

EVALUATION FORM—DFM ReCHARGED

March 18, 2015—Pyle Center

Please indicate how much you agree with the following statements by circling your response using the scale provided.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The speakers were engaging and knowledgeable:					
• Frank deGruy, MD MSFM (n=100)	1	2	3	4.68	5
• MacCaran Baird, MD MS (n=100)	1	2	3	4.48	5
I was able to participate during the breakout sessions. (n=102)	1	2	3	4.56	5
This Blue Sky event was a good use of my time. (n=102)	1	2	3	4.14	5
The meeting was well organized. (n=101)	1	2	3	4.51	5
I was inspired and energized by this event. (n=98)	1	2	3	4.11	5

1. What is the one idea from today that you are most excited about?

Community Health (18)

- Partnering with community resources
- Moving clinical work out of the office into the community
- Engaging with community colleagues
- Listen to what the community's needs are and what they want for healthcare. They are the drive, determine their destination – we are GPS assistance. When we listen, it will change what we do, how and where we do it.
- Seeing how working with the outside community as well as a Family medicine community can help better care for our patients and their families
- I want to create a job counselor in our office for our patient population to advise, help apply for and advocate for finding jobs for our patients
- Taking care out of the clinic and to the neighborhoods. That's exciting.
- The need for community health – who does my community need? Who is in my community
- On tap not on top
- Care management and community involvement
- Implementing true health care. Helping people take charge of living their lives healthier and giving them the tools and knowledge to be able to do it.
- Sustainable community engagement supported by curriculum, budget and an enlightened senior leadership
- The change of the DFM name to DFMCH
- Expansion of community involvement to promote preventive care and promote holistic health/well being
- Community engagement
- The integration of DFM and Community Health
- Community focused team-based care
- How we might promote health with members of the community – community engagement

Innovation (17)

- Celebrating failures (7)
- The possibility of innovation
- The idea of new ideas
- Bottom up ideas
- That there is discussion as a start to gather ideas from us to improve DFM
- We need to become a more courageous department
- Protected time for employees to invest in innovation ideas, passion driven projects, self-maintenance
- Allowing some innovation in clinics in this organization and understanding that some differences in the clinics are okay – standardization of only what we have in common, collaborative care ALWAYS works
- Embrace creativity from all
- We are going to incorporate more laughter as we work
- Looking at problems from different perspectives
- For Primary care redesign – clinics what is the same to what is different
- People in this department being inspired and ready for change (2)
- Developing a formal evaluation process on the value provided by the department as a whole
- Improving communication by honoring others, using humor, and conveying difficult ideas with stories – this affects everyone
- Standardization should be viewed with an eye on local innovation
- The idea of opening up communication, respecting that sometimes the best ideas may come from those least empowered to speak - I would love to see the department work to empower everyone to feel valued in the department, that their ideas matter.
- Creating a fun environment and accepted by leadership
- Don't wait for perfect resources to move ahead in a project – you'll be way behind and miss opportunities

Teams (14)

- Team-based learning
- Teaching team care involving learners from all healthcare disciplines
- Training the team
- Leadership training for primary care teams
- Building a team around the patient
- Seeing more integration/team approach to Department wide
- Making teams work in Medicine and our community clinic
- Idea of building a cohesive team to care for patients/our communities
- Working together as a united clinic for same goals
- Need real team-based care, not the Styrofoam version UWMF is pushing on us. That starts with shared mission and vision, not imposed job descriptions. It's about working together in meaningful ways.
- Building better teams from top down to bottom up
- To lead teams that do primary care and look to that as a transition from individualized silos of care
- The idea of “team teaching”. Primary care changes on a daily basis and in order to keep things moving smoothly – everyone needs to be kept up to day and learn new things.
- The potential benefit of shaping the training/learning environment of the future DFM collaborative interprofessional workforce

Leadership (10)

- Leadership changes and making everyone's opinions matter.
- Breaking down silos within the department
- Everyone has leadership potential

- Balancing top-down control with need for grass roots innovation and autonomy
- Leadership training to assist with changes being made in our clinics
- Brings a positive role model
- Continuing to adapt to change and to be good leaders
- Leadership is ready to engage in participatory change with department members and to empower department members to shape their own future.
- Communication across many locations
- How to implement change when staff is already feeling “stretched” to the max

Training Primary Care Workforce (7)

- Training everyone to be a “specialist” in primary care family medicine.
- Medical staff (MA,LPN) need better compensation for the work they do
- Make mental health a priority (fellowship) more training for clinicians. Dental could also be added to Primary care.
- Offering a 4 year track to residents
- Love the idea of using community colleges to train care managers (especially for rural areas) in primary care setting
- Primary care workforce
- Mac Baird’s faculty academic achievement program. So cool!

