

2. Do you think the following communication methods were useful in our educational experience?

1. Need to have a way to differentiate between events that have been updated because a podcast has been posted, and events that have been updated because the prof has added something. Both result in a colour change.

2. There needs to be a variety of communication methods to accommodate for people who do what is required (check the dashboard, event details) but may miss the community announcements unless instructed to check there. I appreciate the frequent emails from Dr Moffatt for example, but there should have been a main/reference page to check what the most updated announcement was or a history of the announcements. What is an RSS feed?

3. I cannot figure out a way to re-view announcements in MedTech after I have clicked on them. I wish there was a way of going back to them.

4. It's not that the community discussion groups didn't work, it's that this approach is unnecessarily difficult. We already work in groups, and it's much easier to work face to face than in a specific online forum. I found this to be time-consuming and irritating. I really enjoy MedTech Dashboard Announcements

5. It would be great if upcoming events (including interest group meeting infos etc) could be posted in a visible place for convenience of students.

6. I really like the announcements that appear on the top of our dashboard so you can't miss them. I didn't even know there were other announcements in qcard. Listserv emails are WAY overused.

7. I've been really impressed by how well MEdTech has been integrated into our learning. The QMed announcements in MEdTech are VERY useful! The class listserv is excellent for general information-sharing. I've used pretty much all the resources and found them all to be useful in their own ways.

8. - RSS feeds are wonderful and essential.
- MEdTech mailing lists are wonderful; people should use them.
- I use RSS feeds and never look at the Dashboard.
- Communities have UI issues: too many clicks are required to post a comment or upload a file.

9. Mass emails, although useful, should be kept to a relative minimum (eg- once per week) as to avoid frustration with clutter and difficulty in locating particular messages.

10. Don't know how to do RSS feeds. Navigating around Qmed and Medtech (apparently qmed is now gone?) has been confusing. Communities are hard to locate.

11. information overload is the single worst thing about technology in education. Learning is about focus.

12. Although its inconvenient to get a lot of emails - its really the best way to keep informed

3. Do you think the following document sharing resources were useful for our learning?

1. I prefer the medtech communities, so that i can always find the document if I am not on the same computer where I downloaded the file initially.

2. MEdTech communities are awesome, their use has been appropriate in Phase IIA. Never heard of any Google Groups though!

3. Google Groups would be wonderful to use. The UI is well-designed and they are featureful. MEdTech communities are home-brewed and make some UI mistakes which reduce its usability. Think about the number of clicks needed to perform a given action. The higher the number of clicks, the less likely that action is to ever be performed. E.g. if it takes 1 click to upload a file from the time I visit MEdTech, I am more likely to post a file to a Community than if it takes 10.

4. Communities are more difficult to navigate and get to. They are not obvious.

5. We have a google group?

6. the option of making a community works well
eg esp for all the clerkship questions

4. Do you think the following preparatory or course materials were useful for our learning?

1. The Bates videos especially are buggy and quite temperamental when trying to play. Not sure if related to MAC vs. PC OS.

2. Some of the online narrated lectures lack the ability to print the lecture slides making it difficult to use them.

3. The answers to this survey are not all-inclusive. Many things worked fairly well, but could be improved. (ex. narrated PPTs). I love modules.

4. I think the lectured podcasts and instructional vids were great only if the professors kept them to a reasonable length. Ophthalmology was great for that reason. The same goes for the modules...if something were so complicated that it requires 40-odd pages to explain, it should probably be done in class to begin with.

5. Narrated powerpoints were difficult when narrated directly in powerpoint because you cannot take notes because as soon as you begin to type or move your mouse the recording stops and you have to start it over again.

6. Podcasts are amazing.

Either narrated podcasts or an online module is essential for a TBL session. I get so much more out of them than a link to a journal article.

7. The Library proxy server is a LIFESAVER for me, because I have to use library online resources from across Canada. It even came in great use abroad. PLEASE CONTINUE TO SUPPORT THIS FEATURE!!!

