New Jersey Medical School

Regularly Scheduled Series

July 2024 – December 2024 Evaluation Data Summary

Number of survey responses	457
Response rate	57%
On a scale of Strongly Disagree (1) to Strongly Agree (5), please answer the following question based on the sessions you participated in since the beginning of this academic year.	**Avg Mean**
I am satisfied with the quality of the presentations/case discussions in this series.	4.60
As a result of your participation in this series during the first half of this academic year:	**Avg %**
I plan to make a change to my health care team or my individual practice/responsibilities	29%
I made a change to my health care team or my individual practice/responsibilities	20%
I plan to make a change AND I made a change to my health care team or my individual practice/responsibilities	17%
I did not and don't plan to make any changes	34%

STRENGTHS

- **Variety and Diversity:** Series cover a broad range of topics, specialties, and case types, with a diverse group of speakers and presenters from various institutions and disciplines.

- **Expertise and Quality:** High-quality, evidence-based presentations by knowledgeable and experienced speakers, ensuring clinically relevant and up-to-date content.

- **Educational Value:** Provides valuable learning opportunities, including in-depth case discussions, expert insights, and practical, real-world knowledge that are directly applicable to clinical practice.

- **Collaboration and Interaction:** Encourages collaboration through multidisciplinary discussions, interactive learning formats, and opportunities for audience participation, fostering problem-solving and group learning.

- **Accessibility:** Offers flexibility with virtual participation options (Zoom, online access), making it easy for attendees to join from various locations, and regularly scheduled sessions for consistent learning.

- **Relevance and Practicality:** Focused on topics with direct clinical applications, including the latest updates in medical practices, treatments, and guidelines, tailored to the needs of healthcare professionals.

- **Organizational Quality:** Well-organized, with clear agendas, structured presentations, and consistent scheduling, ensuring a smooth and effective learning experience.

- **Case-Based Learning:** High emphasis on complex, real-world case presentations, which are discussed in-depth, fostering comprehensive understanding and practical application of knowledge.

RECOMMENDATIONS FOR IMPROVEMENT

- **Technical Improvements:** Enhance sound quality for virtual participants, address technical issues with transmissions, and improve visual accessibility for images. Streamline presentations to reduce interruptions and improve overall efficiency.
- **Content Enhancements:** Focus more on clinically relevant and practical topics, including wound care, palliative care, cancer, endocrine, and anesthetic topics. Ensure content stays up-to-date and aligns with current medical practices and frontiers.
- **Speaker and Topic Diversity:** Invite more external speakers, especially from outside institutions, and increase diversity in the speakers, including more female speakers. Offer a broader mix of topics, including interdisciplinary discussions and journal clubs.
- **Engagement and Participation:** Increase in-person attendance and encourage interactive sessions with opportunities for discussion. Consider hybrid participation options to allow both in-person and virtual attendance. Allocate more time for case discussions and reduce the focus on irrelevant details.
- **Format and Organization:** Organize sessions by monthly themes to ensure variety and balance in topics. Provide case lists or background information ahead of time to enhance preparation. Extend session durations or improve the pace to allow deeper discussions.
- **Audience Relevance:** Tailor presentations to different audience levels, ensuring they are relevant and engaging for generalists and specialists alike. Provide more clinical guidelines, and focus on teaching practical skills and techniques, such as suturing and fracture management.
- **Faculty and Attendance:** Increase faculty involvement, both in attendance and in pre-planning. Ensure faculty actively contribute to discussions and case reviews. Encourage punctuality and higher attendance from faculty.
- **Interactive and Educational Elements:** Incorporate more interactive elements such as voting on diagnoses or case discussions. Include journal club presentations and landmark papers. Provide opportunities for networking and peer interaction, especially for trainees.
- **CME and Accessibility:** Address issues with CME codes and make it easier for participants to claim credits. Maintain virtual formats to enhance accessibility for a wider audience.
- **Clinical and Research Balance:** Ensure a balanced mix of clinical cases and research topics, focusing on relevant trials and evidence-based practices. Consider adding more specific content related to health inequities, AI applications, and advanced imaging.

PLANNED AND IMPLEMENTED CHANGES

- **Clinical Practice Enhancements**: Adoption of robotic surgery techniques, updated treatment approaches for various conditions (e.g., lymphedema, OSA), improved preoperative work-ups,

and integration of safety principles like TXA in high blood loss cases. Incorporating updated guidelines and improving disease management, such as for liver disease and bronchiectasis.

- **Patient Care Improvements**: Better preoperative evaluations (e.g., cardiac evaluations), more referrals for surgeries, increased patient engagement, improved communication with families, and enhanced care for complex conditions like transplant eligibility and CRCLM. Using new approaches in managing conditions such as RSV, bronchiolitis, and congenital syphilis.

- **Professional Development**: Increased involvement in research, seeking mentorship, improving time management, and pursuing specialized knowledge in endovascular techniques. Continued education and the sharing of insights with colleagues.