Mission (7)

- The best part about events like this is the confirmation that you work with a bunch of really smart people who care and want to do the right thing. Also the idea that a leader needs to inspire people to follow. You don’t get far by just giving orders.
- There are so many. But the one that inspired me was Frank DeGruy’s approach to doing the right thing. The idea that not having enough is not an excuse to not do something. If we wait until all of the conditions are right we will get stuck. Not having enough is the way things are. It is a reality. “Insufficiency breeds creativity”
- Remembering why we are here – patient care needs
- Improving the environment that we work in to promote better care and a better workplace
- Matching resources with mission
- We need to work to inspire everyone to be motivated/excited about our roles in improving quality of our patients health vs. money
- Contagious enthusiasm of our invited speakers and passion for what they are doing

Integrated Behavioral Health (6)

- The integration of behavioral health, social work, and family medicine provider as key to treating the primary care patient.
- Incorporating a health care team – what about psychology, dietician, health coach, PT, pharmacy
- Integrating social workers and psychologists into all clinic teams
- Allow and make time for training care management
- Clinical staff into the community – mental health into the clinic
- Brining social services to Primary care while integrating services

Wellness (5)

- Balance
- Promoting wellness in our environment other than just taking regular soda out of machines
- Exercise on site priority for staff
- Protected personal time for fun/exercise/ReCharging at work
- Importance of human dimension

2. What do you want to see as follow-up to this event?

Action Planning and Implementation

- Actual action/change/Implementation of some ideas (13)
- Working groups to prioritize and start implementing ideas (11)
 - I'd like to see a true brainstorming session that launches of the ideas spurred during this session. It'd be nice to have a topic-based session to come up with more ideas.
- A clear description of vision, goals and objectives for the new department (2)A list of the ideas and understanding why ideas are brought forward or not
- Answers to questions; what kind of follow through is being done
- Evidence that the voices of all attendees were heard, valued and that momentum will continue

Engagement and Communication

- Summarization of ideas and follow-up (8)
- One month smaller discussion x 2 hours or so to see where we are as far as the models discussed
- Be invited back for brainstorming sessions
- Additional, continued-ongoing communication all across the department (not just leadership), empowering people to make change. Without that, this was a waste of time. Information without activation = expiration (death). I'd hate to see all these great ideas just die on the vine.
- I want to see the comments/survey results, evaluation results and questions presented by all
- More listening
- I want to see improvement in communication. It needs improvement on all levels – clinic and department.
- Transparency in the ideas and innovations that have come out of this event and that the department continues to encourage everyone in the department to participate in this process.
- Feedback from others
- Feedback at FP meeting
- Change, to be heard
- Attendees return to clinic and hold dialogue with co-workers to expand the possibilities (report back to DFM prior to July event)
- Increase communication and everyone listening openly about ideas/suggestions
- If questions are compiled, it would be great to have a review of themes, and how many questions focused on a given theme. This would give a sense of emphasis.

Leadership

- What is the Exec Team going to do with this info
- To be inspired by our leadership's desire to do this in a new way. Will they be inspiring?
- Changes in the leadership and at clinics to make this a more valuable and appreciative organization
Some out of the box ideas implemented
- Buy in from UWMF not just our department

Connection Across Department

- Department-wide meetings, connect with other department members, More cross departmental interaction (4)
- More smaller discussions
- A yearly blue sky event
- Blue sky "idea" event in individual clinics
- Team building for clinics

Continuous quality improvement

- Would be nice to hear what is working best at clinics and what needs to be improved
Empowering each of our clinics to innovate and improve in their own ways
- Better balance between metric and individualized patient care
- Continued culture change → less micromanagement, more innovation, progressive thinking
- Small, PDSA-style changes that would let us see some early success/early evidence of change
- More sharing of best practices

Clinical Care

- Follow University of Colorado lead – behavioral health integration into all clinics
- Clinic level meetings to engage all roles in clinic as part of care team
- Workshops of how to practice using team-based principles (2)
- Leadership training
- More training in leadership and teamwork at all levels. More faculty development in community health

Community Engagement

- Hear from Sharon Adams (3)
- Complete change around community engagement – active even measurable
- More discussions with outside experts on community engagement
- Transform to community health organization
- Community involvement

3. What did you like best about this event?

- The opportunity to meet and interact with people who all have different roles. Assigned tables with interactions with others you don't work with every day (35)
 - People coming together from all parts of the organization. (15)
 - 1st name basis – we were all on same plane
- Breakouts and discussions. Opportunity to hear perspectives from so many people that I did not know. (30)
 - Everyone has an input during the sessions (3)
- Inspiring speakers (32)
 - Dr. DeGruy's inspiration – he's someone who really thinks outside the box and motivates me to do the same. (3)
 - Optimism, getting excited about possibility (3)
 - Contagious enthusiasm of our invited speakers and passion for what they are doing, appreciate keeping the things running on time (more or less 😊)
- Flow and movement – we didn't just sit. (3)
- Good organization (3)
- Having the speakers rotate at breakouts instead of the groups (2)
- Everything (2)
- This event allowed me to think about processes in a different way
- Finding out that UW FP is as innovative as any other group. We are already doing a lot that they are doing
- Very encouraging seeing so many committed and engaged people within our department.
- Message was effectively communicated while being entertaining and engaging.
- That all of the questions in the Q&A session were collected along with all of the evaluations. I like knowing that the steering committee wants to take all of the feedback from the event as they move forward.
- I liked that it started at 1:00 for travel time

