcomes across Kirkpatrick levels¹⁷ 2, 3, and 4 with response options of “no impact,” “little impact,” “some impact,” “significant impact,” or “not applicable to session I attended.” The percentage

of respondents reporting some or significant impact in 1 outcome was determined for a given curricular thread, stratified by learning level. The survey also included checklists of additional level 4 outcomes in educator development and professional development and an optional free-response question regarding Geri-a-FLOAT impact.

This survey was administered via REDCap in June 2022 to participants who had attended one of the live sessions using e-mails retrievable from Zoom participation data. Participants with incomplete contact details or who facilitated/taught the curriculum were excluded. A chance to win one of five \$200 gift cards was offered as an incentive. Four survey reminders were sent during a three-week period.

Data analysis

Summary statistics of demographics and Likert-type responses were tabulated and analyzed using Stata Version 16.1 (StataCorp LLC, College Station, TX).

Free responses were coded qualitatively for thematic analysis using constant comparative method using ATLAS.ti 8.4.4 (ATLAS.ti Scientific Software Development GmbH, Berlin). Representative examples of themes were identified and summarized by a single author (KB). A second study co-author (MD) reviewed themes for consensus.

The Vanderbilt University Institutional Review Board deemed this study exempt.

RESULTS

Participation

In Wave 2, 19 sessions were held with 208 participants: 25 facilitators (of whom 5 were also learners during at least one additional session), 182 total learners, and 6 standardized patients. Facilitators represented 20 institutions across the United States. One session (“Finding your inner joyous geriatrician”) had an unavailable Zoom usage report due to >12 months lapse between the session and data extraction. After excluding facilitators and standardized patients, mean(SD) number of participants per session was 23(13). Table 1 shows participation by session.

Post-session evaluation

Of 182 learners, 36 (20%) completed a post-session survey. Of 36, 34 reported demographics: 16 (47%) were first-year geriatric fellows, 1 (3%) second-year geriatric fellow, 4 (12%) geriatrics fellowship program directors, 4 (12%) geriatrics faculty, and 9 (26%) either residents, medical students, or other professionals. Twenty-six of the 34 were new to Geri-a-FLOAT, 6 had attended between 1–4 Wave 1 sessions, and 2 had attended 10 Wave 1 sessions. Of the 36 respondents, 28 included their program name, representing 21 institutions.

Fifteen of 19 sessions were evaluated with 96 evaluations completed [mean(SD) 6(4) evaluations per session], and mean(SD) response rate was 30%(17). Sessions that did not have evaluations completed included Patient Priorities Care: aligning care; Sexual health in older adults; Post-incarceration care for older adults; and Ableism. Mean(SD) ratings per

session that were excellent or above average was 100%(0) for content, 99%(4) for speaker, and 99%(4) overall; mean(SD) evaluations per session noting intent-to-change was 90%(14) (Figure 1). Session-level evaluation data is in Table 1.

Free-response feedback and evaluation were collected regarding the most helpful aspects of Geri-a-FLOAT sessions, areas for improvement, and new changes that participants intended to make. Ninety-four survey responses provided 140 codes yielding four themes on helpful aspects of the curriculum: helpful content (n=52 codes), collaborative discussion (n=39), sharing of resources and experiences (n=34), and interinstitutional connection (n=15). One participant attributed the kinship felt during these sessions as “connecting with [their] geriatrics family.” Fifty responses provided 79 codes yielding four themes on areas for improvement: adjustment of content (n=30), administrative and technical adjustments (n=27), increased number of sessions (n=12), and adjusting session structure (n=10). Sixty-four responses provided 91 codes yielding four themes on new strategies learned from Geri-a-FLOAT: adopting clinical practice strategies (n=51), personal improvement (n=18), educator change (n=14), and professional improvement (e.g. networking, negotiation, and financial health strategies) (n=8).

