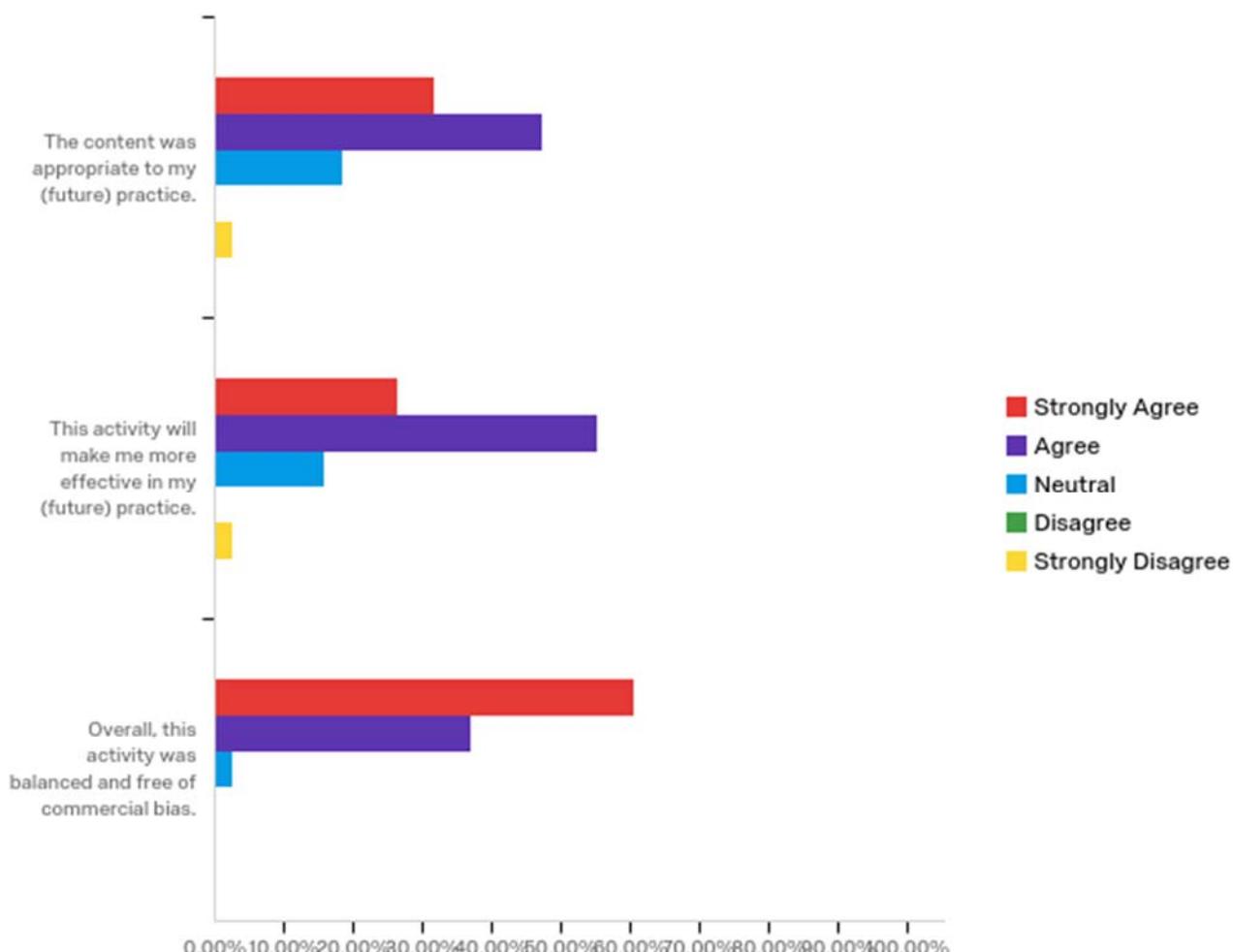


CME Evaluation Summary

DMU Grand Rounds - Perinatal Moms, Moods, and Minds

