



DMU Grand Rounds

**Spring 2016
Des Moines University, Des Moines, IA**

EVALUATION SUMMARY

I am a(n):		
Answer Options	Response Percent	Response Count
DMU student	93.0%	66
DMU faculty member/clinician	7.0%	5
DMU staff member	0.0%	0
Fort Madison participant	0.0%	0
Waukee CAPS participant	0.0%	0
Other (please specify) • DMU Alumni X2		2

Primarily, I attended the Spring 2016 DMU Grand Rounds series:		
Answer Options	Response Percent	Response Count
At Des Moines University	97.3%	71
On-line	2.7%	2

Overall, did the Spring 2016 DMU Grand Rounds series meet your expectations in accomplishing the stated objectives?					
Answer Options	Completely	Mostly	Partially	Minimally	Not at all
Correlate patient history and physical findings to the care plan, examination, and subsequent actions.	40	31	1	1	0
Identify and outline various medical opportunities that advance and improve clinical excellence of care.	36	27	7	3	0
Present and exchange ideas from a multidisciplinary approach to patients, diagnoses, treatment and overall plan of care.	39	26	6	2	0
Improve patient care provided by providers and staff through encouraging best practices.	37	26	8	1	0
Project common understanding among a broad range of specialties which enhance a positive group culture.	37	25	9	2	0

Please rate the following:					
Answer Options	Excellent	Very Good	Good	Fair	Poor
The level of detail regarding the case content.	25	35	10	3	0
The speaker's use of the case materials.	30	25	14	3	1
The speaker's use of audience participation.	17	19	21	10	4
Adequacy of facilities and resources.	32	16	21	3	1
Overall administration of this educational series.	28	25	15	4	1
Overall rating of the fall 2015 DMU Grand Rounds.	25	25	17	4	2

Please indicate the extent to which you agree with the following statements:					
Answer Options	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The content was appropriate to my (future) practice.	36	29	7	1	0
This activity will make me more effective in my (future) practice.	29	27	13	4	0
Overall, this series was balanced and free of commercial bias.	42	26	4	0	0

Overall, the Spring 2016 DMU Grand Rounds series will result in a change in my: (Select all that apply)		
Answer Options	Response Percent	Response Count
Knowledge (facts and information acquired by a person through experience or education)	83.3%	60
Competence (having the ability to apply knowledge, skills, or judgment in practice if called upon to do so)	61.1%	44
Performance (what you will actually do in practice)	37.5%	27
Patient outcomes (actual outcomes in individual patients and/or patient populations)	37.5%	27
Community (change in population health status)	19.4%	14
The series did not result in a change.	6.9%	5

How might the format of the DMU Grand Rounds series be improved in order to be most appropriate for the content presented? (Select all that apply)		
Answer Options	Response Percent	Response Count
Format is appropriate, no changes needed	28.6%	20
Add a hands-on instructional component	32.9%	23
Include more case-based presentations	44.3%	31
Schedule more time for questions and answers	4.3%	3
Increase interactivity with attendees	37.1%	26
Other (please specify)		11
<ul style="list-style-type: none"> • I think everyone would enjoy Grand Rounds more if they weren't at 7am. Having it over the noon hour or scheduled like any other class would be so much nicer. • Include more cases in one sitting, and utilize technology such as turning point to generate audience thought and participation. • One of our classes had more than one case study. It helped me to pay attention longer. It can also be beneficial to help us be able to compare similar but different diseases. • Presentation slide need to be more clearly displayed and microphone needs to be adjusted appropriately. • Discontinue scheduling grand grounds at 7:00 am. Schedule them later. • Let it be optional (not worth points in any course). The attendance would be much lower, but the people would actually participate and be happy to be there. I personally enjoyed three of the four, but I know many people were there only because they had to be. • It would be nice to show a clip of the specific surgical procedure (if applicable). • It would be helpful to know certain lab tests and common value ranges when these are discussed (ex: CBC). This would help translate the discussion into real world application and increase our learning. • Start time should be later. • The first three grand rounds are great but the fourth one was not as it did not relate to anatomy well! • Timing could be better. Instead of 7AM, lunch hour will be a lot better when students and faculty are more alert. • Have a summary of the discussion available to participants. 		

Do you have any additional comments or suggestions for improvement regarding the DMU Grand Rounds series?

- I think that the best Grand Rounds were the ones that had several people from different backgrounds, especially anatomy. I think that the best one was Low Back Pain, because there were three people from different specialties, and we were able to get a well-rounded view of the case. In the future I think that this should be the approach for all Grand Rounds.
- During one of the sessions, the sound equipment did not work properly. I think this only happened during one session though, and I think it was resolved during future sessions from then on.
- Maybe not having grand rounds at 7 am when there is a 2 hour gap between grand rounds and lectures. You aren't going to get the same kind of interaction if everyone is dozing off. The scheduling of these should be 8 am at the earliest.
- It would be great if we could have the case vignettes prior to Grand Rounds. That way, we can review the case(s) and make notes, as well as write down any questions that we might have. This would encourage more active audience participation and engagement.

