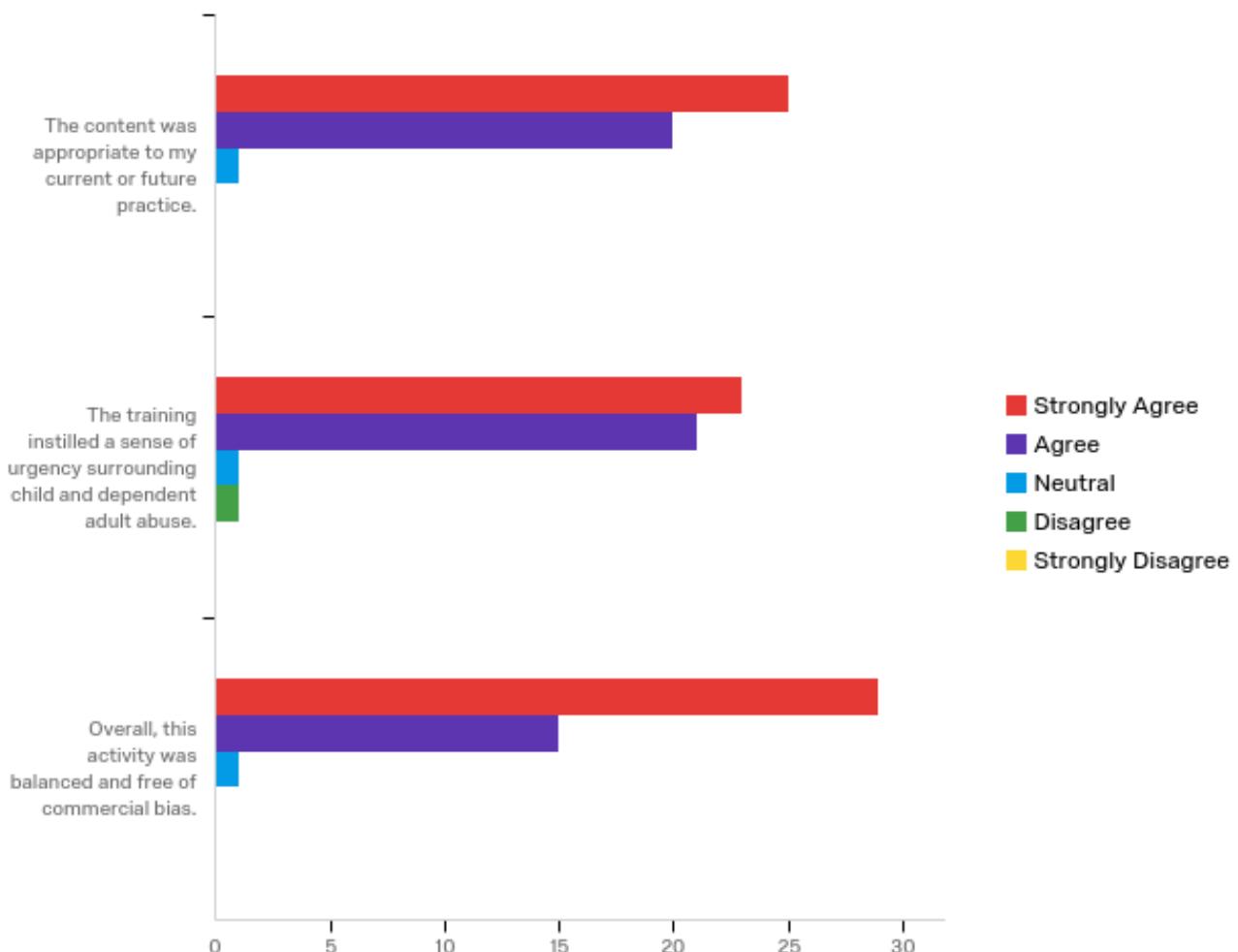


CME Evaluation Summary

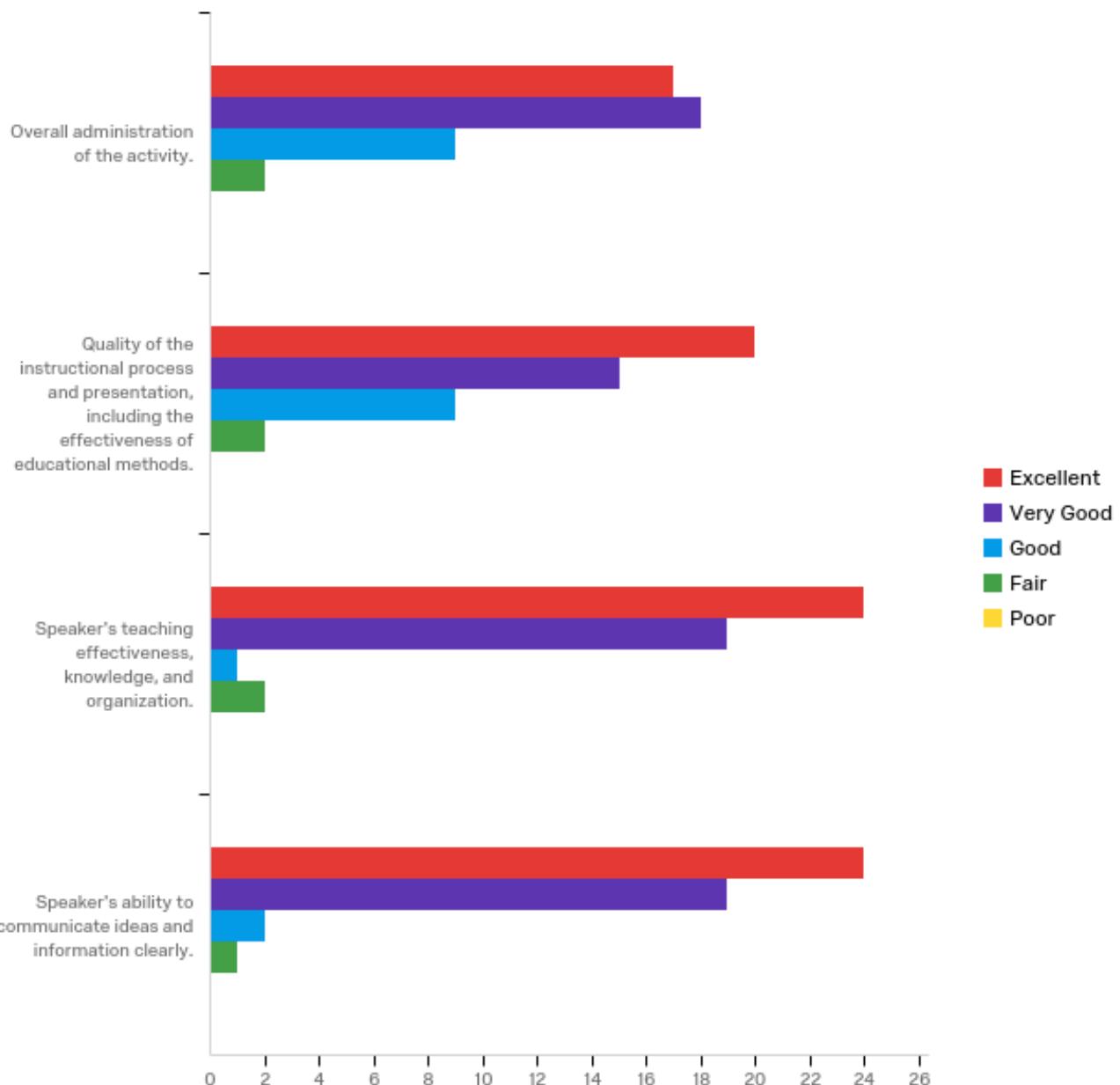
Child and Dependent Adult Abuse Mandatory Reporter Training May 1, 2017

