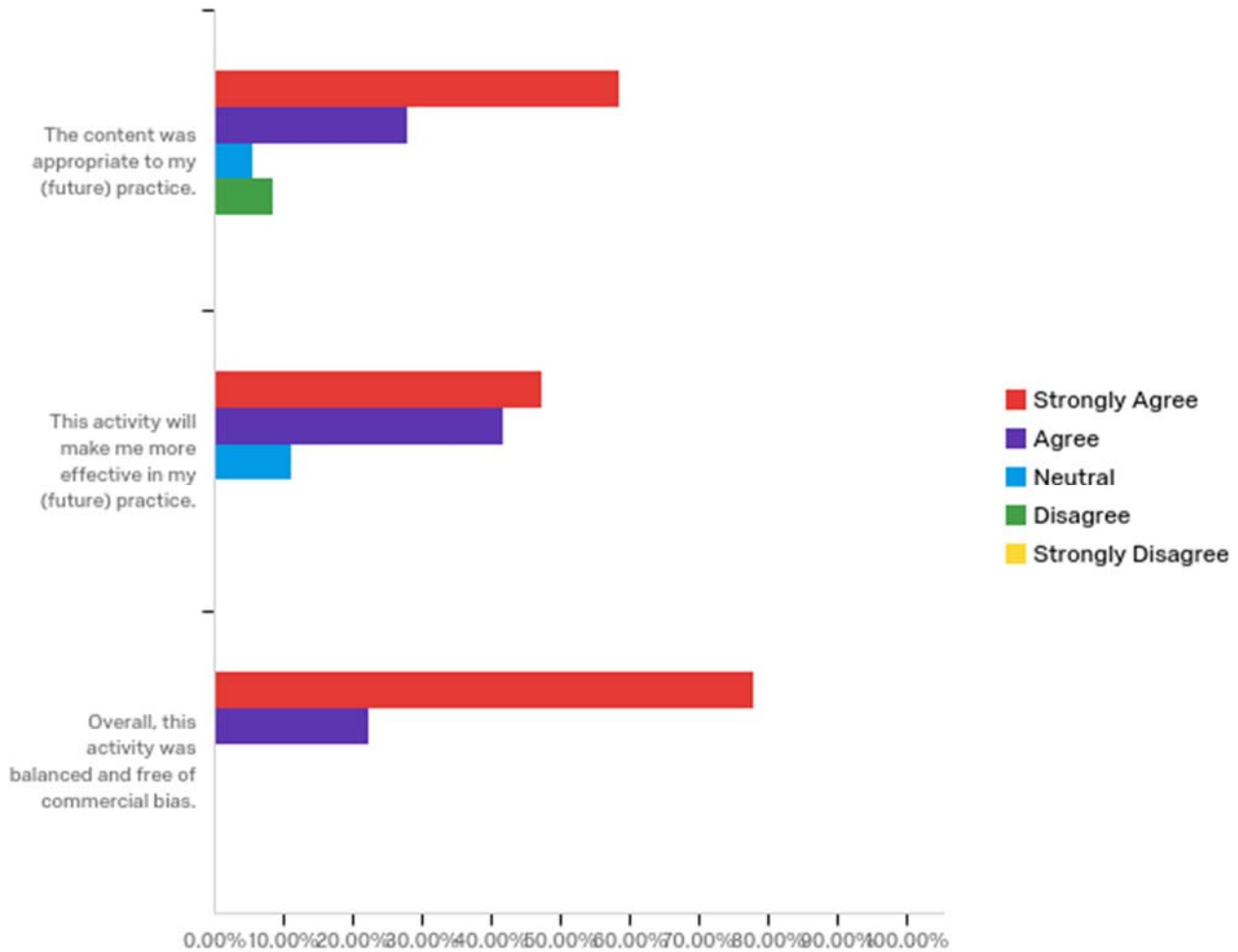


CME Evaluation Summary

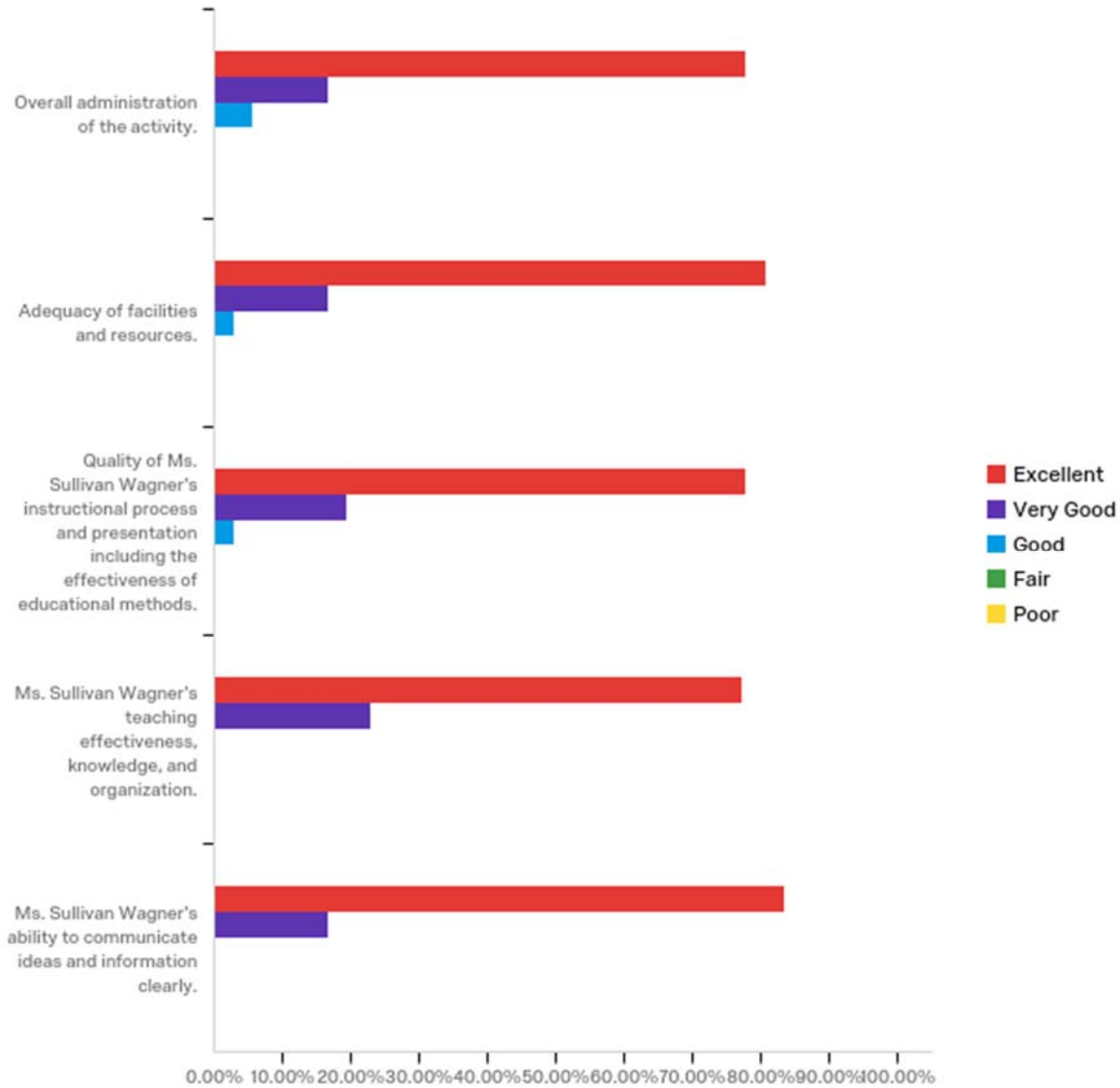
DMU Grand Rounds - Sexual Health Communication with Oncology Patients
September 7, 2017