One-year Follow-up Survey

Among 182 unique learners, 127 were invited to complete the survey [excluded 51 for incomplete contact details and 4 investigators (KB, RC, AG, MD)]. Forty (31%) participants completed the survey. Eighteen (45%) were geriatrics faculty, 13 (33%) geriatrics fellows, 4 (10%) geriatrics fellowship program directors, 2 (5%) residents, and 3 (8%) had another role during Wave 2. Median (IQR) number of sessions attended by respondents was 3.5 (2–5).

Self-reported impact of Wave 2 on learning outcomes at one year is displayed in Figure 1. Overall, mean(SD) respondents reporting either some or significant sustained impact was 89% (7) across all learning outcomes. Table 2 and Figure S2 include responses by individual learning outcome. Significant positive impact was reported by 34–76% of respondents across all curricular threads and across all levels of learning. Additional professional and educational development outcomes resulting from the curriculum included the following: 7 respondents (16%) identified a mentor outside of their institution, 5 (12%) developed a project with other members of the Geri-a-FLOAT community, 5 (12%) collaborated on a national presentation or workshop, 2 (5%) published on a topic that was developed through connections from Geri-a-FLOAT, and 9 (21%) developed a new educational product or presentation.

Qualitative responses regarding the impact of Wave 2 were reported by 13 respondents and classified into three major themes: 1) community and wellness (n=16 codes) included comments highlighting being a part of a learning community of geriatricians, combating isolation, wellness, and networking; 2) favorable content/structure (n=10) included comments highlighting topics, presence of recorded sessions, benefits of interactive sessions, expert resources, in-depth learning, and utility for smaller fellowships; and 3) career impact (n=8) included comments highlighting learned clinical skills, improved educator skills, professional development, scholarly output, and leadership.

These themes were echoed by both former fellows and program directors. One fellow wrote:

“Geri-A-Float was a major game changer and very formative for me during my fellowship years. I felt supported by the national group while also learning about various subjects. The curriculum is thoughtful and I particularly enjoyed the professional development sessions. This has helped me the most in conducting my job search, becoming an advocate for myself and others in the workplace. This has really contributed to my current job satisfaction and confidence to apply for leadership roles within my organization. I am very thankful that this curriculum and forum was developed as COVID-19 was halting our fellowship rotations and really changed how my second-year fellowship operated. Geri-A-Float was an impactful addition to my training in both my clinical practice and professional development.”

This was echoed by a program director:

“There is something difficult to quantify about the impact of Geri-a-float and that is the sense of community and belonging. Even if I could not attend a session, being on the emails and having the sessions appear in my calendar made me feel like a valued part of a group. I knew that expert geriatricians had identified others across the country/world to share their knowledge/thoughts with our fellows and faculty. Even knowing the list of experts was helpful because I felt like I could email the Geri a Float team or contact those speakers directly if I wanted to invite them to my institution or ask them a question. As a program director, I felt this huge sense of relief that even if I didn’t have someone who could talk to our fellows about social determinants of health or LGBTQ health, there was a time and a place or a recording to direct the fellows to.”

DISCUSSION

The Geri-a-FLOAT curriculum has been well-received by learners and faculty, impactful, and now sustained into its third year. Its impact was seen one year after the curriculum, with about half of participants reporting significant impact of Geri-a-FLOAT across all curricular threads and learning levels. Intended or actual changes were similar in the immediate post-session evaluations and the one-year follow-up survey—1) acquiring skills and knowledge applicable to clinical work, 2) educator development, 3) professional development, and 4) personal improvement and wellness. Similar to the Wave 1 pilot curriculum,¹⁴ participants found the sharing of resources and tools, experiences of others, and professional connections and collaboration particularly helpful. One-year after the Wave 2 curriculum, participants reported additional outcomes that resulted from the Geri-a-FLOAT curriculum including developing new external mentorship relationships and interinstitutional collaborations. Subsequently, novel scholarship was disseminated, such as innovative work in structural and social determinates of health (SSDOH) in geriatrics education.¹⁸