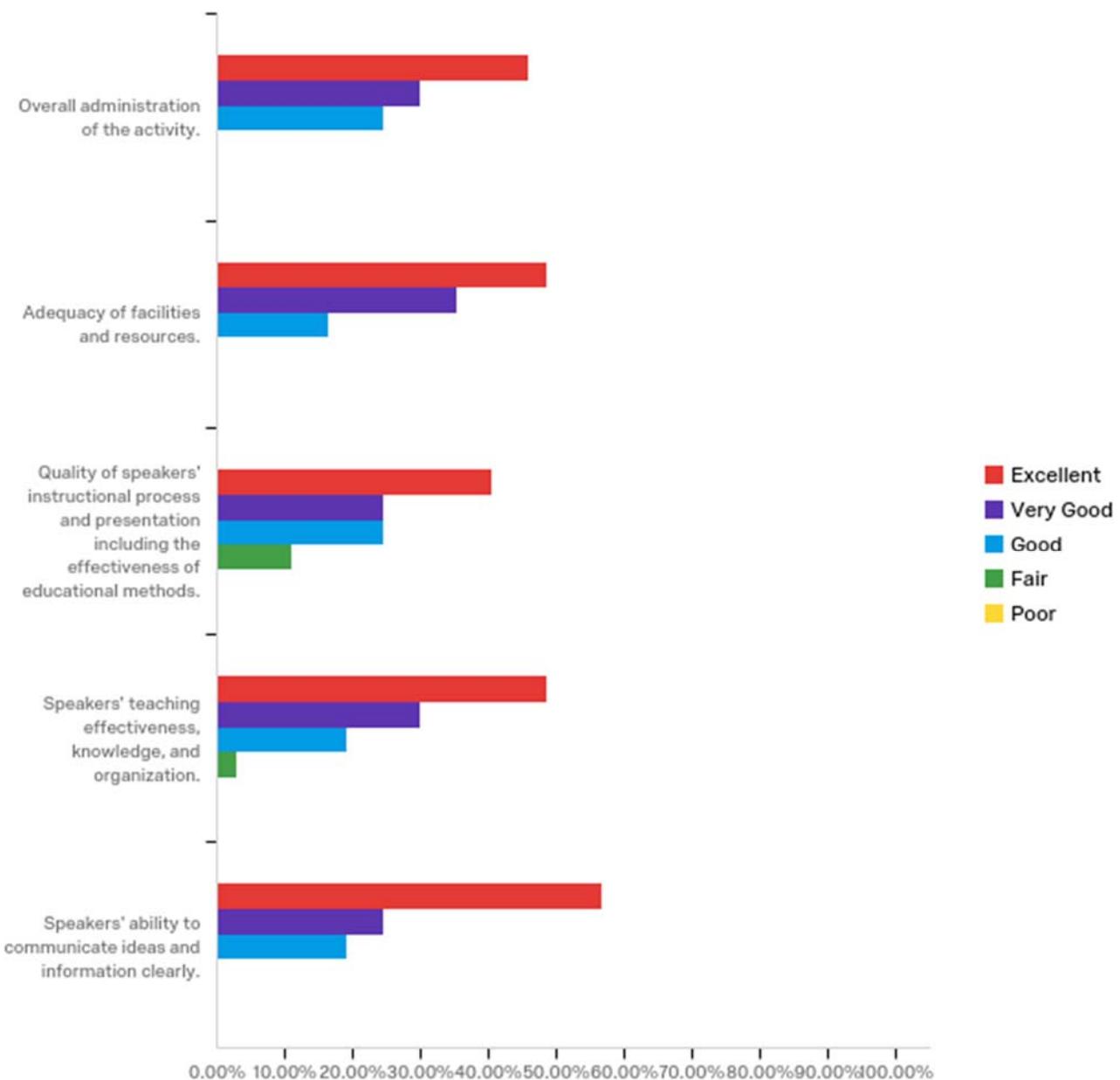
October 5, 2017

Q1 - Please indicate the extent to which you agree with the following statements:



