Genetics in Clinical Practice: A Team Approach
Program Evaluation Questionnaire: Results Summary
Cumulative statistics since 1 May 2002
Note: Users number 1-3 were used for evaluation testing and are therefore not included in the summary.

Multiple Choice Responses

1. The beginning orientation told me _______ I needed about using the program.

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<th>as much as</th>
<th>more than</th>
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110. [BLANK]

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131. [BLANK]

136. [BLANK]

144. [BLANK]

192. [BLANK]

194. [BLANK]

Comments:
12. very easy to use program, probably don't need as much of a tutorial
15. Did not use.
37. didn't use it
75. Because I had already used a similar program.
110. Didn't use
144. Skipped intro
170. Test submission by Mike Diehn on 10/18/2006.
192.

2. The program contained _______ information.
<table>
<thead>
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<th>far too little</th>
<th>somewhat too little</th>
<th>just the right amount of</th>
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183, 184, 185, 186, 187, 188, 189, 191, 195

Total: 10

118. [BLANK]

136. [BLANK]

192. [BLANK]

194. [BLANK]

Comments:

12. great resources, well paced

170. Test submission by Mike Diehn on 10/18/2006.

192.

3. The information covered in the program was _______ relevant to primary care*.  

* form used the term “family practice” instead of “primary care” for users on 18 Dec 2002, and for users 1-4 on 19 Dec 2002.

<table>
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118. [BLANK]

136. [BLANK]

192. [BLANK]

194. [BLANK]

Comments:
12. very common questions asked by patients in the office
170. Test submission by Mike Diehn on 10/18/2006.
192.

4. The pace of the program was _______.

<table>
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<th>a little slow</th>
<th>just the right speed</th>
<th>a little fast</th>
<th>much too fast</th>
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101
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118. [BLANK]

136. [BLANK]

192. [BLANK]

194. [BLANK]

Comments:
12. much better than the HIV program that really needs 2 days to complete
170. Test submission by Mike Diehn on 10/18/2006.
175. the speed of the program was perfect, but we were allotted more time than we needed to get through it
192.

5. The patient visits were _______ realistic.

<table>
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6. The counseling sessions were _______ realistic.

<table>
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7. The interviews with the patients in the Learning Resources room were _______.

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<th>somewhat boring</th>
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110. [BLANK]
111. [BLANK]
112. [BLANK]
118. [BLANK]
136. [BLANK]
192. [BLANK]
194. [BLANK]

Comments:
21. was unable to do
90. I would have liked to have heard more about the physical manifestations of the patients' diseases, from their point of view. What has been the most frustrating part of their illness? What are they most grateful for?
110. Didn't use
8. The lectures in the Learning Resources Room were ________

<table>
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35. [BLANK]
39. [BLANK]
9. The tour of the molecular genetics lab was ________.

<table>
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188. [BLANK]
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191. [BLANK]
192. [BLANK]
194. [BLANK]

Comments:
61. I was not interested in doing this part
71. More background information was needed...Indication for orders a cytogenetic test vs molecular or biochemical test
92. More cartoons showing molecular mechanics of test would be helpful - like in the PCR one
144. N/A
170. Test submission by Mike Diehn on 10/18/2006.
192.

10. I ______ lost track of where I was in the program.

<table>
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<th>never</th>
<th>rarely</th>
<th>sometimes</th>
<th>often</th>
<th>constantly</th>
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118. [BLANK]

136. [BLANK]

192. [BLANK]

194. [BLANK]

Comments:
170. Test submission by Mike Diehn on 10/18/2006.
192.

11. I _____ had problems getting to the parts of the program I wanted to see.

<table>
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<th>rarely</th>
<th>sometimes</th>
<th>often</th>
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</table>
Comments:
15. Technical difficulties- the video would sometimes freeze
79. going back wasn't easy when we were in some parts
114. I was never able to access the Internet links using the DVD program.
149. had trouble getting to the second HNPCC case discussion. this was the only glitch
170. Test submission by Mike Diehn on 10/18/2006.
192.

12.* I probably learned ______ what I could learn in a real clinic setting.

* form did not include this question for users on 18 Dec 2002, or for users 1-6 on 19 Dec 2002.

<table>
<thead>
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<th>much less than</th>
<th>less than</th>
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Comments:
35. Only because it will be quite different to actually see someone with MR or CF etc. This program just can't replace real patient contact, no matter how close it comes to teaching us about it. It's not a fault of the program.
82. No computer program can match the learning experience of a clinical encounter.
127. Test submission by Mike Diehn on 10/18/2006.
127. I think we got exposed to more information and cases than we would have in a real clinical setting 127.