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



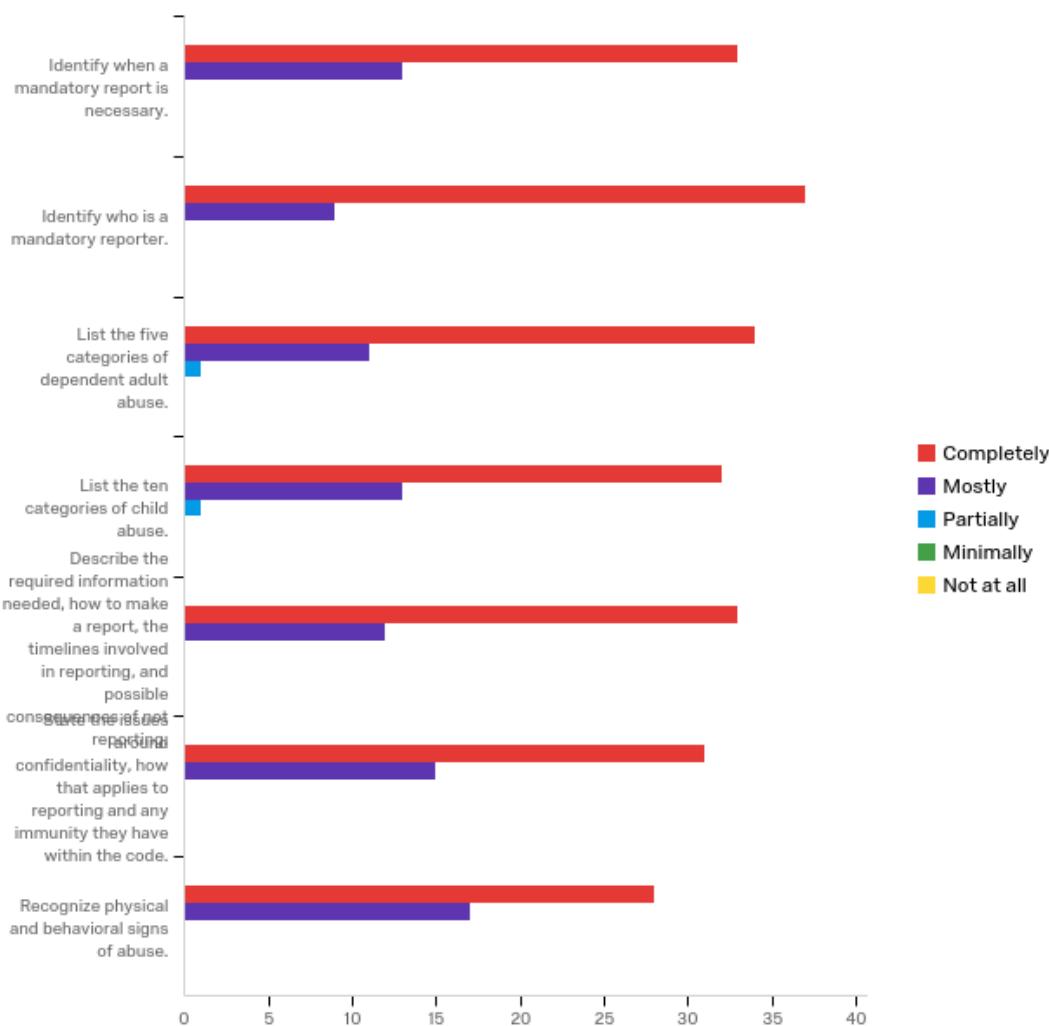
| # | Question | Strongly Agree | | Agree | | Neutral | | Disagree | | Strongly Disagree | | Total |
|---|--|----------------|----|--------|----|---------|---|----------|---|-------------------|---|-------|
| 1 | The content was appropriate to my current or future practice. | 54.35% | 25 | 43.48% | 20 | 2.17% | 1 | 0.00% | 0 | 0.00% | 0 | 46 |
| 2 | The training instilled a sense of urgency surrounding child and dependent adult abuse. | 50.00% | 23 | 45.65% | 21 | 2.17% | 1 | 2.17% | 1 | 0.00% | 0 | 46 |
| 3 | Overall, this activity was balanced and free of commercial bias. | 64.44% | 29 | 33.33% | 15 | 2.22% | 1 | 0.00% | 0 | 0.00% | 0 | 45 |