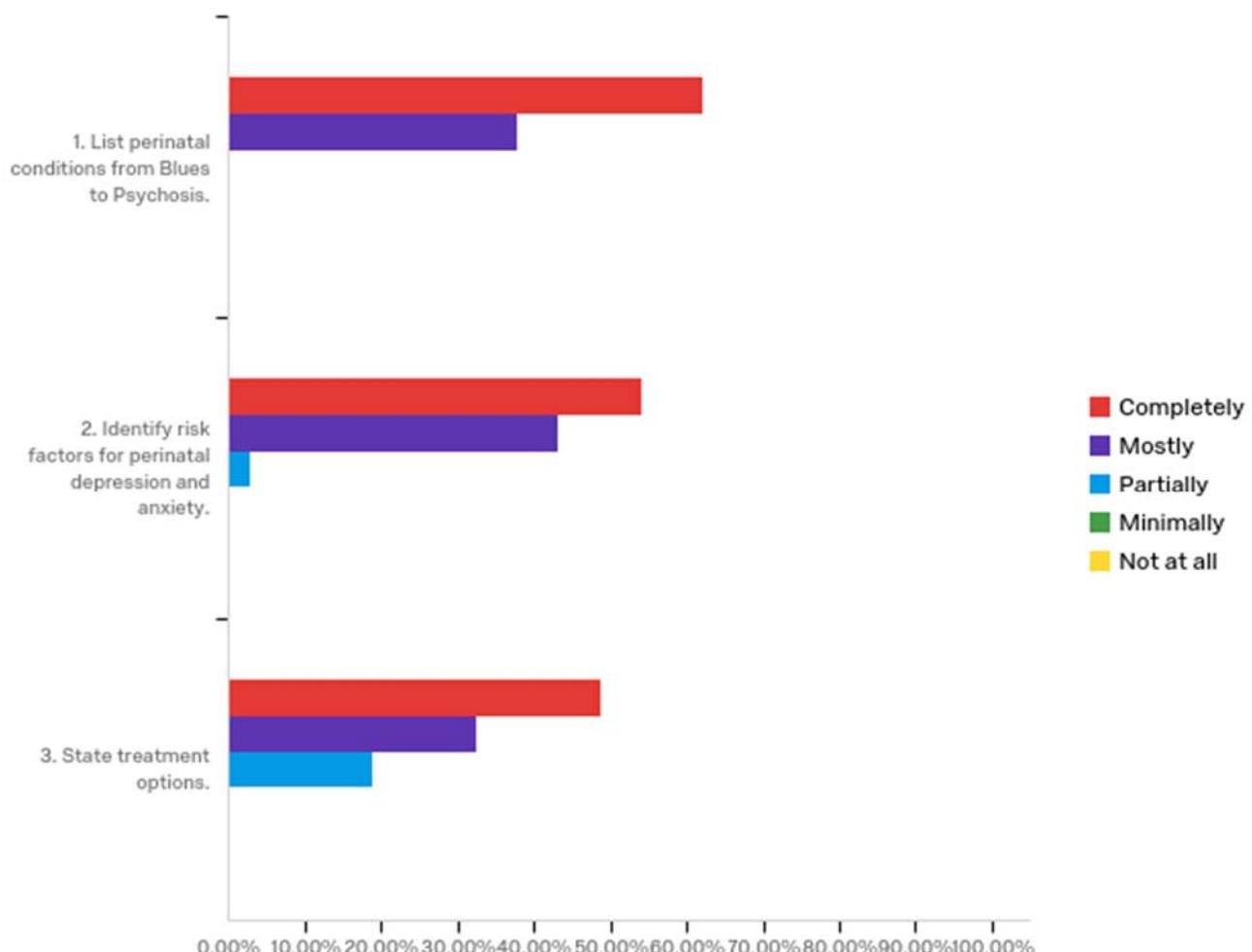
#	Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
1	The content was appropriate to my (future) practice.	31.58%	47.37%	18	0.00%	2.63%	38
2	This activity will make me more effective in my (future) practice.	26.32%	55.26%	21	0.00%	2.63%	38
3	Overall, this activity was balanced and free of commercial bias.	60.53%	36.84%	14	0.00%	0.00%	38

Q2 - Please rate the following:



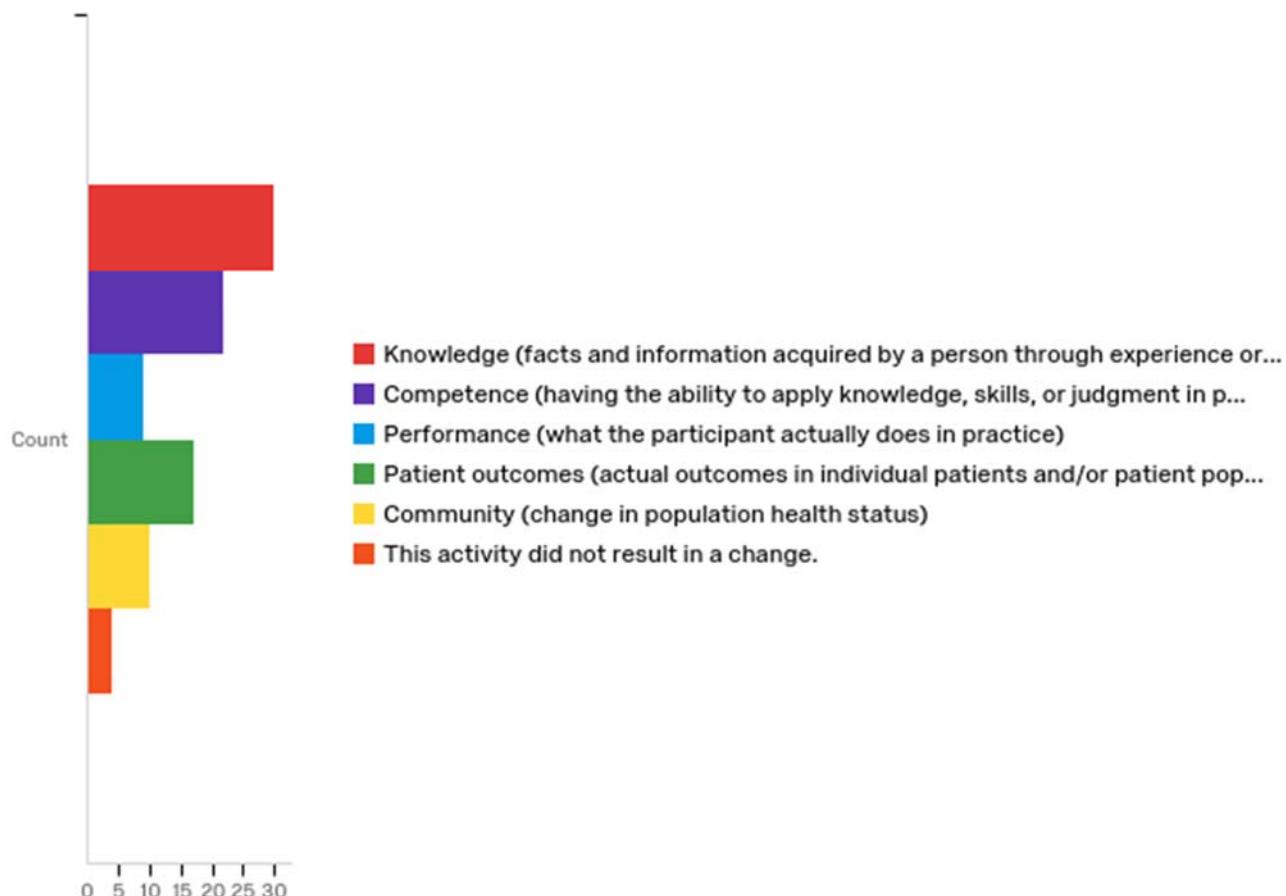
#	Question	Excellent		Very Good		Good		Fair		Poor		Total
1	Overall administration of the activity.	45.95%	17	29.73%	11	24.32%	9	0.00%	0	0.00%	0	37
2	Adequacy of facilities and resources.	48.65%	18	35.14%	13	16.22%	6	0.00%	0	0.00%	0	37
3	Quality of speakers' instructional process and presentation including the effectiveness of educational methods.	40.54%	15	24.32%	9	24.32%	9	10.81%	4	0.00%	0	37
4	Speakers' teaching effectiveness, knowledge, and organization.	48.65%	18	29.73%	11	18.92%	7	2.70%	1	0.00%	0	37
5	Speakers' ability to communicate ideas and information clearly.	56.76%	21	24.32%	9	18.92%	7	0.00%	0	0.00%	0	37

Q3 - Did the activity meet your expectations in accomplishing the stated objectives?



#	Question	Completely		Mostly		Partially		Minimally		Not at all		Total
1	List perinatal conditions from Blues to Psychosis.	62.16%	23	37.84%	14	0.00%	0	0.00%	0	0.00%	0	37
2	Identify risk factors for perinatal depression and anxiety.	54.05%	20	43.24%	16	2.70%	1	0.00%	0	0.00%	0	37
3	State treatment options.	48.65%	18	32.43%	12	18.92%	7	0.00%	0	0.00%	0	37

Q4 - This educational activity will result in a change in my (select all that apply):



#	Answer	%	Count
1	Knowledge (facts and information acquired by a person through experience or education)	32.61%	30
2	Competence (having the ability to apply knowledge, skills, or judgment in practice if called upon to do so)	23.91%	22
3	Performance (what the participant actually does in practice)	9.78%	9
4	Patient outcomes (actual outcomes in individual patients and/or patient populations)	18.48%	17
5	Community (change in population health status)	10.87%	10
6	This activity did not result in a change.	4.35%	4
	Total	100%	92

Q5 - Please describe any 'pearls' or takeaway messages.