13.* My computer had ______ problems running the program.

* form did not include this question for users on 18 Dec 2002, or for users 1-6 on 19 Dec 2002.
107. [BLANK]

125. [BLANK]

127. [BLANK]

127. [BLANK]

127. [BLANK]

Comments:
127. sometimes I would complete a section but the computer would not show that I had completed it
127. Test submission by Mike Diehn on 10/18/2006.
127. needed to use cd for video
127. slow internet/www
127.

14.* How many interactive multimedia programs have you used before this one in your medical training?

* form did not include this question for users on 18 Dec 2002, or for users 1-6 on 19 Dec 2002.
Genetics in Clinical Practice: Program Evaluation Questionnaire: Re...

http://iml.dartmouth.edu/Gen_linkpage/summary_text.html?cumulat...

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Total: 17

90  27  15  8

107. [BLANK]

125. [BLANK]

127. [BLANK]

127. [BLANK]

Comments:
127. we have to use similar programs in family practice
127. Test submission by Mike Diehn on 10/18/2006.
127.

15. Please rate how **useful** you found each of the following sections of the program:

a) Office visits

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<th>slightly useful</th>
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6/24/08 3:01 PM
118. [BLANK]

136. [BLANK]

192. [BLANK]

194. [BLANK]

Comments:

12. best part of the program
23. these were the best part of this experience
65. very well done, informative and realistic; interesting variety of patients and personalities
124. These had me thinking about the cases in terms of real people
165. reading all the response options was too tedious
170. Test submission by Mike Diehn on 10/18/2006.
192.

b) Counseling sessions

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Total: 0 14 38 86 44
Comments:
23. it really gave me an appreciation of what needs to be done outside of the PCP office
65. brought up some useful/interesting points and perspectives
170. Test submission by Mike Diehn on 10/18/2006.
192. 

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65. brought up some useful/interesting points and perspectives
170. Test submission by Mike Diehn on 10/18/2006.
192. 

194. [BLANK]
12. sometimes felt like I was being talked at, it would be nice to have more questions in between to make it interactive

15. They are useful as long as they are less than 8-10 minutes, tend to lose focus if they last longer than 10 minutes, especially by the 3rd or 4th one of the day. May also benefit by adding pictures where appropriate, so they aren't just talking and reading (e.g. pictures of the typical features of Fragile X would be helpful).

23. They really helped sum up things for me

40. Option to watch select parts of discussion was great.

124. Helped highlight the relevant issues involved, and reflect on how to respond to patient concerns

170. Test submission by Mike Diehn on 10/18/2006.

188. The discussions on HNPCC contained a lot of the same information as the case issues and discussions of the answers. It was not a problem, other than if we were required to listen to the discussion and had already read the information within the case, it was redundant and not a productive use of time.

192.

**d) Lab tours**

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Genetics in Clinical Practice: Program Evaluation Questionnaire: Re...

http://iml.dartmouth.edu/Gen_linkpage/summary_text.html?cumulat...

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177. [BLANK]
183. [BLANK]
186. [BLANK]
188. [BLANK]
191. [BLANK]
192. [BLANK]
194. [BLANK]

Comments:
12. more time focussed on testing would be better
23. showed me what goes on and removed some of the "mystery" of testing. it's not just sending something off anymore, now I know what happens.
124. Helped clarify and demystify what each of the lab functions are and how they are carried out
168. was less useful for me as I had previous experience in such settings. I think for those that weren't aware of the specifics it would have been more useful
170. Test submission by Mike Diehn on 10/18/2006.
192.

e) Lectures

<table>
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111. [BLANK]
118. [BLANK]
129. [BLANK]
136. [BLANK]
144. [BLANK]
192. [BLANK]
194. [BLANK]

Comments:
12. lots of great information
15. Did not use.
21. did not do
23. fantastic
124. I wish I can hear an update from Dr. Collins
170. Test submission by Mike Diehn on 10/18/2006.
192.

f) Interviews with real patients

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110. [BLANK]
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112. [BLANK]
118. [BLANK]
136. [BLANK]
192. [BLANK]
194. [BLANK]

Comments:
11. would have been better to have less disjointed interviews with more about the clinical/diagnostic stories that the patients experienced.
12. a little too brief without too much insight into life with these conditions
21. did not do
23. helps me remember because it puts a face to the disease
85. More in the interviews would have been nice.
110. did not use
124. Very insightful and revealing narratives. In particular, the woman with Sickle cell explained how it was like to be raised in a bubble.
170. Test submission by Mike Diehn on 10/18/2006.
192.

