



Regularly Scheduled Series (RSS) Program Evaluation

UME - Faculty Development Series

July 1, 2018 through June 30, 2019

Thank you for your time in providing this valuable feedback which will be used to enhance future RSS programs.

1. Please respond regarding how much you agree or disagree.

	Disagree		Agree	
Participating in this RSS program changed my KNOWLEDGE. [24-3.75]	(0)	(1) 4.17%	(4) 16.67%	(19) 79.17%
Participating in this RSS program changed my COMPETENCE. [24-3.54]	(0)	(2) 8.33%	(7) 29.17%	(15) 62.50%
Participating in this RSS program changed my PERFORMANCE. [23-3.39]	(0)	(5) 21.74%	(4) 17.39%	(14) 60.87%

If you agree, please list one or more areas of your improved knowledge, competence or performance.

(11)

improved knowledge regarding learning disabilities

I wasn't able to attend all the sessions, but the stress reduction technique session was the most helpful to me. I also always learn something about cultural sensitivity or implicit bias I wasn't even aware of when Dwayne Compton speaks. I like the real life examples he gives in his presentations.

Improvement in team based teaching, inclusivity in teaching, wellness and stress management. I learned a lot about the school's LCME journey from Dr. Shaw as well.

It increased my knowledge of effective teaching strategies.

An increased awareness of what can be done with IT

Increased knowledge of ways to combat burnout
gained additional knowledge of mindfulness and wellness
I have a much clearer understanding of how learning disabilities interact with the school system now.
I have a better understanding of how various programs work together and help in my work enviroment.
LEarned more about stress and burnout and de-bunked some of the myths.
Experiencing some teaching methods in person rather than reading about them was helpful to implement them.

2. Do you think the topics in this RSS program were presented without commercial bias or a conflict of interest?

(24)

Yes (23-95.83%)

No (1-4.17%)

If you answered 'NO' to the above question, and if you believe there were commercially biased speakers/presentations, please list any you can recall.

3. Please rate:

	Poor	Fair	Good	Excellent
The overall quality of this RSS program. [23-3.48]	(0)	(1) 4.35%	(10) 43.48%	(12) 52.17%

4. Based on your educational needs and medical practice gaps, please suggest topics and/or speakers for future RSS programming in this medical discipline.

(10)

Emotional intelligence, How to be an effective manager Navigating Educational research/scholarly projects

I would suggest combining interprofessional collaborations with experiential learning opportunities.

evaluation and assessment

continue offering topics that help build competence in recognizing and questioning unconscious bias, collaboration skills, and team leadership.

Educational topics on potential future changes that will change our curriculum or methods of teaching.

More on coaching/one-to-one interactions and less on classroom presentation methods
no suggestions

Teaching in small groups.

Non pharmacological interventions

finding primary literature with librarians - this would be my #1 vote; Mock PBL session to see how facilitators should interact;

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.)

(9)

More self-care practices on a regular basis. Be more aware of how my actions can affect those of a different race, gender, etc...

I have already changed my approach to creating an inclusive teaching environment, still have work to do, but I'm trying!

I would offer more interprofessional collaborations in the curriculum.

There are some skills I will incorporate into my job as a PBL facilitator.

do more personal wellness activities

explored SoftChalk but not fully developed content

As a staff person this is N/A

Changed how I think about stress and some of my sleeping habits.

For the future program I suggested? I would love the resource search session because many faculty struggle with this, and so many things have changed since training was first available

6. Please list any additional comments you may have about this educational activity.

(5)

Having lunch would make it way better! It's tough to get there when you barely have an hour for lunch and have to get food before or after.

It would be exciting to discuss cases with other healthcare providers and learn to work together to provide the best care for the patient.

More often than not, this development series provides a reminder of important practices to incorporate into medical education. Having the refresher is nice.

As a staff person I went to help me better understand the various departments and how their jobs impact the medical school and my own position.

It seems like it is difficult to pull in MDs for the session when lunch is not provided at the noon sessions; would it be better to hold them at a different time?

As one of the participants in this RSS program, we want to encourage you to implement those ideas that were appropriate to your healthcare practice environment.

This evaluation data is confidential, and no individual will be identified by the office of Continuing Medical Education and Professional Development.

This data will only be used for quality assessment and improvement of future CME courses. Thank you very much.