- Post-partum anxiety and depression are nondiscriminatory - they can affect any mom and we should be watching for that in our future practices!
- It provided some insight on what was normal in terms of baby blues and abnormal in perinatal depression.
- The most important piece of advice to me was the importance of getting the people to see treatment and realize that their behavior was not normal. And to do this it seems like you have to almost trick them into not knowing it's a psychiatric visit at first.
- It is okay to get help and that most of the time it's the mom's thinking that is causing the distress and not something that she is or isn't doing nor capable of doing.
- Post-partum mood changes are more common than we tend to understand and new moms are often ashamed or even unaware that there is something wrong, so they don't seek help.
- The presenter made the point that some moms may have their attention on the risk of psychosis with perinatal experiences due to the media's focus. I was thus grateful to learn how to delineate the difference between depression and the much rarer perinatal psychosis, as health professionals should be prepared to explain that difference with such patients.
- Identification, risk factors, variations of symptoms.
- The lack of a visual presentation made the takeaway messages harder to process. Also, there was little additional information for people who were already aware of postpartum depression. The human personal story was great but I wish there were more treatment details.
- In order to know if your pregnant patients are experiencing depression, it's important to ask the patient directly how their mental health is and if they have any concerns or questions.
- I was very thankful for the woman who shared her experience with post-partum depression. Both spoke very openly and honestly about a problem that is not well-known. The best takeaway message was the encouragement to seek help if one is experiencing symptoms of postpartum and not being ashamed or afraid of it.
- Psychological health is paramount to whole health. Too often, the social stigma associated with psychological health concerns presents a profound barrier to whole health outcomes.
- If you have a history of mental disabilities, you watch for possible signs more than an individual without prior history mental illness. But either way, the thought should always be in the back of your head because it can happen to anyone.
- Perinatal depression does NOT signify psychosis.
- Remember to screen your pregnant patients for mental health as well as physical health!
- It's helpful to have the spouse present to discuss treatment options and know warning signs.
- Work to reinforce that "baby blues" and related issues are common and nothing to be ashamed of.

Q6 - Please note any changes or improvements in your practice that you plan to make as a result of attending this educational activity. If no changes are identified, please explain why (program format, content not appropriate, nothing learned, etc.)

- In future practice, I will be sure to pay attention to the moods and feelings of parents during and after pregnancies
- Most likely I will not use this knowledge while I practice, but it can still be used in the community with friends or loved ones when they have children.
- There was not enough time spent on how to identify mothers with postpartum depression and how to screen or raise awareness of postpartum depression.
- I became aware of how easy it is to miss obvious signs of depression if you are not asking your patients the right questions and making sure they know it is normal and common for women to experience depression, anxiety, and unexplained negative thoughts while pregnant and post-partum.
- I am currently a student and will incorporate the things I learned to normalize conversations pertaining to mental health.
- As a future physician, I will take the time to ask pregnant women about their emotional health.
- Request that spouse attend an appointment or two.
- Work to reinforce that "baby blues" and related issues are common and nothing to be ashamed of.
- Remember to screen your pregnant patients for mental health as well as physical health!

Q7 - Please identify any barriers that you perceive in implementing any changes. Select all that apply.

#	Answer	%	Count
1	N/A, I am a student	89.19%	33
2	No barriers	5.41%	2
3	Cost	0.00%	0
4	Lack of experience	0.00%	0
5	Lack of opportunity (patients)	0.00%	0
6	Lack of resources (equipment)	0.00%	0
7	Lack of administrative support	0.00%	0
8	Insurance/reimbursement issues	0.00%	0
9	Lack of consensus or professional guidelines	0.00%	0
10	Lack of time to assess/counsel patients	0.00%	0
11	Patient/compliance issues	0.00%	0
12	Not applicable to my practice	2.70%	1
13	Other (please specify)	0.00%	0
	Total	100%	37

Q8 - How will you address these barriers in order to implement these changes in your practice?

- No responses.

Q9 - Do you have any unanswered questions or additional comments?

- Including interactive activities and a PowerPoint would be helpful.