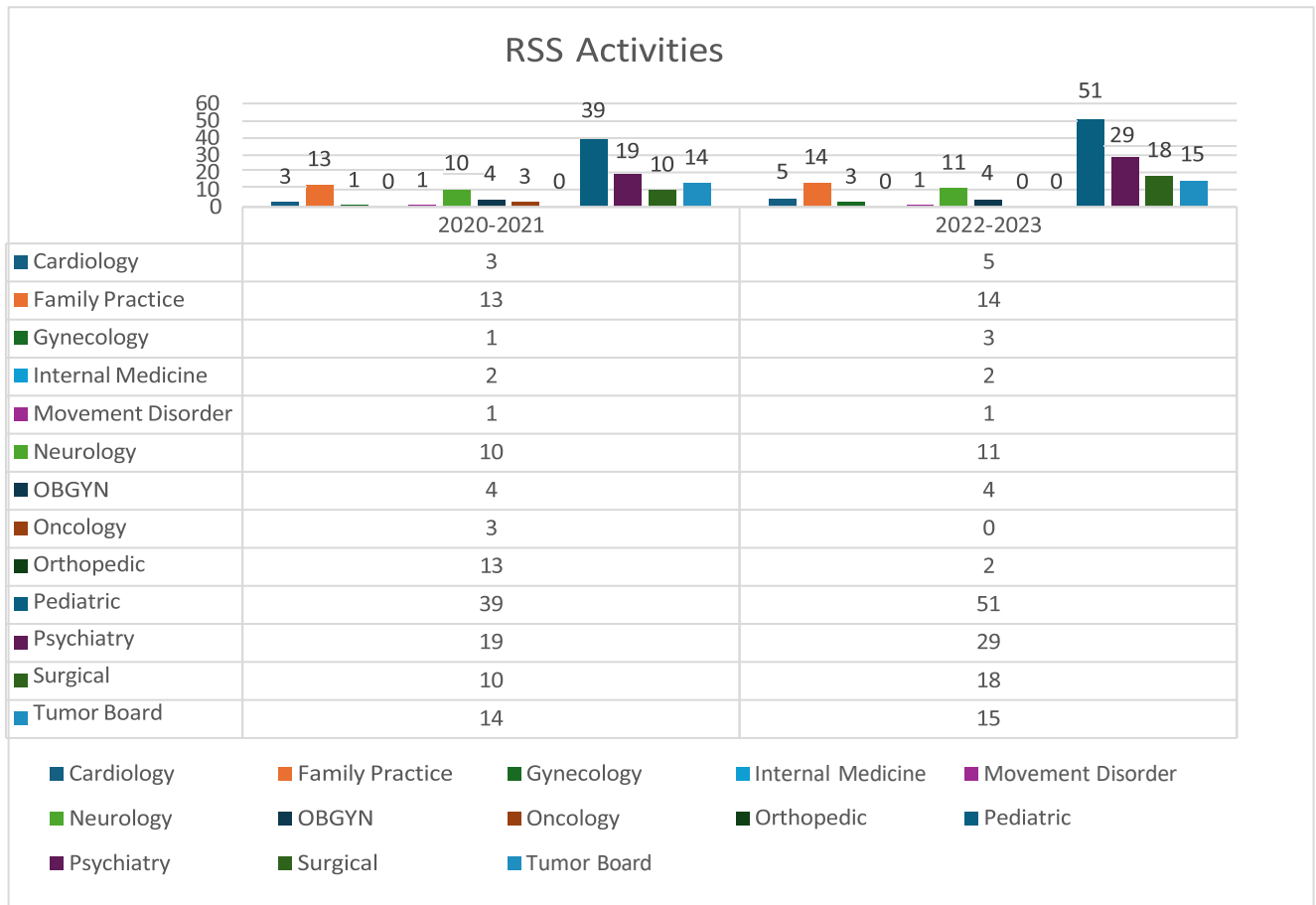


2020-2021 to 2022-2023 Comparison Report
Post Evaluations



2. Were the activities relevant to your clinical needs?

The feedback on improvements for the CME activities shows a variety of suggestions across both periods. In 2020-2021, common suggestions included more participation from faculty, regularity of the activities, and specific requests like catered breakfast for convenience. In 2022-2023, while some feedback remained consistent, such as the call for more faculty participation and punctuality, new suggestions emerged, emphasizing more questions and discussions, the value of guest lecturers, and more case study questions.

This comparison indicates that while some areas for improvement remain constant, participants' focus shifts over time, reflecting evolving expectations and experiences with the CME activities.