Text Responses

16. What did you like best about the program?
4. The simulated office visits and the interviews with real patients were extremely helpful.
5. anything interactive… it was fun to listen to patient interviews and interesting to follow the simulated patients.
6. The patient interviews and office visits were excellent.
7. Go at your own pace. Counseling sessions
8. [BLANK]
9. Very comprehensive, real patients
10. very easy to use, easy to navigate, generally very interesting
11. Patient encounters and interviews were useful. The lab tours were also quite useful.
12. The patient interaction was very realistic and I learned a lot about patient questions and approaches to them.
13. Realistic encounters, useful facts about genetic disorders.
14. The quizzes and the experts feedback on the answers. Also the interactive nature of the program allowed for good focused active learning.
15. The simulated cases were a very good introduction to thinking about these issues (genetic testing, etc.)
16. Went very smoothly; good resolution; easy to follow; very relevant.
17. Simulated pt interviews.
18. I enjoyed the simulated patient cases.
19. Case discussion were very informative.
20. [BLANK]
21. The case discussions at the end which provided a good wrap up of the individual cases.
22. I liked the patient interviews. They were very convincing and realistic.
23. The cases, the discussions, the lab tour (this should be mandatory)
24. I really liked being able to sit in on the counseling sessions.
25. Work at own pace.
26. [BLANK]
27. I liked discussion about discrimination and ethics.
28. I liked that the whole process and a lot of the information was condensed into a manageable amount of time in the program.
29. Interviews.
30. Very thorough cases where we had to explore the different aspects of hereditary conditions. We could do it at our pace and in a order which we preferred. I think that helps us learn much better than just through lectures. Realistic patient interviews were great as well.
31. [BLANK]
32. Ability to self pace- follow up on what interested me.
33. The variety of learning tools, especially the patient encounters and the interviews.
34. Diversity of diseases and patients.
35. Interviews with real patients.
36. Good review of genetics patient interviews.
37. The fact that it is interactive.
38. The patient interviews information was well presented and useful difficult issues we might face were raised, like disagreement amongst a couple or genetic testing for minors.
39. Counseling sessions.
41. Clear demonstration of the need to form team approach including family, primary care, counselor and lab personnel.

42. [BLANK]

43. [BLANK]

45. Know and educate myself that I should look for genetic basis for some of the diseases.

48. The global realistic setting and the “but”s…

50. [BLANK]

51. [BLANK]

52. [BLANK]

53. [BLANK]

54. Good interface, well put together. Obviously an expensive program and has had extensive editing. Useful for basic information but much of it was opinion based such as the “best” responses.

55. [BLANK]

56. [BLANK]

57. [BLANK]

58. [BLANK]

59. [BLANK]

60. Interviews with patients

61. Office visits were realistic in content and patient interaction nice change of pace from everyday lectures…much more interactive and informative

62. Can work at own pace and access more information as decided.

63. The program allowed for many possibilities and engendered discussion far more than I have experienced with others.

64. Interactive, good realistic presentations, real patients and real MD’s

65. I really enjoyed the office visits; the patients seemed real, and I liked their frank discussions about their concerns. I also liked the question/answer sessions; this provided a useful opportunity to think a little bit more about the issues involved with genetic testing in general and with the specific diseases/conditions presented. It was much more engaging and fun than I was expecting. I also appreciated that the couple with the CF child did not agree about everything, and seemed to have some marriage issues; I think this is quite realistic and I liked that the program didn’t present everything as working out for everybody, and everybody having a great, supportive marriage…

66. Interesting, Informative, and engaging.

70. Patient interview feedback, the issues section was helpful as well

71. The office visits and the interactive nature of the program.

72. [BLANK]