Q2 - Please rate the following:



| # | Question | Excellent | | Very Good | | Good | | Fair | | Poor | | Total |
|---|--|---------------|-----------|---------------|-----------|--------|---|-------|---|-------|---|-------|
| 1 | Overall administration of the activity. | 36.96% | 17 | 39.13% | 18 | 19.57% | 9 | 4.35% | 2 | 0.00% | 0 | 46 |
| 2 | Quality of the instructional process and presentation, including the effectiveness of educational methods. | 43.48% | 20 | 32.61% | 15 | 19.57% | 9 | 4.35% | 2 | 0.00% | 0 | 46 |
| 3 | Speaker's teaching effectiveness, knowledge, and organization. | 52.17% | 24 | 41.30% | 19 | 2.17% | 1 | 4.35% | 2 | 0.00% | 0 | 46 |
| 4 | Speaker's ability to communicate ideas and information clearly. | 52.17% | 24 | 41.30% | 19 | 4.35% | 2 | 2.17% | 1 | 0.00% | 0 | 46 |

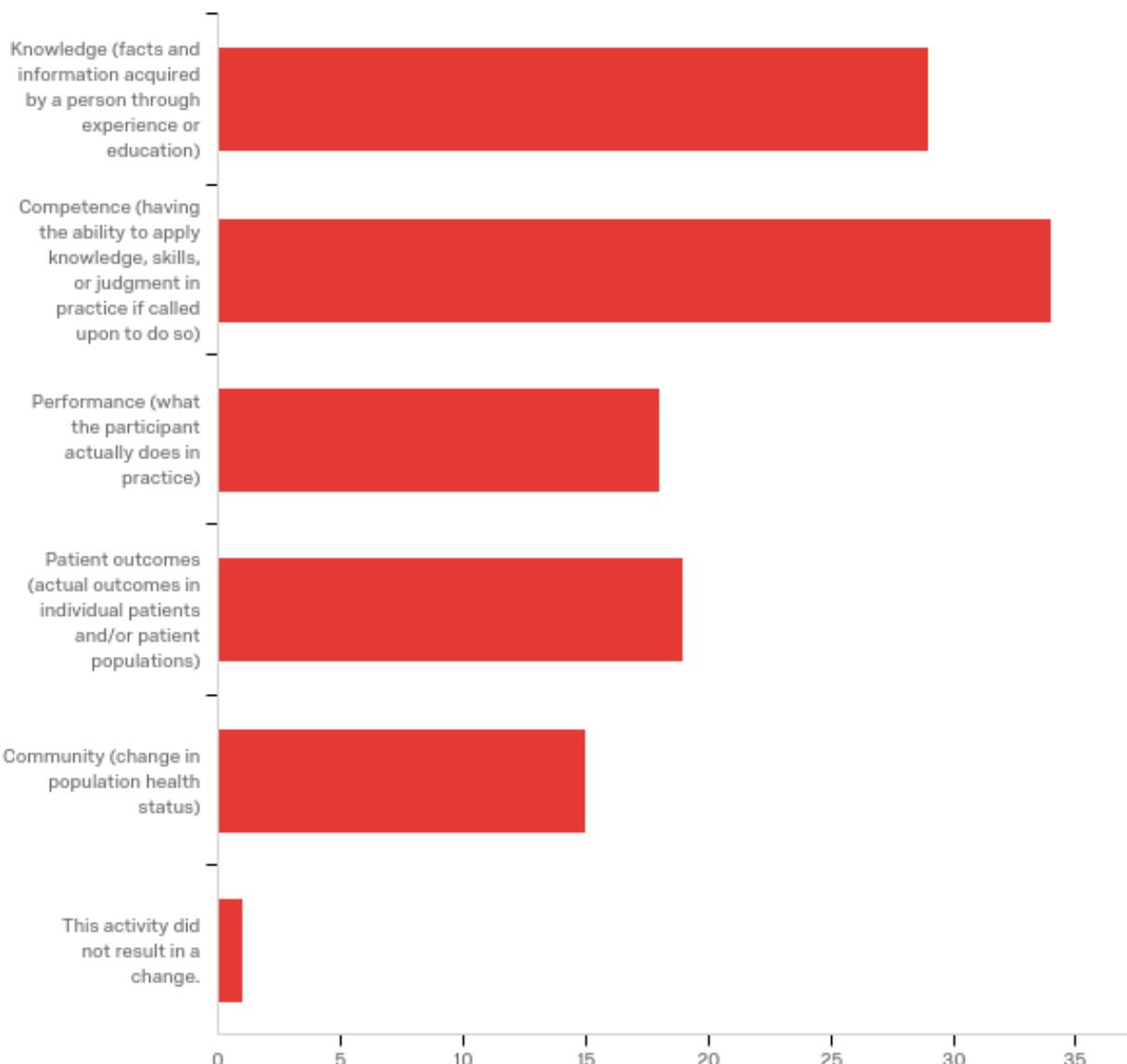
Q3 - Did the activity meet your expectations in accomplishing the stated objectives?