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



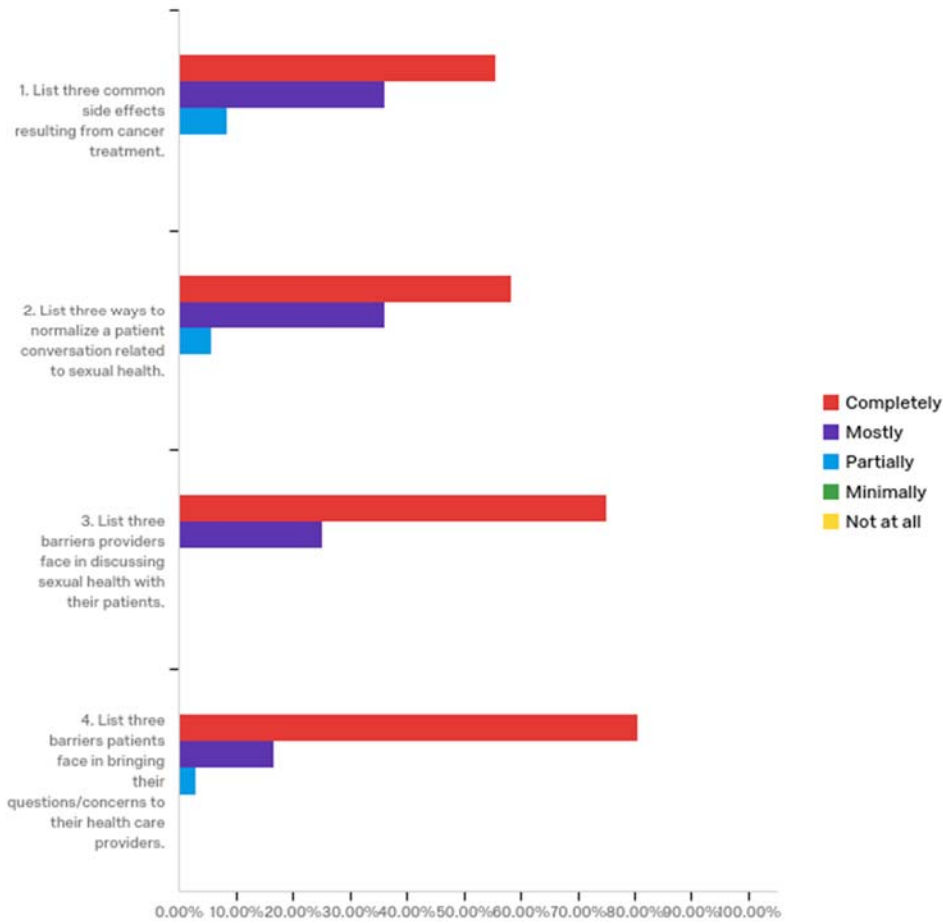
#	Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
1	The content was appropriate to my (future) practice.	58.33% 21	27.78% 10	5.56% 2	8.33% 3	0.00% 0	36
2	This activity will make me more effective in my (future) practice.	47.22% 17	41.67% 15	11.11% 4	0.00% 0	0.00% 0	36
3	Overall, this activity was balanced and free of commercial bias.	77.78% 28	22.22% 8	0.00% 0	0.00% 0	0.00% 0	36

Q2 - Please rate the following:



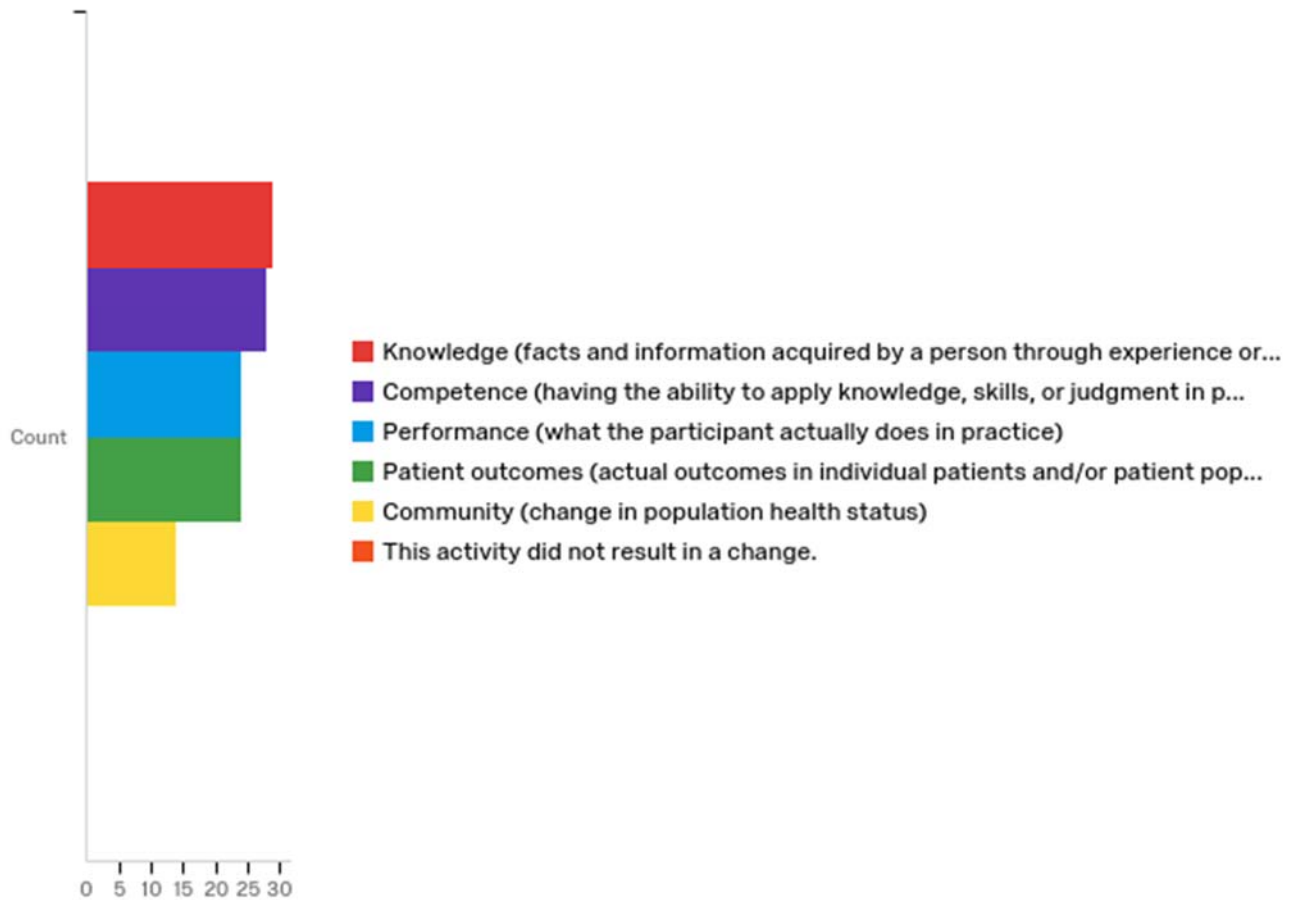
#	Question	Excellent	Very Good	Good	Fair	Poor	Total
1	Overall administration of the activity.	77.78% 28	16.67% 6	5.56% 2	0.00% 0	0.00% 0	36
2	Adequacy of facilities and resources.	80.56% 29	16.67% 6	2.78% 1	0.00% 0	0.00% 0	36
3	Quality of Ms. Sullivan Wagner's instructional process and presentation including the effectiveness of educational methods.	77.78% 28	19.44% 7	2.78% 1	0.00% 0	0.00% 0	36
4	Ms. Sullivan Wagner's teaching effectiveness, knowledge, and organization.	77.14% 27	22.86% 8	0.00% 0	0.00% 0	0.00% 0	35
5	Ms. Sullivan Wagner's ability to communicate ideas and information clearly.	83.33% 30	16.67% 6	0.00% 0	0.00% 0	0.00% 0	36

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



#	Question	Completely	Mostly	Partially	Minimally	Not at all	Total
1	List three common side effects resulting from cancer treatment.	55.56% 20	36.11% 13	8.33% 3	0.00% 0	0.00% 0	36
2	List three ways to normalize a patient conversation related to sexual health.	58.33% 21	36.11% 13	5.56% 2	0.00% 0	0.00% 0	36
3	List three barriers providers face in discussing sexual health with their patients.	75.00% 27	25.00% 9	0.00% 0	0.00% 0	0.00% 0	36
4	List three barriers patients face in bringing their questions/concerns to their health care providers.	80.56% 29	16.67% 6	2.78% 1	0.00% 0	0.00% 0	36