Based on survey data, Geri-a-FLOAT may be impactful to participants for two major reasons: content and community. The content and its delivery were shaped in accordance with the four principles of adult learning theory to build on past knowledge, be applicable, active and engaging, and provide opportunities for problem solving.¹⁹ First, curricular

topics were built to scaffold from the knowledge gained in traditional geriatrics fellowship curricula, focusing on underrepresented topics. Second, content was designed to be immediately applicable to personal and professional development, clinical practice, and addressing the SSDOH. Geri-a-FLOAT's content on career development, which is not typically covered per other post-pandemic studies of online learning,²⁰ was well attended by not only fellows, but also faculty. Third, instructional methods were specifically designed to keep learners active and engaged. Sessions regularly used breakout rooms and the chat box to promote interactivity. Fourth, problem solving through cases and small group work was used to enhance retention. Participants noted the most impactful sessions were case-based and allowed for significant collaboration and discussion.

The community and support Geri-a-FLOAT offers was a recurring theme in participants' qualitative responses. Reviews of pandemic-triggered online learning have cited the lack of social interactions with peers and faculty as a disadvantage to virtual education.²⁰ Geri-a-FLOAT specifically encouraged interaction, engagement, and networking. Participants cited this community-based aspect as a main advantage of the program. This community is particularly important for geriatrics, where programs are commonly small. Now, even solo fellows in small programs can develop a robust peer network and national community of geriatricians. As we continue to emerge from the pandemic, an online platform like Geri-a-FLOAT is likely beneficial to help support fellows' education and wellness.

Additionally, Geri-a-FLOAT works to promote equity. As part of the initiative of AGS to address the intersection of racism and ageism, three calls for action to promote health equity were identified: 1) "the healthcare workforce must both reflect and be better prepared to care for the populations that it serves," 2) "[support] trainees from diverse backgrounds to achieve success in their chosen careers," and 3) "all aspects of healthcare must be examined from the perspective of the intersection of ageism not only with racism but also with other biases."²¹ The SSDOH curricular thread of Geri-a-FLOAT responds to these calls for action by equipping fellows of all backgrounds to care for marginalized populations, respond to racism and ageism, and analyze health inequities from a structural and systemic equity framework.^{21,22} This curriculum has yielded even programmatic results, such as a program director utilizing the curriculum when they lacked expertise to teach fellows critical health equity topics such as SSDOH and care for marginalized populations (e.g. LGBTQ+ older adults).

Not only did this model promote teaching on salient health equity topics around the SSDOH impacting older adults (e.g. ageism, post-incarceration care, LGBTQ+ health), but the Geri-a-FLOAT platform also promotes educational equity to participating fellows. Regardless of where participants are training, they are able to access experts and mentors across the country to ensure a robust and equitable training experience. The platform also creates opportunities for current and former fellows to develop and disseminate new educational products to a greater audience, including publications and national presentations as evidenced by the survey results.

Limitations

Generalizability is a limitation. Only 15/19 sessions had post-session evaluations completed due to prioritizing speakers' own evaluation surveys, so favorable evaluation findings may not apply to the four remaining sessions. Also, participants completing post-session evaluations were from 20 institutions, representing only 13% of the 150 geriatrics fellowship programs and 24% of the 82 programs that matched at least one fellow for AY 20–21.²³ The study is limited by possible selection bias. Because Geri-a-FLOAT was promoted largely on Twitter, participants more likely to be comfortable with a virtual space may have been disproportionately recruited. Curriculum evaluation occurred through voluntary surveys, which resulted in low response rates (6–50%) and may have resulted in overly positive feedback. However, given the high number of post-session views and the fact that Geri-a-FLOAT is now concluding Wave 4 of successful operation and has spread to 15 countries, the sessions are likely well-received overall. Additionally, the post-session participation data does not consider how long participants viewed the session and may overestimate participation. The qualitative analysis was performed by a single coder which may impart single-coder bias, although iterative loops of coding and peer debriefing were used as an effort to mitigate this bias. Finally, while higher level learning outcomes were assessed through a one-year follow up survey, categorization of outcomes into levels may not be valid. Such data are self-reported and may not be valid indicators of actual sustained change in knowledge, skills, and behaviors. However, almost all respondents reported intent-to-change post-session, a measure which has been associated with subsequent change in practice.²⁴