| # | Question | Completely | Mostly | Partially | Minimally | Not at all | Total | | | |
|---|--|------------|--------|-----------|-----------|------------|-------|-------|---|----|
| 1 | Identify when a mandatory report is necessary. | 71.74% | 33 | 28.26% | 13 | 0.00% | 0 | 0.00% | 0 | 46 |
| 2 | Identify who is a mandatory reporter. | 80.43% | 37 | 19.57% | 9 | 0.00% | 0 | 0.00% | 0 | 46 |
| 3 | List the five categories of dependent adult abuse. | 73.91% | 34 | 23.91% | 11 | 2.17% | 1 | 0.00% | 0 | 46 |
| 4 | List the ten categories of child abuse. | 69.57% | 32 | 28.26% | 13 | 2.17% | 1 | 0.00% | 0 | 46 |
| 5 | Describe the required information needed, how to make a report, the timelines involved in reporting, and possible consequences of not reporting. | 73.33% | 33 | 26.67% | 12 | 0.00% | 0 | 0.00% | 0 | 45 |
| 6 | State the issues around confidentiality, how that applies to reporting and any immunity they have within the code. | 67.39% | 31 | 32.61% | 15 | 0.00% | 0 | 0.00% | 0 | 46 |

| | | | | | | | | | | | | |
|---|---|--------|----|--------|----|-------|---|-------|---|-------|---|----|
| 7 | Recognize physical and behavioral signs of abuse. | 62.22% | 28 | 37.78% | 17 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 45 |
|---|---|--------|----|--------|----|-------|---|-------|---|-------|---|----|

Q4 - This educational activity will result in a change in my:



| # | Answer | % | Count |
|---|--|---------------|-----------|
| 1 | Knowledge (facts and information acquired by a person through experience or education) | 25.00% | 29 |
| 2 | Competence (having the ability to apply knowledge, skills, or judgment in practice if called upon to do so) | 29.31% | 34 |
| 3 | Performance (what the participant actually does in practice) | 15.52% | 18 |
| 4 | Patient outcomes (actual outcomes in individual patients and/or patient populations) | 16.38% | 19 |
| 5 | Community (change in population health status) | 12.93% | 15 |
| 6 | This activity did not result in a change. | 0.86% | 1 |
| | Total | 100% | 116 |