4. What could have been done better at this event?

Design/Format

- More time for Q&A (6)
- Better introductions – some people didn't know who/providers/people are (2)
- A social hour at the end would have been quite valuable (2)
- Make a day-long event (2)
- It was frustrating to spend so much time coming up with a questions, discussing it, twice our question never came up so that felt like very wasted time
- During the 2 periods where we developed questions (breakout 1 and 2) it was a bit redundant.
- Have the table that wrote the question read it! Keeps people from stumbling over words
- The questions during breakout could have moved faster between questions

Goals

- Better communication of general goals of the conference to people could consider ideas in advance./ I didn't really understand what the goal was—why these speakers? (3)
- Clearer instructions in small groups – but all turned out fine
- More concrete information

Content

- Missed our 3rd presenter, hear from Sharon Adams (4)
- The speakers did focus mostly on the clinical aspects of the DFM more than anything. Not as connected t education, research, admin – need to weave that in better. Also remember that not everyone in the audience is MD faculty and has that knowledge base (3)
- Overly focused on residency clinics – still sense that community clinics are not true partners
- I wish there was more discussion about CONCRETE ways to engage the communities we serve

Hear from DFM Leaders

- Would be nice to have a time to ask our own leadership questions or just dialogue.(3)
- Val talk about DFM leadership and how to adapt to change
- More speakers from our own department

Action Planning

- Rather than posing questions to “experts”, posing them to each other and developing true paths forward (3)
- More individual involvement to get verbal ideas of what we want vs. what Dr. Macaran and Dr. deGruy have done
- More time for dreaming creative care models- for our patients and for ourselves/our clinic staff (2)
- We could have a follow up visit or gathering where we could work on implementation of these ideas
- More time for more specific planning (less focus on general topics)

Logistics

- Coffee!!! (5)
- Sound system could be improved – hard to hear sometimes (3)
- Healthier food choices – fruit/vegetables (5)
- More movement/exercise
- Time to go outside
- If changing tables, have people throw out their lunch boxes, etc
- Less garbage with lunch
- Perhaps raised platform for speakers for such a large room
- Room upstairs not ideal.

Misc

- Nice as he was, Dr. Macaran didn't always answer the questions asked of him in breakout sessions.
- Told providers not to do charting during the event. Very disrespectful to those around them and docs demonstrate that they care about what was said.

5. Any other comments:

Design

- Well organized event.
- Really good event → good work being flexible and adaptable!!
- Our group never had our questions answered at either session
- Enjoyed talking to others with similar experience and backgrounds and dealing with the same day to day experiences
- Thanks to the speaker and for organizing it
- Compared to other DFMS, this format was less energizing
- Right amount of time – great pacing
- Everyone seemed a bit confused by the Q&A exercise in the beginning. They did not seem to understand what was wanted of them.
- Special kudos to Robin and Kim
- Great improvising by Robin and Beth when a speaker didn't show up

Speakers

- Frank deGruy was so visionary/inspirational. Would love to see him again and hear more concretely what he does behind the big picture
- Still want to hear from Sharon Adams to address community partnerships (3)
- Needed more variety of speakers
- Highly recommend 2 same speakers to come back. They were great.
- Both speakers spoke a little too broadly; I wonder if they didn't have much background about where we actually are in the process of change?
- I felt this event was heavily devoted to the clinic/physician care side of the DFM and light on relative topics for lower staff.

Engagement

- Thank you for holding this event and emphasizing the importance of the whole department participating in this event. I'm sure this will help more people feel more interested in the future of the department.
- Great start!
- Overall great afternoon and inspiring session
- To see the department supporting such an event makes me very proud to be a part of this department!

Logistics

- Good venue
- More water available, please...fruit options for snacks

Unfinished Business/Next Steps

- Keep listening, and readjusting department behaviors/policies, actions speak louder than meetings
- We need to inspire all involved to love their roles again
- As population health continues to drive our care models, lets continue to monitor staffing (clinical and provider) to support the systems
- I really hope that this event can be the first step in a transformation of the culture of DFM and embracing creativity
- I am concerned that this won't feel different. Many of us hold deep passion for supporting health – are finances and bureaucracy going to make this feel the same as the past 10 years?
- Alumni Hall does not serve as a physical environment to support departmental transformation. I would encourage the question of a new home to return to the table as soon as possible!
- At the end of the day, I still feel like the barriers to changing the system are insurmountable...how do we change this feeling?
- How do we make this work from the top of the pyramid to the bottom to outside in the community with the community
- Concrete ideas for increased interaction with the community
- We need telehealth! We need to start!
- Concrete ideas for less in-basket work leading to days that are very long
- Hopefully there is a follow up “regularly recharged” which may give other staff/providers of the same clinic to experience this great conference
- What will be the outcome –that is the biggest question
- Have teambuilding at each clinic so front desk and “back desk” staff and providers get to know one another better