Continue with case presentation/indications	More active learning
more interactive audience participation	reminder to keep up with journal reading
More participation from the faculty	Do it more regularly
More focus on learning from mistakes rather than placing blame	Increasing the number of outside-the-department speakers who participate
A broader range of outside speakers	Continue to support statements with data.
Having handouts pertinent to the topic available to reference at a later time in my clinic.	Continue to focus on learning from patient care encounters

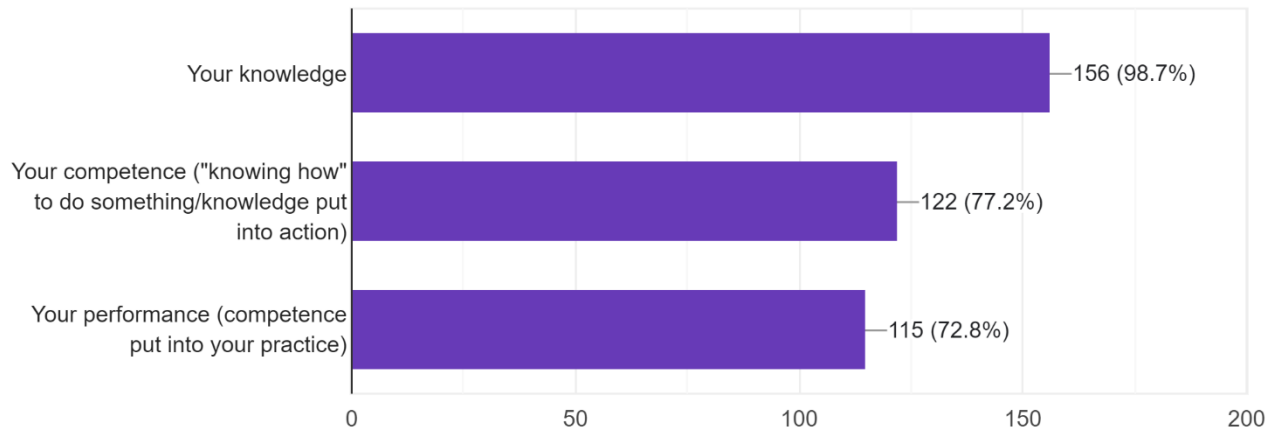
2020-2021 to 2022-2023 Comparison Report

Post Evaluations

2020-2021

Did activities increase or improve the following?

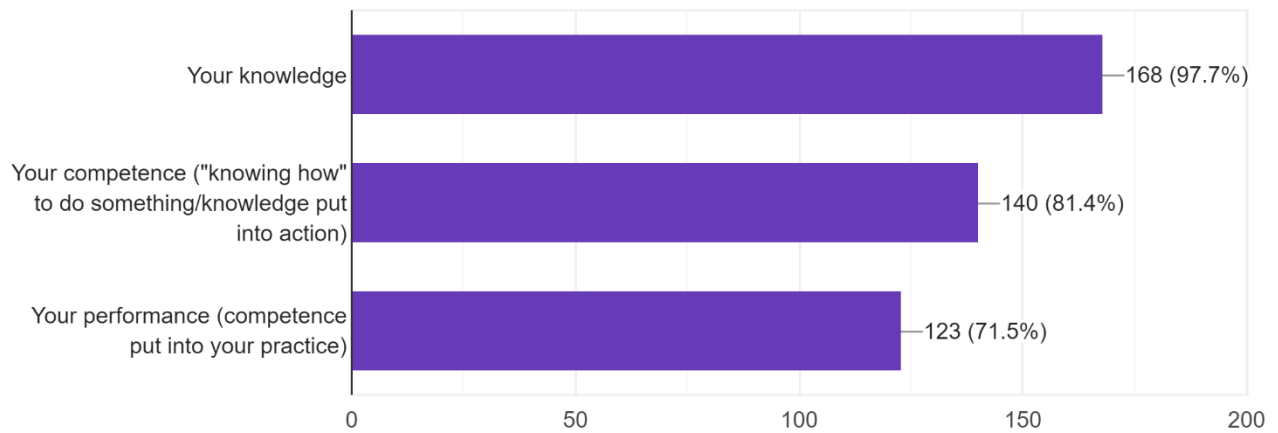
158 responses



2022-2023

Did activities increase or improve the following?

172 responses



2020-2021 to 2022-2023 Comparison Report
Post Evaluations

4. After participating in the RSS activities, please share one new strategy or change you implemented or applied in your practice.

2020-2021

1. Educate physicians, coders, and billing staff to enhance accurate billing and coding practices.
2. Improve communication skills to effectively explain procedures and diagnoses to patients and their families.
3. Strengthen evidence-based approaches to treatment.
4. Foster interdisciplinary collaboration.
5. Enhance differential diagnosis and treatment planning.
6. Incorporate mindfulness in medication selection to minimize side effects.
7. Utilize neoadjuvant therapy options.
8. Consider COVID-19's impact on mental health and long-term changes.
9. Ensure direct communication with specialists when necessary.
10. Implement holistic patient care strategies.
11. Expand coverage of behavioral health topics.
12. Stay updated with evolving practice guidelines.
13. Develop leadership skills.
14. Use updated guidelines for diagnosis and staging.
15. Stay informed about new literature and protocols.
16. Enhance antibiotic prescribing practices.
17. Monitor kidney function and long-term complications.
18. Stay informed about recent advances in medicine and treatment.
19. Improve history taking and presentations.
20. Foster a patient-centered approach.
21. Encourage continued growth in medical knowledge.
22. Evaluate new research and apply it to practice.
23. Utilize social resources for patients.
24. Promote teamwork in managing fetal anomalies.
25. Implement evidence-based medicine practices.
26. Focus on lowering blood pressure effectively.
27. Stay informed about autism diagnosis procedures and available resources.
28. Keep abreast of up-to-date treatments for better patient care.
29. Ensure the implementation of knowledge gained from Grand Rounds into patient care.
30. Enhance percutaneous pelvic fixation techniques.