Do you have any additional comments or suggestions for improvement regarding the DMU Grand Rounds series?

- It would be nice to have some more complicated and more interesting cases thrown in sometimes. Or even a short presentation on both a basic and practical case and a case that is more unusual and interesting.
- Consider a "journal club live" format or rapid fire, high energy topics
- I don't appreciate deceptive titles that end up wasting my time. I don't appreciate non-physician millennial know-nothings with no academic rigor or science background who purport to lecture physicians.
- More coffee available
- The room is poorly set up and makes it difficult to hear and see sometimes.
- I don't drink coffee and prefer not to have soda. Is there a possibility for hot cocoa or juice? (something small that would be nice)
- For sure one instance where the microphone did not project into the entire Olson Center
- I would have enjoyed it a lot more if it wasn't so early in the morning. It was very thoughtful of the faculty to provide coffee, though. However, because it was so early, I found that many students were barely paying attention (or awake). The clicker idea in the beginning was a good idea. Perhaps they could have little sections that would incorporate using the clickers. For example, the patient physical examination results can be on the board and people can try to identify what is wrong (then it will be explained), then work toward guessing the diagnosis.
- Grand rounds relate to my course material in very limited and brief ways. In other words, these don't help me succeed in my courses. I do not think they should be required (as they are for the anatomy course).
- I thought the topics were very appropriate for us first year students!!!
- Loved the presentations!
- Maybe for any condition that could provide an opportunity to treat using OMM, have a demonstration of the technique involved.
- There was one grand rounds where the additional screens were not utilized and the microphone was not loud enough. This made it difficult for students in the back to get as much out of the experience as we could not see or hear the presentation.
- All grand rounds topics were excellent and accomplished stated objectives with the exception of the well woman exam. The information provided in this presentation was important but was not new information and could have been provided in an email. This grand rounds topic also did not go through the typical differential diagnosis process which was not helpful in facilitating our learning and development. Additionally, it did not correlate with our anatomy unit (GI/Abdomen). There were so many other topics that could have been used and it is very unfortunate this was not explored. Also, I wish grand rounds were more frequent in general. I learn so much and would love to see/hear more in depth case discussions.



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- Increase the volume and have the font more legible for individuals sitting near the back
- Make it intellectually engaging and stimulating!
- I wish the Grand Rounds series was taking place at later time than 7 AM. During lunch hour or even in the evening. It's difficult to be alert and engaged at 7 AM for most students.
- I wish handouts were posted to review prior to the Grand Rounds.
- Could this be during a lunchtime hour? Unclear why it has to be at 7 AM, especially on days without other classes immediately after.
- Include some hot chocolate along with the coffee.

Based on your educational needs, please list any topics you would like to see addressed in future DMU Grand Rounds activities.

- Some cases having to do with a patient that would be seen by an internist or hospitalist would be fun and interesting. For example, maybe review a case for a patient with diabetic ketoacidosis and going over the treatment, both medication and non-medication related. That would be really interesting. I think the most helpful topics might also be cases that pertain to diseases and conditions frequently observed in patients that a primary care provider would see. That is, medical problems that a majority of hospitals and clinics in America are faced with regularly.
- Review past material from anatomy, correlate with current topics in microbiology and physiology,
- Cancer treatments and evaluation of patients in order to improve cancer screenings
- Comparison of patient care in rural communities vs. urban
- Crucial conversations trainings
- Case studies, both common and uncommon, start to finish. M and M. Tumor boards.
- Some pediatric cases would be great. Thank you!
- Migraine treatment
- Instead of individual cases, I would love to see a series of cases that would present in a certain specialty and focus on that specialty for the hour. I am interested in family practice. I know there are many specialties to cover but you could use those specialties which most DMU students enter.
- I was interested in having an obstetrics case, since the advertised gynecology event was focused on diabetes.
- It may be nice to get a little more exposure to psychiatry, addiction recovery, and behavioral disorders and how they may affect daily practice. I believe these are some things that everyone, regardless of what field they go into, would benefit from.
- Include OMM in treatment options.
- Shoulder issues, neck issues.
- Clinical cases that involve multiple systems/ complex cases are the best!
- More of case presentation, how it applies to what we are learning in class setting.
- Some ethical cases would be interesting too.
- Cervical cancer
- I would like to see the topic of maternal health discussed in the future.