73. [BLANK]
74. color screen
75. The lectures that summed up the genetic conditions. Nice to correlate learning with patient cases.
76. Interesting cases
77. [BLANK]
78. [BLANK]
79. Good overview of genetic info
80. Patient interactions
81. ease of use and the material covered. I also enjoyed the patient interviews--very useful.
82. 1. Ease of use 2. Clarity of presentations 3. Discussion of relevant issue re genetic testing 4, Presentation of several types of genetic disease
83. [BLANK]
84. Patient interviews
85. the clinical interactions
86. patient interviews and comments after each module were extremely interesting and informative.
87. simulated patients
88. I liked the patient's stories.
89. Pt interviews.
90. the clinic visits were great -- I really liked how much variety there was to the cases (in contrast to the HIV program, which seemed a bit more tedious). It was great!
91. I thought the patient simulations were excellent, as well as the counseling sessions.
92. Patient actors and real patient testimonials
93. Interactive format simulates clinical encounter as much as possible.
94. Easy to use
95. easy to use
96. more info condensed in a 'realistic' setting
97. Interesting way to learn about important diagnosis
98. the actors were very engaging
99. Computer experience...more diagnostic stuff would be interesting
100. The simulated patient encounters are done extremely well.
101. [BLANK]
102. [BLANK]
103. easy to use, can choose how much info you want
104. The cases - for sure
105. [BLANK]
106. [BLANK]
107. the pts
108. Exposure to genetics in clinical practice - we get very little other than a brief 1 credit course during Year One of medical school.

109. [BLANK]

110. sitting in on counseling sessions reviewed characteristics of common diseases

111. Packed in both the science and art of medicine teaching in a very effective program and in a very efficient manner.

112. [BLANK]

113. [BLANK]

114. I am a psychiatrist and it has been 30 years since I dealt with very many medical patients like those in this teaching program. Thanks very much.


116. I appreciated the interviews with real patients, as well as the patient question and clinician answer portion of the program.

117. Quality of discussion. Autonomy of participation

118. [BLANK]

119. [BLANK]

120. [BLANK]

121. [BLANK]

122. [BLANK]

123. [BLANK]

124. The simulated patient format was very effective in motivating me to think deeply about how I might respond to my patients with these types of condition--and I have them in primary care.

125. [BLANK]

126. [BLANK]

127. [BLANK]

128. The patient interviews seemed very realistic and made me think not just about the nature of the medical issue but also about how to deal with a patient.

129. [BLANK]

130. Very organized and informative.

131. [BLANK]

132. patient interviews

133. pt interviews...forced me to think on my toes

134. I thought the cases were very realistic, and I especially liked the live patient interviews.

135. I thought the layout of the program was terrific, and the patient responses were very realistic.

136. [BLANK]

137. [BLANK]
138. [BLANK]
139. [BLANK]
140. [BLANK]

141. Good interaction with virtual patients for conditions that I may never see, and therefore it is good to get the experience through this program.

142. [BLANK]
143. [BLANK]

144. I liked framing the information in a clinical setting. It made it more interesting and relevant. I also liked that it was interactive. Because I was involved in making decisions, I paid more attention. Also, even though they were actors/actresses, watching someone explain their history was much more engaging than reading it.

145. [BLANK]
146. The organization of the program.

147. [BLANK]
148. [BLANK]


150. Pt interviews
151. Answering questions in "real time" for pts

152. [BLANK]
153. It was easy to use

154. Interviews
155. [BLANK]

156. Good interactive
157. Easy to use. Variety of cases

158. The fact that the cases presented very realistic issues and the interviews with the real patients and the scenarios were very well thought out.

159. [BLANK]

161. That the patients did not always handle news well, the irritation or excessive worry was realistic and it is much better to see that here than in the office for the first time

162. Review of topics that I knew vaguely about, but had honestly forgotten. The questions part where we answer questions is most helpful.

163. I liked that it was interactive, you didn't just have to sit and watch a video.

164. It had good information

165. [BLANK]

166. Thorough. Multimedia.

167. Graphics were very impressive. Patient sims were realistic.
168. the questions that the patient's posed. I think that these are very accurate representations of what real patients ask and it was good preparation.

169. [BLANK]

170. Test submission by Mike Diehn on 10/18/2006.

171. [BLANK]

172. [BLANK]

173. [BLANK]

174. [BLANK]

175. The lecture was good and the counseling session with the Harrison's was fantastic

176. i like that parts of it were real pts

177. [BLANK]

178. The real pt interviews were very interesting to hear about. Good variety of diseases covered by pts.

179. appropriate pace. good level of information. nice format. interesting cases

180. Working at my own pace, spending more time on things I wanted to review more, and moving faster through things I thought I had a pretty good handle on.

181. [BLANK]

182. [BLANK]

183. [BLANK]

184. the virtual office

185. [BLANK]

186. Actual people both the interviewing and in the clinic/counseling setting

187. i like the patient interaction and set up of the computer program. i also learned a lot of new information regarding genetic testing and genetic diseases in general.