- **Interdisciplinary and Team Approaches**: Greater use of interdisciplinary strategies, improved team collaboration (e.g., involving more PAs), and reinforcing the importance of tumor boards. Increased support and engagement among trainees and team members.

- **Evidence-Based Practice**: Conducting evidence-based reviews, applying the latest research and guidelines in clinical decisions, and utilizing data-driven practices to improve patient care. Incorporating new diagnostic criteria and treatment modalities, including immunotherapy for certain cancers and pharmacogenomic testing.

- **Diagnostic Improvements**: Improved differential diagnoses, higher clinical thresholds for suspecting conditions, and better diagnostic accuracy (e.g., recognizing unusual clinical presentations and evaluating imaging studies).

- **Communication and Education**: Enhanced communication strategies with patients, families, and colleagues, emphasizing respect and cultural awareness. Improved communication about diagnostic results, treatment options, and the implementation of new screening practices.

- **Operational and Administrative Changes**: Refining medical documentation, improving referrals, and adopting more efficient practices in patient care. Changes in preoperative risk assessment and the use of clinical guidelines in management decisions.

- **Multidisciplinary Collaboration**: Stronger collaboration across specialties, including a focus on multidisciplinary tumor boards and involving specialists in complex care cases. More comprehensive team support in decision-making.

- **Updated Clinical Practices and Treatments**: Applying the latest clinical guidelines, adopting novel therapies, and improving management strategies in various medical areas, including oncology, cardiology, and pediatrics. Specific improvements include changes in surgical techniques, use of immunotherapy, and refined diagnostic evaluations.

- **Patient Management and Follow-Up**: Enhanced preoperative assessments, increased focus on patient follow-up, and better use of diagnostic imaging to inform clinical decisions. Improved coordination with radiology and pathologists.

- **New Knowledge Integration**: Integrating insights from educational sessions into practice, particularly in areas like AI tools, pharmacogenomics, and autoimmune testing. Commitment to staying current with medical literature and guidelines, contributing to more effective patient management.

NEEDS ASSESSEMENT

- **Professional Challenges**: Issues with physician burnout, professionalism, financial problems (including reimbursements and billing), and difficulties dealing with insurance companies.
- **Workflow and Coordination**: Gaps in workflow for patients with wounds in the ED, challenges in coordinating care across health systems (especially for cancer patients), and issues with preoperative clearance processes.
- **Team Dynamics and Communication**: Communication problems and team dynamics issues, with interest in implementing TeamSTEPPS to improve teamwork and communication strategies.
- **Systemic and Financial Issues**: Ongoing financial challenges, reimbursement problems, and concerns around the delivery of care for uninsured patients. Issues with administrative burdens and government funding changes (e.g., Medicaid).
- **Specialty-Specific Concerns**: Challenges in robotic surgery, as well as the need for grand rounds on other specialties like nephrology, infectious diseases, and hepatology, and focus on topics related to asthma screening, obesity management, hypertension, and addressing increasing autism diagnoses.
- **Technology and Access**: Rapid evolution of technology in healthcare and the need for continuous adaptation to ensure access. Concerns about information security, privacy, and personalized medicine.
- **Socioeconomic and Public Health Factors**: Addressing the impact of socioeconomic factors on healthcare and clinical practice, as well as managing viral infections, clinical efficiency, and multimorbidity in patients.
- **Administrative and Operational Issues**: Burdens from administrative tasks, lack of ancillary support services (e.g., social work), and challenges in healthcare system operations, including timely scheduling.
- **Patient Care and Communication**: Issues with post-hospital care access, better screening tools, and improved communication with non-English speaking patients. Enhancing patient safety, compliance, and mental well-being.
- **Nutrition Support**: The need for increased involvement of nutrition support in patient evaluations and care.
- **Health Equity and Research**: Ongoing interest in health equity research, with some challenges related to research recruitment, particularly in specific communities like Newark.
- **Medical Record Keeping**: Issues with improving efficiency in medical record-keeping, particularly in electronic medical records (EMRs), and the need for better management of diagnostic information.
- **Specialist Access and Billing**: Problems related to access to specialists (especially genetics and neurology), insurance limitations, and the need for updates in coding and billing practices.
- **Workforce and Faculty Issues**: Challenges with staffing, faculty engagement, and faculty professionalism in medical education. Some professionals feel that attendings need to be more accountable for their involvement in education and lecture preparation.

- **Clinical and Diagnostic Challenges**: Difficulty in diagnosing unclear cases, reviewing non-invasive exams for specific symptoms, and managing patient selection for various treatments and surgeries. Also, improving diagnostic acumen in areas like structural images and sonography.
- **Interdisciplinary Collaboration**: The need for more multidisciplinary education and collaboration, involving technicians, imagers, and other teams.
- **Legal and Medicolegal Aspects**: Exposure to billing practices, medicolegal aspects of care, and the complexities of navigating legal issues in medical practice.
- **Collaborative Research and Clinical Trials**: More opportunities for collaboration on clinical trials and bridging the gap between research and clinical practice.