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)	24.37%	29
2	Competence (having the ability to apply knowledge, skills, or judgment in practice if called upon to do so)	23.53%	28
3	Performance (what the participant actually does in practice)	20.17%	24
4	Patient outcomes (actual outcomes in individual patients and/or patient populations)	20.17%	24
5	Community (change in population health status)	11.76%	14
6	This activity did not result in a change.	0.00%	0
	Total	100%	119

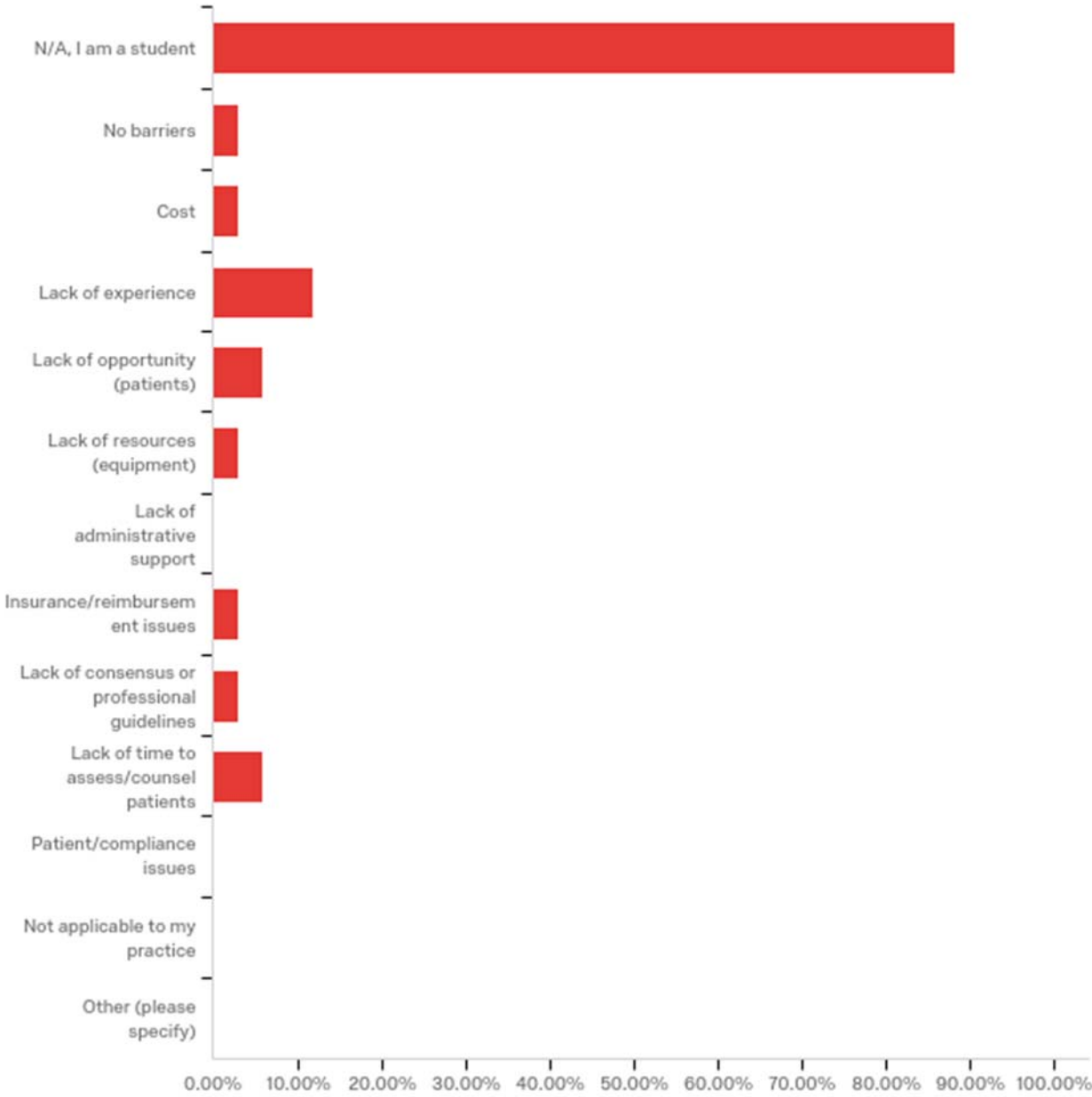
Q5 - Please describe any 'pearls' or takeaway messages.