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

- When suspecting abuse or exploitation of a minor or a dependent adult, it is important to be able to speak with the patient without caregivers or family present.
- The laws change. Even though the training is "good" for 5 years, I noted to myself to review and seek out any changes to the laws on a yearly basis. I need to keep up to date regarding changes in Iowa laws.
- Learning the rules/laws/guidelines was very helpful.
- Ways to report and recognize abuse.
- Thank you for this very informative presentation. I appreciate the examples and "tips" that were shared with us.
- Oral reports are to be made within 24 hours and written reports within 48.
- Being new to the state of Iowa, I was glad to learn the Iowa requirements.
- When in doubt, report or consult with an adviser that can help determine if a report must be completed.
- Very informative, the examples were very helpful
- Good explanations of more nuanced situations in which you may or may not be required to make a report.
- Assault can be just a threat of abuse not just actual abuse.
- Her experience really made it interesting.
- Be aware of the state guidelines and appropriate actions to take when abuse is suspected.
- Evidence of abuse is not required to file a report.
- The takeaway message was that because of our jobs, we must report any suspected abuse.
- Your patient is always your patient. If you suspect abuse, even if you see the child in a grocery store, you are still a mandatory reporter.
- I did not know the three things required to constitute the different forms of abuse. I now know how to clearly define each of them.
- Great Training.
- The three crucial things for reporting abuse are a handy way of quickly and easily telling whether or not a given observation requires reporting.
- Don't be afraid to report.

Q6 - Please note any changes or improvements in your future 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.)

- Some aspects I would implement in future practice include keeping information about resources handy and updating those contacts, reviewing signs of possible abuse, and improving on communication with patients and their families in such sensitive situations.
- Be more aware.
- I will be vigilant in reporting suspected abuse.
- Awareness and knowledge to speak up and do something.
- I feel I will be more diligent in assessing for child or adult abuse.
- I will be more cognizant of warning signs for possible abuse.
- I plan to be more vigilant.
- Continuing to refresh my education on this topic.
- Keeping the suspicion of abuse in the back of my mind at all times, so that I can exercise my duty as a mandatory reporter when necessary.
- Because of this activity, I now know the correct way to report suspected abuse.
- I plan to be able to determine when reporting is necessary.
- I learned many things regarding when to report dependent adult and child abuse. One thing specifically was that reporting needs to be done within 24 hours and written report needs to be done within 48 hours.

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

| # | Answer | % | Count |
|---|---|---------------|-----------|
| 1 | No barriers | 47.83% | 22 |
| 2 | Unclear about the guidelines and/or reporting procedures | 6.52% | 3 |
| 3 | Fear of legal ramifications for allegations | 6.52% | 3 |
| 4 | Lack of administrative support | 0.00% | 0 |
| 5 | Insufficient knowledge regarding the signs and symptoms of child/dependent adult abuse | 2.17% | 1 |
| 6 | Insufficient knowledge regarding the reporting procedures | 6.52% | 3 |
| 7 | Worried the report may make it worse for the child/dependent adult | 28.26% | 13 |
| 8 | Lack of training, and ongoing support, concerning recognizing, reporting and responding to possible incidences of child/dependent adult abuse | 2.17% | 1 |
| 9 | Other (please specify) | 0.00% | 0 |
| | Total | 100% | 46 |

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

- I hope to address these barriers by using CME resources and information provided by the hospital.
- Keep the child/dependent adult safe.
- Share concerns with my supervisor. Obtain support in making a needed/required report.
- I'll observe how my preceptors handle similar cases during third and fourth years to better learn to report.
- Try to take necessary steps to protect the interested party while making the report and going through the steps.
- Talking to an expert about reporting to gain more information about the process.
- I believe that I can overcome this barrier by reporting all facts to the right person and doing my best to document everything I know.
- I do not currently have any barriers because I received the necessary education today. Perhaps when I begin working I will have more questions arise, but as of today I feel well prepared.
- I will always be worried that I am the bad guy and that I made the situation worse. I need to remember that I did the right thing and in the end, it will be better than the way it was before.
- Pay close attention to policies of my facility/physician group.
- Learn more.
- Talk to experts in the field.

Q9 - Do you have any unanswered questions? If yes, please explain.

- Are there ever instances where people who were charged with abuse and receive a report with the mandatory reporter's name on it that they have tried to "get back at" the reporter? (i.e. physical harm, black mail etc.)

Q10 - Any additional questions or comments regarding the activity?

- I certainly appreciate this university offering this to the public as well as to students, so thank you very much.
- It was nice to have the free training.
- I enjoyed the case studies.
- It was great!
- More pictures during the child abuse portion. The slides were really wordy.