Conclusions

Innovative curricular models like Geri-a-FLOAT may become increasingly useful in graduate medical education and beyond to foster learning, community, and networking. A curriculum like Geri-a-FLOAT promotes the sharing of ideas and experiences among peers and across institutions, which may help break down silos and promote equity and best practices nationally. Given that mentorship and institutional characteristics have been shown to influence residents' decisions to pursue a career in geriatric medicine,²⁵ Geri-a-FLOAT may enhance recruitment into geriatrics through facilitating mentorship and transcending institutions. This model could translate to other specialties and disciplines, especially small programs with few learners.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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Key Points:

- Access to state-of-the-art educational content, networking, and peer support vary among geriatrics fellowship programs, one-third of which have only one fellow.
- Geriatrics Fellows Learning Online And Together (Geri-a-FLOAT) is a series of virtual meetings that combines education in geriatric medicine with networking and peer support.
- This virtual geriatrics curriculum for geriatric fellows, faculty, and other trainees is well-received and associated with sustained impact one-year post-curriculum.

Why does this paper matter:

A curriculum like Geri-a-FLOAT promotes the sharing of ideas and experiences among peers and across institutions, which may help break down silos and promote best practices nationally.

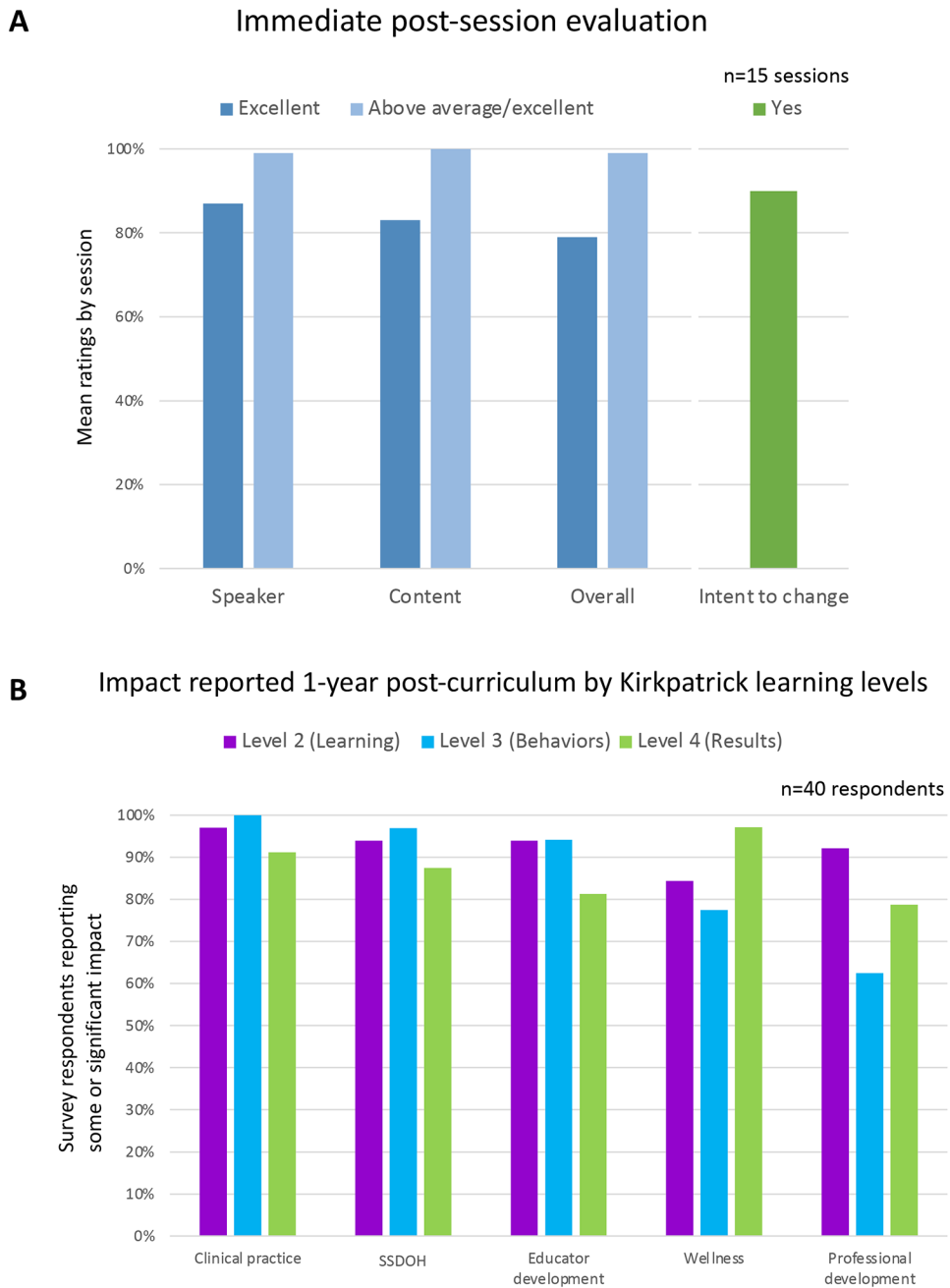


Figure 1. Immediate post-session evaluation and 1-year post curriculum evaluation of Geriatrics Fellows Learning Online And Together (Geri-a-FLOAT) Wave 2.