2022-2023

1. Incorporate more board review topics into discussions.
2. Enhance understanding of rad-path correlation, especially in breast cases.
3. Implement evidence-based approaches to common gynecologic problems.
4. Improve staging and locoregional therapies for GI cancers.
5. Foster interdisciplinary collaboration.
6. Stay updated on research regarding readily available OTC medications.
7. Operate sooner when necessary.
8. Develop strategies to distinguish between PD and Parkinson's plus syndromes.
9. Enhance evidence-based approaches to treatment.
10. Improve the classification of burst fractures and determine surgical intervention.
11. Utilize longer rods for surgical procedures.
12. Establish backup plans for patient care.
13. Monitor morbidity and mortality.
14. Omit radiation in elderly women when appropriate.
15. Decrease anticoagulation in smaller surgeries.
16. Stay updated with new guidelines and treatment options.
17. Incorporate newer medications into practice.

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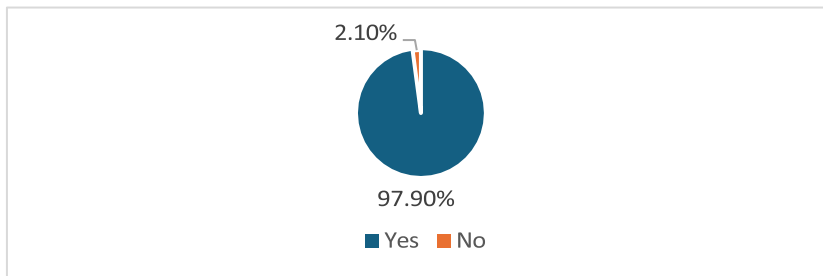
18. Address physician burnout prevention.
19. Implement a methodical approach to acute pancreatitis.
20. Improve quality assessment and assurance.
21. Conduct detailed discussions regarding goals of care, especially in frail older patients.
22. Enhance literature interpretation skills.
23. Optimize patient evaluation and treatment strategies.
24. Explore alternative treatment options for patients.
25. Minimize potential complications in treatment.
26. Implement preprocedural antibiotics to decrease surgical site infections.
27. Incorporate psychotherapy techniques tailored for patients with intellectual and developmental disabilities.
28. Improve patient follow-up processes.
29. Utilize modern protocols in practice.
30. Stay updated with evolving guidelines.
31. Understand the forensic process when dealing with forensic patients.
32. Improve clinical and staging integration into patient diagnosis and management.
33. Incorporate tumor board information into medical lectures.
34. Keep up with evidence-based medicine.
35. Improve EMR documentation practices.
36. Develop management approaches for RSV, including treatment and prophylaxis.
37. Increase integration of care services.
38. Provide counseling on child athlete overtraining.
39. Reduce unnecessary KUBs for diagnosing constipation.
40. Present current journal articles during faculty reviews to stay updated with guidelines.
41. Increase mobility options during hospitalization.
42. Foster formal audience participation, such as polls.
43. Increased awareness of new literature.
44. Specifically assess social drivers of mental health for patients and address resource needs.
45. Enhance understanding of medical marijuana issues for patient discussions.
46. Stay informed about recent advances in treatment.
47. Foster a patient-centered approach.
48. Continue growth in medical knowledge through education provided by grand rounds.
49. Improve knowledge on how to improve outcomes for a diverse population.
50. Implement antibiotic stewardship practices.
51. Utilize social resources for patients.
52. Increase critical analysis of research for clinical decision-making.
53. Conduct in-depth literature searches for complex patient care.
54. Implement up-to-date guidelines to improve practice.
55. Work closely with PT/OT/Speech to improve morbidity for ICU patients.
56. Ensure up-to-date treatments to provide optimal care.
57. Utilize grand rounds as a learning tool to help patients.
58. Incorporate denosumab for giant cell tumors of bone management.

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The feedback on new strategies or changes participants implemented or applied in their practice after participating in the CME activities shows a variety of suggestions across both periods. In 2021, common suggestions included adopting virtual meetings, continuing guest lecturers for outside perspectives, and specific clinical practices such as minimizing potential complications and improving patient education. In 2022-2023, there was a focus on more board review topics, evidence-based approaches to common gynecologic problems, and improvements in clinical and staging integration into patient diagnosis and management.

This comparison indicates that while some areas for strategic changes remain consistent, such as the emphasis on evidence-based approaches and clinical improvements, there is also a shift towards more specific educational content and methodologies over time.

These improvements cover a wide range of areas to enhance patient care, communication, and overall clinic efficiency.



Will this strategy or change improve your patient's outcomes?