- No matter what specialty we as medical students will one day enter, patients need to feel comfortable raising concerns about their sexual health with us.
- We need to know how to normalize the discussion, and I felt Ms. Sullivan Wagner did a great job demonstrating that need and giving practical advice on how to do so, even though we're not physicians yet.
- Having confidence to talk about some "touchy" subjects with patients is incredibly important.
- I had never thought about sexual health as an issue in cancer patients-- this was a very eye opening talk and not every conversation is going to be easy with a patient but they need to be addressed.
- Initiating the before treatment conversation about sexual health post-cancer treatment can be difficult.
- With the proper knowledge, understanding and professionalism, the conversation can be very beneficial for the patient's long term health.
- Very interesting topic not often talked about. It was nice to be exposed to new information from a patient perspective.
- It is important to discuss all side effects, including sexual side effects, of cancer treatment with the patient.
- The importance of not waiting for the patient to bring up possible issues, especially when they involve a sensitive topic. Also, how some things may initially not seem important due to other situations at the current time but down the road will pose an issue.
- Don't assume that patients will bring up problems in their sexual health; it's always safe to ask respectfully.
- Sexual health is an important, yet taboo topic in the scope of whole patient care and well-being.
- Positive patient outcomes involve overall health, which should include sexual health.
- As healthcare providers, we will need to be able to normalize the conversation about sexual side effects/health with our patients, especially with oncology patients.
- The patient may feel too embarrassed to bring something up on their own, so make sure to ask direct questions and do your best to make the patient feel comfortable with you.

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.)

- I will be cognizant of this issue in my future practice and will work to learn more about sexual health issues for patients with all types of diseases.
- I will actively work to address the patient's sexual health, especially if the patient mentions it.
- This information from a patient perspective will be extremely helpful in knowing the issues and being able to address them even if the patient doesn't bring it up themselves.
- I will discuss all side effects of treatment and not make assumptions about the patient's knowledge.
- I will definitely keep this information in mind as I begin to interact with patients!
- I'm a student, but I would implement more awareness among the healthcare providers and have a plan in place for who/when/how the conversation about sexual health will be brought up with patients.

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



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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	69.77%	30
2	No barriers	2.33%	1
3	Cost	2.33%	1
4	Lack of experience	9.30%	4
5	Lack of opportunity (patients)	4.65%	2
6	Lack of resources (equipment)	2.33%	1
7	Lack of administrative support	0.00%	0
8	Insurance/reimbursement issues	2.33%	1
9	Lack of consensus or professional guidelines	2.33%	1
10	Lack of time to assess/counsel patients	4.65%	2
11	Patient/compliance issues	0.00%	0
12	Not applicable to my practice	0.00%	0
13	Other (please specify)	0.00%	0
	Total	100%	43

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

- I will work on my communication skills.
- All of the barriers that were listed on the previous question are barriers that have been a part of medicine in general for a very long time. As physicians, we do not pick who comes to us; so therefore, lack of opportunity is hard to change. Insurance and reimbursement for time used for talking about this topic can be difficult. I would work with my healthcare administration to come up with a solution. This also ties in with lack of professional consensus on talking about such an issue. I would be an advocate in my healthcare setting to make sure patients are getting the full story when discussing sexual health and how many cancer treatments can cause side effects. Lastly, time will always be an issue in medicine. I will try my best to use the necessary amount of time for this difficult conversation that I deem as crucial for the patient's long term health.

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

- Mrs. Sullivan Wagner was an amazing speaker! Her presentation was fabulous. Please pass on that I have huge respect for her!
- This was a great presentation!
- One of the best Grand Rounds I've attended. I liked hearing the perspective of somebody who experienced the topic themselves.