188. The patient interviews and the interface were very well done. The cases and the content of the science and epidemiology were very well done. The variety of the cases and the relevance to what may be seen is good.

189. Ease of use, good coverage per time invested

190. [BLANK]

191. [BLANK]

192. [BLANK]

193. [BLANK]

194. [BLANK]

195. [BLANK]

196. That is very interactive and simulate real case patients. This was awesome.

17. What did you like least about the program?
4. [BLANK]
5. the answers to the questions were too long and it was tedious to read them. would be better to have shorter responses and shorter feedback.
6. Harrison. He was a jerk.
7. Not enough interactive activities
8. [BLANK]
9. Too long. After about 3h, looking at the screen became painful and th discussions seemed to take forever with long intros
10. Some of the case discussions were a little too long. The ones on the order of 5-10 minutes were easier to manage than the 15 minute ones
11. [BLANK]
12. The interviews were fun to watch but I did not learn much from them as to what it was like living with these conditions
13. froze one time. some of the lectures where too long.
14. Liked the whole program.
15. [BLANK]
16. I would have liked to have had the option of taking the CD home and completing this exercise on my own time
17. [BLANK]
18. Patient interviews (with real pts) were a bit disjointed.
19. [BLANK]
20. [BLANK]
21. long stretches of information (particularly in case discussions) presented with text and audio and without accompanying pictures
22. Some of the lectures were very basic and probably not necessary.
23. went to fast for me, slow it down. need more follow up cases with the fragile X boy and Mrs. Santos
24. The program was too slow in its explanations and somewhat basic. Because of this I lost interest too often.
25. A lot of information
26. [BLANK]
27. The interviews with real patients were not deep enough.
28. Feeling like my brain was being "hotsync-ed".
29. explanations geared toward lay audience, so seemed too simple at times.
30. Case discussions were too slow at times and didn't keep my attention.
31. [BLANK]
33. The lectures felt a little slow, didn't add much new information from what was already gleaned from the patient encounter.
34. Some of the lectures were a bit long and tedious.
35. Case discussions could have been more direct.
36. Long question responses
37. nothing
38. too long
39. at times it would drone on--I guess whenever the info was presented "lecture style" I felt my eyes wander, which might reflect that I'm more of a visual learner.
40. At times the patients dragged in their histories and the pace seemed slow.
41. Unable to get immediate clarification on confusing or new information (e.g. lecture statement that only the premutation is transmitted to offspring of individuals with symptomatic expansions). Primary care will need to provide much of the counseling in most rural areas and this is supported but not modeled in the program.
42. [BLANK]
43. [BLANK]
45. Complexity of genetic testing
48. the information about the laboratories was to fast and to superficial
50. [BLANK]
51. [BLANK]
52. [BLANK]
53. [BLANK]
54. Having to be at the library while doing the program
55. [BLANK]
56. [BLANK]
57. [BLANK]
58. [BLANK]
59. [BLANK]
60. lab tour
61. too much information to cram into one day. This should be done over many separate sessions.
62. Sometimes, comments slowed things down and there was no way to skip them.
63. Nothing.
64. -choices for answers seemed too long and took too much time to find the little differences in wording from choice to choice -would like to see more signs/symptoms/pictures of typical presentations involved
65. Nothing specific comes to mind... I thought it was very well done and very informative.
66. [BLANK]
70. Wished there were several more cases
71. The laboratory.
72. [BLANK]
73. [BLANK]
74. too long, boring, could be done at home, melodramatic actors as patients
75. Difficult to complete in one session- I got tired of sitting and I lost concentration a few times as the program went on. Did not care for the lecture sessions (Francis Collin) that much.(but case discussions were extremely useful)
76. Difficult to stop a particular part of the program without having to start over
77. [BLANK]
78. [BLANK]
79. No way to stop or go back in some sections.
80. Interviews with real patients