Panel A shows results from immediate post-session evaluation surveys during Geriatrics Fellows Learning Online And Together (Geri-a-FLOAT) Wave 2. Blue shaded bars show mean session ratings of speaker, content, and overall session quality. The green shaded bar represents percentage of participants reporting intent to change (mean across sessions). Panel B shows the percentage of survey respondents reporting some or significant impact in at least one learning outcome for a particular curricular thread. Kirkpatrick level 2, 3, and 4 outcomes are shown in purple, blue, and green, respectively.

SSDOH=social and structural determinants of health

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Table 1.

Geriatrics Fellows Learning Online And Together (Geri-a-FLOAT) Wave 2 session-level participation and immediate post-session evaluation

Session Topic ^a		Surveys completed n (%)	Speaker rating above average or excellent (n%)	Content rating above average or excellent n(%)	Overall rating above average or excellent n(%)	Intent-to-change n (%)
<i>Clinical Practice</i>	Multimorbidity	8/17 (47)	8 (100)	8 (100)	6(100) ^c	7 (88)
	Prognostication	4/19 (21)	4 (100)	4 (100)	4 (100)	3 (75)
	Polypharmacy & deprescribing: updates & application	8/21 (38)	8 (100)	8 (100)	8 (100)	6 (75)
	Patient Priorities Care: eliciting priorities	5/13 (38)	4 (100)	4 (100)	4 (100) ^c	5 (100)
	Caring for the dementia caregiver	8/12 (67)	8 (100)	8 (100)	8 (100)	7 (88)
<i>Professional Development</i>	Negotiations part 1	1 /18 (6)	1 (100)	1 (100)	1 (100)	1 (100)
	Negotiations part 2	6/17 (35)	5 (83)	6 (100)	5 (83)	5 (83)
	Staying financially afloat	4/19 (21)	4 (100)	4 (100)	4 (100)	4 (100)
	Welcome to newly matched fellows!	8/18 (44)	6 (100)	7 (100)	6 (100) ^c	4 (50)
<i>Social and Structural Determinants of Health</i>	Anti-racism	4/14 (29)	4 (100)	4 (100)	3 (100) ^c	4 (100)
	LGBTQ+ health	1/19 (5)	1 (100)	1 (100)	1 (100)	1 (100)
	Ageism	12/69 (17)	12 (100)	12 (100)	11 (100) ^c	11 (92)
<i>Educator Development</i>	Big G-Geriatrics education for fellows: diagnosing our learners using the RIME framework	5/21 (24)	5 (100)	5 (100)	5 (100)	5 (100)
	Teaching geriatrics: skills to make learning stick	10/45 (22)	10 (100)	8 (80)	9 (100) ^c	10 (100)
<i>Wellness</i>	Finding your inner joyous geriatrician	13 (NA ^b)	13 (100)	13 (100)	12 (92)	13 (100)

