

Report  
QEP Needs Assessment Sub-Committee  
May 15, 2009

The QEP Needs Assessment Committee, consisting of 24 members, included the Academic Deans of each of the Schools of Medicine, Nursing, Dentistry and Health Related Professions.

In November and December 2008, the associate deans examined hard data from their programs to determine student needs and reported this data to the Sub-Committee.

Beginning in January 2009, 23 focus group leaders were trained. These leaders subsequently conducted 32 focus groups. Fifteen of these focus groups submitted attendance lists which totaled 320 attendees-an average of 21 faculty, staff, or students per focus group. Over 460 ideas were submitted.

An online QEP web site was established by the QEP Inclusiveness Sub-committee on which 83 ideas were submitted.

The QEP Inclusiveness Sub-committee also produced and monitored hard copy suggestion boxes. Four ideas were received.

A survey was sent to over 2000 alumni which produced three responses.

Almost 550 ideas related to the QEP were submitted with 83 being received on the QEP website. Of these, several focused on one school or department. These comments were forwarded to the appropriate unit. Additional comments not related to student learning were removed. Approximately 375 usable comments remained.

The results of these investigations indicated needs in the areas shown below:

1. A need for curriculum expansion in areas such as the following:
  - a. Communication with patients, families, and staff members
  - b. Health disparities
  - c. Patient safety
  - d. Charting and coding
  - e. Critical and creative thinking
  - f. Ethics
  - g. Joint Commission standards
  - h. Managed care
  - i. Quality improvement
  - j. Teamwork
  - k. Preventive medicine and wellness
  - l. Professionalism

2. A need for campus collegiality such as the following:
  - a. Increased accessibility to study space including longer hours for the library, labs, quiet study spaces with comfortable furnishings and group study spaces.
  - b. Increased faculty/student communication and involvement The faculty are seen as neither approachable nor available. Several comments noted “uninvolved faculty.”
  - c. Increased inter-school opportunities including inter-school courses in topics such as those shown in #1 and #5 on this list.
  - d. Increased use of interdisciplinary teams working on patient quality projects.
  
3. A need for instructional enhancement such as the following:
  - a. More case-based and problem-based classes
  - b. More clinical applications in class
  - c. More demonstrations and real-life examples
  - d. More hands-on class sessions
  - e. More interactive class sessions
  - f. Improved use of questions
  - g. More teaching “where the students are”-not above or below their knowledge level
  - h. More small group instruction
  - i. More visuals and less print
  - j. Selective introduction of topics. Depth should be appropriate for program.
  - k. Attention should be paid to work load
  - l. More communication and collaboration by the faculty both within courses and within programs.
  - m. More training on BlackBoard for faculty
  - n. Appropriate use of technology
  - o. A need for faculty to be current with emerging technologies
  - p. Improved web pages
  
4. A need for accommodations to learning styles including:
  - a. Alternative learning paths to meet a variety of learning styles and intelligences.
  - b. Appropriate use of technology.
  
5. A need for improved instructional services/facilities such as the following:
  - a. Equipment and guidance for all students to tape lecture classes
  - b. Equipment and guidance for all students to produce note services
  - c. A Career Center
  - d. English as a second language classes
  - e. Writing skills classes
  - f. Business writing skills classes
  - g. Multicultural education classes and activities

- h. Opportunities for international study and program exchanges
  - i. Opportunities to practice rural medicine
  - j. Medical Spanish classes available on increasing levels of difficulty throughout each student's program
  - k. Enrichment opportunities including exploring the arts, music, literature, and creative writing as they relate to medical fields.
  - l. Study skills including
    - i. Assessment of learning styles
    - ii. Time management for professional education
    - iii. How to study classes for professional education
    - iv. Tutoring
    - v. Textbook reading skills
    - vi. Test-taking skills for standardized exams
    - vii. Test-taking skills for course tests and exams
6. Enhancement of Instructional Technologies including:
- a. Increase the use of technology in the education programs
    - i. Multiple methods for instant and rapid communication with students including emailing, text messaging, etc.
    - ii. A specialist should be assigned to assist faculty with upgrading instruction through the use of technology
    - iii. Improve printing facilities for students
    - iv. Maintain and upgrade technology as needed
    - v. Advanced computer technology and network access through an improved DIS function
    - vi. Minimize technology problems such as disconnections and interruptions
    - vii. Make sure distance education technology equipment is compatible at each distance learning site
    - viii. More computer-based learning
  - b. Upgrade the technical research infrastructure including
    - i. Core facilities
    - ii. Cooperative technical facility efforts
    - iii. State-of-the-art equipment
    - iv. Center-wide site licenses for frequently used scientific programs