81. The lectures are always difficult to absorb after 4-5 hours of patient interviews and case discussions.
82. 1. Attendance was mandatory
83. [BLANK]
84. Lectures
85. the case discussions were slightly redundant
86. lab lectures were not thorough enough and could have used more explanation.
87. doctors with very boring voices
88. [BLANK]
89. [BLANK]
90. I liked the patient interviews, but I wish that they had been a bit more substantive (i.e. more of a description of what it is like for them day to day to live with these illnesses)
91. Some of the lectures are a little boring.
92. lectures
93. I didn't get through most of the lectures due to their length.
94. Too long
95. too long to do all of these cases at once
96. some of the answer choices were very similar… hard to figure out the differences really
97. [BLANK]
98. the counseling sessions were less engaging
99. A little to slow of a pace
100. It is a long program. I think it might be best for someone to do on their own time, an hour or two at a time rather than one long day.
101. [BLANK]
102. [BLANK]
103. would have liked this program earlier in my non-clinical years, would have been more interesting to me then since we didn't have any clinical experience
104. Not a big fan of genetics. I liked the topic of HIV better. As far as the quality of the two programs is concerned, I think they were both similarly good.
105. [BLANK]
106. [BLANK]
107. the discussions
108. [BLANK]
109. [BLANK]
110. [BLANK]
111. Restlessness before the holidays. . . otherwise a great program!
112. [BLANK]
113. Way too much time needed for the amount of information
114. Not having a working link with the promised Internet sites.
115. Locked up several times. Volume problems. Difficult to assess if I had covered all the material. I watched several section several times to get it to register this.
116. [BLANK]
117. Could not print out many of the slides or download them.
118. [BLANK]
119. [BLANK]
120. [BLANK]
121. [BLANK]
122. [BLANK]
123. [BLANK]
124. I didn't find out until my 4th attempt how to use the hot keys to quit the program and still save my work from a session. Instead, I used Windows task manager to end the program, and wondered why the program kept asking me to enroll as a new fellow. Also on the log on screen, I found no way to backtrack to a previous field and correct a typo. I found out that the log on names were case sensitive, and if entered a slight variation, it thought I was a new fellow.
125. [BLANK]
126. [BLANK]
127. [BLANK]
128. It was a little long to get through the entire thing. There were some lectures that could have been left out.
129. [BLANK]
130. I like all the cases and the features of all learning sessions.
131. [BLANK]
132. lectures
133. some discussions were long, but they were good recap of key points
134. the mock people talked slowly
135. I thought some of the responses were fairly similar, and it was difficult to distinguish between them and choose the most appropriate ones.
136. [BLANK]
137. [BLANK]
138. [BLANK]
139. [BLANK]
140. very low yield learning
141. Some parts were a little slow and dragged a little bit. Sometimes a little hard to stay focused.
142. [BLANK]
143. [BLANK]
144. I felt like some of the questions asked by the patients at the end were repetitive. True, real patients may be repetitive, but it doesn't help the learning process.
145. [BLANK]
146. The lectures were slow.
147. [BLANK]
148. [BLANK]
149. nothing really--it is a good example of the kind of thing that can be accomplished with educational technology. I think that it would be particularly helpful for CME for practicing physicians
150. lab tour
151. lectures-- not as useful as the more interactive stuff
152. [BLANK]
153. it was somewhat boring and time consuming
154. lab tour
155. [BLANK]
156. question answers were long, hard to read because they were so similar to each other after hours looking at the computer screen
157. Information was repeated a little too often within a case.
158. The laboratory section was somewhat boring.
159. [BLANK]
160. Case discussions. I felt most of the information was covered with the questions.
161. many of the case discussions were just reiteration of the answers in the commentary to the patient simulation questions
162. How slowly people talk, especially when giving directions. You could cut out the two minutes where the doc tells about the "board exam" like questions he's going to give us. It's obvious.

