

Social Mission Metrics Priorities II Survey

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OBJECTIVE: The overall objective of the Social Mission Metrics Initiative (SMMI) is to develop, disseminate and institutionalize a valid and usable instrument through which health professions schools can assess their success in advancing the social mission of their institutions. In 2018-19 this initiative obtained completed surveys from over 240 U.S. dental, nursing and medical schools. The Social Mission Metrics Priorities II Survey is designed to address an additional challenge in the continuing development of this instrument: how should specific indicators be weighted to accurately reflect their relative importance in contributing to Social Mission? For example, is requiring students to serve in community health clinics more or less important than requiring them to take implicit bias training? In order to address this challenge, we conducted the first stage SMM Priorities Survey in 2018 which surveyed 293 key stakeholders in health professions education, but mostly faculty members and administrators. Results were used to score results from the SMMI self-assessment survey. The second stage SMM Priorities survey, funded under the current award, has three objectives: (1) surveying national samples of medical, dental, and nursing students to see how their perceptions of importance compare to faculty and other professionals in the stakeholder sample; (2) exploring differences in priorities among key respondent groups by applying multivariate models to the data that will link respondent characteristics to the relative ratings they provide; and (3) validating our definition of key domains by deploying a novel variant of the Paired Comparison method, known as Wiki Pairs. This online tool introduces a 'crowdsourcing' element into the research that potentially broadens the set of relevant indicators of social mission performance.

DATA: The second-stage Priorities Survey (Priorities II) began with a probability sample of 600 cases from the email mailing list of Beyond Flexner Alliance (BFA) a non-profit network of health professionals and students committed to advancing social mission in health professions education. Respondents were also recruited from BFA's Facebook and Twitter posts, with limited success. As we continue our data collection efforts, respondents will be drawn from among student members of the American Medical Student Association (AMSA), National Student Nurses Association (NSNA), and the American Association of Colleges of Nursing(AACN). Additional outreach is underway to the Student National Dental Association (SNDA) and the American Association of Women Dentists (AAWD) for possible collaboration in disseminating the Priorities Survey.

DESIGN: The survey consists of two treatments, each representing a slightly different approach to obtaining from each respondent their subjective rankings of specific Social Mission indicators. All respondents will start with reviewing informed consent information and providing demographics in a Qualtrics instrument. Then, 75% of respondents will be randomly assigned to the first treatment, where respondents will be switched over seamlessly to the Sawtooth Software platform, on which we built a maxdiff (best/worst) rating questionnaire with the help of an outside statistical modeling consultant (Dr. Megan Peitz at Numerious Inc.) At the same time, 25% of respondents will be randomly assigned to the second treatment, where respondents remain in Qualtrics and see an embedded electronic 'widget' that links to a 'Wikipairs' platform maintained by AllOurIdeas.com (a public survey project of MIT, funded by Google). By means of the widget, the respondent views a series of simple paired comparisons based on the 80 different SMM indicators. While the platform will accept an unlimited number of answers, we clearly instructed the respondents to rate 10 to 15 pairs. Respondents in this treatment can also suggest new items to add to the survey. The item will be added to the list of tested indicators after being reviewed and approved by the research team, allowing the importance of the new item to be rated against the others on the list. In both instances, a respondent ID generated by Qualtrics will be stored and passed to the platforms, to allow later merging of the externally collected data with the demographics and opinion questions we collect in Qualtrics.

RESULTS: The survey instrument used in this project is innovative and complicated, so we went through several rounds of internal test and revisions. The pilot study with a probability sample of about 600 email addresses from the email

mailing list of Beyond Flexner Alliance (BFA) only yielded a 10% open rate and 3% completion rate with three email pushes. The resulting completions were too few for analysis, so we switched our focus to social media promotion and outreach to various student associations. The data collection is still in an early stage and we expect to have an increase of respondents in early December, the time that many student associations agreed to send the survey to their members. In addition, NSNA has distributed the survey to a list of undergraduate directors and faculty advisors in nursing schools, with promising returns so far.

CONCLUSIONS: Results from the first phase Priorities survey showed significant differences between respondents from dentistry, nursing and medicine in their relative ratings of various areas of Social Mission. For example, dental professionals gave higher ratings to the area that requires student participation in service-learning and extracurricular activities aimed at social determinants of health, compared to nursing and medical professionals. House staff, residents and fellows gave significantly higher ratings to the area that emphasizes K-12 and undergraduate pipeline programs having large minority enrollment and including first-generation college students, compared to faculty members, academic leaders (Deans and Associate Deans, etc.), administrative staff and students. We anticipate the second phase survey will further illuminate these differences and also demonstrate that student priorities differ from those of established health professionals. Student priorities are of special interest because health professions schools compete for the best applicants. When the social mission priorities of students are brought to light, there will be a strong incentive for schools to adapt so as to better attract students for whom health equity and the social determinants of health are high priorities for action.

Key Words: Social Mission Metrics, Priorities, Maxdiff, Wiki Pairs, Health Professions Education

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