^aSessions with no evaluations completed: Patient Priorities Care: aligning care; Sexual health in older adults; Post-incarceration care for older adults; Ableism

^bNumber of session participants not available (due to Zoom data only being retrievable for 12 months)

^cThis optional response was not answered by at least one participant

Table 2.

Learner-reported impact of Geriatrics Fellows Learning Online And Together (Geri-a-FLOAT) Wave-2 on learning outcomes one-year post-curriculum

Curricular Thread	Kirkpatrick's Level ^a	Outcome	Response n(%) ^b			
			No impact	Little impact	Some impact	Significant Impact
Clinical Practice	2	Knowledge about best practices for clinical diagnosis & management of my patients	0	1 (3)	15 (44)	18 (53)
	3	Applying best practices for clinical diagnosis & management of my patients	0	1 (3)	14 (41)	19 (56)
	3	Taking steps to reduce ageism's impact on patients in everyday practice	0	2 (6)	12 (36)	19 (58)
	4	Seeking out resources in my community to improve my patients' health or quality of life	1 (3)	2 (6)	17 (50)	14 (41)
Social and Structural Determinants of Health	2	Knowledge of social determinants of health	0	2 (6)	13 (39)	18 (55)
	3	Incorporating assessment of social determinants of health into practice	0	1 (3)	16 (48)	16 (48)
	3	Utilizing community and system resources to respond to health inequities	1 (3)	3 (9)	13 (41)	15 (47)
	4	Making a change in my health system related to social determinants of health	2 (6)	2 (6)	12 (38)	16 (50)
Professional development	2	Confidence in networking with peers	2 (5)	1 (3)	13 (34)	22 (58)
	3	Utilizing negotiation skills in my job	5 (15)	4 (12)	9 (27)	15 (45)
	4	Taking on a leadership role	3 (9)	4 (12)	13 (39)	13 (39)
Educator Development	2	Knowledge of active learning strategies to engage learners	1 (3)	1 (3)	15 (43)	18 (51)
	3	Utilizing active learning strategies to engage learners	1 (3)	1 (3)	13 (38)	19 (56)
	4	Integrating structural and social determinants of health into my teaching	1 (3)	5 (16)	12 (38)	14 (44)
Personal wellness	2	Knowledge about strategies to promote wellness	3 (9)	2 (6)	16 (50)	11 (34)
	3	Incorporating strategies to promote personal wellness	2 (6)	5 (16)	13 (42)	11 (35)
	4	Connecting with colleagues with similar interests	1 (3)	3 (9)	11 (32)	19 (56)
	4	Feeling supported by your national colleagues in Geriatrics	1 (3)	0	7 (21)	25 (76)
	4	Helping to prevent or reduce burnout	1 (3)	4 (13)	12 (39)	14 (45)

^aKirkpatrick's levels: 2=learning, 3=behaviors, 4=results.

^bRespondents selecting "not applicable for the sessions I attended" were removed from the denominator to determine the percentages.

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