163. There was no reason to have to do it at school. We could have easily completed it at home on our own time the way similar programs are done in the Family Medicine clerkship.

164. Not that realistic

165. [BLANK]

166. Speech is too slow. I wanted to go faster, particularly on topics that were a review

167. a little too slow in running. some of the scenes dragged on a bit. program can run faster.

168. [BLANK]

169. [BLANK]

170. Test submission by Mike Diehn on 10/18/2006.

171. [BLANK]

172. [BLANK]

173. [BLANK]

174. [BLANK]

175. The case discussions were way to long and dry

176. [BLANK]

177. [BLANK]

178. The case discussions went on for too long. Some of the answers for questions asked during pt encounters were very similar.

179. I thought it was a good program overall.

180. I thought the program was good and I am glad we got a copy of the disk

181. [BLANK]

182. [BLANK]

183. [BLANK]

184. not appropriate for our level of training

185. [BLANK]

186. A lot of reading

187. The questions from the patients did get a little old after the first couple patients. Also the introduction to the laboratories was quite boring.

188. Some of the pace was quite slow.

189. Very little.

190. [BLANK]

191. [BLANK]

192. [BLANK]

193. [BLANK]

194. [BLANK]
18. What improvements would you recommend?
4. Add interactive exercises and mini-quizzes.
5. make the question answers and feedback shorter... it becomes boring to read such long answers
6. Nothing, the program was really great, and I learned a lot.
7. More activities
8. [BLANK]
9. Reduce the number of transition slides and reduce the word content in options in q.s
10. Less information in case discussions
11. [BLANK]
12. Add substance to the interviews, e.g. have the woman with sickle cell describe what a crisis is like, You gain a lot more information from such detail because then you can relate to patients better,
13. give less information in lectures
14. A review quiz at the end to allow the student/participant to assess his/her learning of the salient core concepts of the cases.
15. [BLANK]
16. perhaps this could have been integrated as an exercise for credit in the years 1 or 2 SBM curriculum. By now we are a lit removed from the genetics course, so while it's a good opportunity to review, I think this would have been an excellent learning tool to be made available earlier in our educational experience
17. [BLANK]
18. Have a more organized format for the patient interviews, add graphics to the case discussions (eg, fragile X - add pictures of phenotypic appearance)
19. pictures with the case discussions would be nice
20. [BLANK]
21. More pictures and cartoons to solidify teaching points, particularly in the case discussion session.
22. This computer session could probably be more streamlined and take only half a day.
23. more of a schedule day
24. [BLANK]
25. [BLANK]
27. [BLANK]
28. ..
29. Faster pace, less monotone voices for the three MD's seated at the table.
30. [BLANK]
31. Increase the speed of the case discussions sections.

32. [BLANK]

33. More genetic counselor observation studies: very helpful to watch the interaction and how the counselors are actually answering the questions (rather than the 3 line blurbs we choose for answers)

34. Perhaps make everything a bit shorter, to encourage interest in the entire program. it is very interesting and useful but it makes for a long day...

35. [BLANK]

36. Hotter chicks, bikinis

37. make each patient encounter longer.

38. better way to get around in the clinic. sometimes I felt like I was stuck in the program.

39. None

40. Pictures of disorder, eg. macrocephaly, cupped ears, long face of fragile X

41. Printable or downloadable statistical tables.

42. [BLANK]

43. [BLANK]

45. More adult diseases and their genetic basis

48. [BLANK]

50. [BLANK]

51. [BLANK]

52. right now I'm tired, it's the end of our rotation. the program itself is wonderful. but was not wise to schedule it at the end of a block. many students were anxious to leave, not because the program was not useful but because we would like to get out of here. should have a sign up sheet, many students leave b/c no accountability.

53. [BLANK]

54. Be able to do it over the web. We didn't need to be in the lab to do this session.

55. [BLANK]

56. [BLANK]

57. [BLANK]

58. [BLANK]

59. [BLANK]

60. case dealing with adult onset cardiovascular diseases

61. the charts were hard to read b/c of the amount of information in them

62. I like it.

63. Possibly use more experts for different perspectives.

64. see above
These were mostly cases in which there's a clear-cut, causal link between a genetic abnormality and a particular phenotype or disorder. The hemochromatosis case did discuss issues of penetrance and expressivity, but what about testing for genes that are merely associated with a condition or disorder (found in higher prevalence among people with the condition, for example) and have not been shown to have a specific causal link? This is probably a bit of a gray area, but my (uninformed) sense is that it will become increasingly important as the ability to identify genetic abnormalities continues to increase, out of proportion to knowledge of genes' specific functions.

A few more brief comments about the laboratory. Ie. 1-2 minute intro to cyto genetics what is a normal karyotype. Why would you do PCR vs. Southern blotting? Why is biochemical testing necessary?

Handing out a one-page paper summary of each of the 4 conditions.

More control over starting and stopping parts, particularly the patient interviews

eliminate this altogether

Have ability to rewind/ff or stop at all areas

none. Good program

perhaps just a half-day of using the program. Its difficult to absorb info for more than 3-4 hours at a time.

I liked this program better than HIV/AIDS. MUCH less redundant material (we did not learn as much about genetics in Years 1,2) Also much less lengthy…much appreciated!

Well-done… no recommendations.

longer interviews with real patients

new voices

None -- it was really good!

It should be split up over two days, rather than trying to do 7 hours of computer work in one day. Thank you!! It was helpful!

More cartoons showing molecular basis for test like FISH, etc. (the PCR demo was an example of what would be more helpful in explaining genetic tests)
93. The laboratory section could have some more interactive aspects. Maybe a quick quiz or question session with one of the lab techs.
94. Should be part of 1st/2nd year curriculum, not ICE
95. split this up over a couple days
96. [BLANK]
97. [BLANK]
98. [BLANK]
99. Less time
100. There's probably a way to pause the videos but we didn't know what it was. Having a navigation bar that allows you to pause the videos would be helpful. Besides that it's a VERY well done program.
101. [BLANK]
102. [BLANK]
103. do it earlier in our training
104. None. It was a good program. The timing of administering such a program really is the most significant thing affecting moral.
105. [BLANK]
106. [BLANK]
107. [BLANK]
108. [BLANK]
109. [BLANK]
110. Allowing students to do this at home through internet or with disc
111. None. Great program. We should utilize MUCH, MUCH, MUCH more of this type of learning during the 1st and 2nd years of medical school. It should be a primary learning tool instead of lectures and quizzes. Great job and thank you.
112. [BLANK]
113. [BLANK]
114. Keep it up. This was an excellent program
115. More recommendations for physicians on accessing further content and accessing future development. A summary check off page to see what content remained to be looked at.
116. [BLANK]
117. A workbook and power point to use (with attribution, of course).
118. [BLANK]
119. [BLANK]
120. [BLANK]
121. [BLANK]
122. [BLANK]
123. [BLANK]
124. 1) a more flexible log in screen 2) a more obvious way to end and save a session 3) an indicator of what I had already covered and what I had not yet covered without having to cruise around the whole clinic map.
125. [BLANK]
126. [BLANK]
127. [BLANK]
128. Get rid of a couple of the lectures
129. [BLANK]
130. Great work!
131. [BLANK]
132. none
133. n/a
134. streamline program to be a little more concise
135. [BLANK]
136. I don't think having students come together in a classroom to do a computer-based teaching module is a good use of student time. One of the points of using computerized learning tools is that you should be able to use them at your own convenience.
137. [BLANK]
138. [BLANK]
139. [BLANK]
140. more high yiled
141. Not much for improvement. I think the program does a good job of allowing us to interact with genetic cases.
142. [BLANK]
143. [BLANK]
144. I didn't want to take the time to listen to lectures, but I would have appreciated a quick fact sheet on the diseases being discussed in the cases. That would be nice to have at the beginning of the case because although I'd heard of all of the diseases, a refresher would have been nice. Then I would get the more in depth look at them once I began the cases.
145. [BLANK]
146. none
147. [BLANK]
148. [BLANK]
149. none. very well done. good job.
150. speed up the lab part
151. could be more efficient
152. [BLANK]
153. course not needed
154. none
155. [BLANK]
156. [BLANK]
157. [BLANK]
158. Cannot think of any at this time
159. [BLANK]
160. There were a few places where I feel that I could have just read what was written instead of having it spoken out loud to me.
161. 1 less case about patient simulations
162. It can be made more efficient by allowing a continue button on some of the pages that give overviews, explain the program, etc. It’s pretty straight forward, so the extra time could be spent on medicine.
163. Let students do the program on their own.
164. [BLANK]
165. [BLANK]
166. can you speed up the speech?
167. [BLANK]
168. perhaps a table or printable information that we could take with us on the cases. Some of it was really interesting, but too much to remember in it’s fullness.
169. [BLANK]
170. Test submission by Mike Diehn on 10/18/2006.
171. [BLANK]
172. [BLANK]
173. [BLANK]
174. [BLANK]
175. spice up the case discussions- I likke to see live people istead of watching a power point tick by
176. [BLANK]
177. [BLANK]
178. Working on answer choices for questions in pt encounters
179. [BLANK]
180. Have the Q&A session earlier so that when people were finished, they could leave.
181. [BLANK]
182. [BLANK]
183. [BLANK]
184. link patients to tests in labs
185. [BLANK]
186. Less reading on the screen, more verbal
187. Overall, I think that the program is well done and very helpful. I will probably use the CD to finish some of the things I didn't have a chance to do.
188. An option to speed up the speech of some of the case discussions.
189. Update some of the genomics lectures, a very little bit out of date.
190. [BLANK]
191. The pace of the program was too slow and the distinctions between some of the different question options was not always clear.
192.
193. [BLANK]
194. [BLANK]
195. [BLANK]
196. [BLANK]