Narrated Powerpoints are also an excellent idea. Dr. Jim Owens' narrated powerpoints in Psychiatry in Phase IIB were very well done - clear, good pace, worked well. This is a model that can be emulated. Dr. Sanfilippo's narrated lectures in Phase IIC had a lot of hiss and poor volume, but the basic idea was good.

Insider videos in Ophthalmology were time-consuming to go through and PACKED with great information. Just get Dr. Baxter to speak more slowly!!

Hematology's HemeTeam was a great way of putting together and integrating knowledge learned in lectures. OUTSTANDING lecture notes too.

8. - Course pages are too confusing. Because I am used to looking at lecture pages, I rarely look at a course page unless I realize I'm missing something.
- Narrated Powerpoint were superlative and really helped prepare for lecture, but that may simply be because the profs who gave them (Holland and Owens) were excellent lecturers. Either way, I think we need more.
- Links to resources are rarely followed. THIS is a time constraint issue.
- Clinical SKills videos were useful when learning.
- Ophtho videos were *superlative.* A terrific example of how to teach online. This is mostly because of their organization and content (short, not too deep, with outlines). Problem: it kept logging me off in between videos.
- HemeTeam Interactive heme was a ton of fun.
- Online eLearning modules are also very helpful when learning a skill (e.g. the EKG one). However, it is very helpful if all the content can be printed as a single page as well.
- The Library proxy server works well and is essential when off-campus.

9. Prep modules are great - it is nice to come to class prepared. Extra resources are most useful when they are all in one spot - sometimes it is challenging when a course uses more than one location to post resources.

10. Don't like reading online.

11. I wish there were sub-categories for "worked well". I thought most of the above worked "really" well, but some of them I didn't use that much and I think they worked "sorta" well, e.g. clinical skills videos and online textbooks I used sporadically, and they worked sorta well. Podcasts, narrated powerpoints, course pages worked "very" well.
12. The challenge was in keeping things organized. It's easy to forget/get lost on a webpage/intentionally skip an online learning module.
13. Narrated ppts work fine but you MUST have an available option to print out the slides!!!!
14. I wish there were more online eLearning modules for every unit. When done well, I found these to be the most useful resource for pre-class preparation.

6. Do you think the following online self-assessment tools were useful?

1. Often there were technical issues with the clickers, and usually no more than 30 members of the class actually had their clickers with them, which sort of ruined the process. PBL assessments have improved, but I still find I get very generic comments from my peers.

2. Practice Cases were good as long as there were answers to be found somewhere (i.e. Heme Cases)
Clicker Questions was sometimes a good assessment of how much the class knew, but sometimes they were things we had never touched on (i.e. Histology)

3. For the PBL assessments I would choose they worked but with limited usefulness.

4. I love all of the self-assessment. It is a great way to track your learning. I wish that there were more formative quizzes (esp online ones), and many more practice cases and clicker questions. The PBL self/peer assessment was FANTASTIC. However, to avoid some brutally honest feedback, perhaps the "how to give feedback" session should be mandatory and right before the SGL assessments.

5. The PBL peer assessment forms were kind of pointed (i.e. "do you look forward to working with this person again")

6. Whenever we are told to bring clickers to class the profs never end up using them.

PBL assessments were way easier to do this semester (but I still think we have to do too many of them).

7. the PBL assessment forms had a lot of glitches this year, but if all the software bugs were sorted out, it could work.

8. Formative quizzes were a great way of self-assessment. Would like to see more of this.

PBL system of evaluation is excellent, please continue this!

Clicker questions were difficult to learn from during class. Either you got the point or you didn't - it was hard to figure out why during class if you didn't.

9. self and peer assessment is not helpful and can be very cumbersome, especially the dreadfully LONG forms that we are expected to fill out for each group member in PBL. A much more concise Excellent-Satisfactory-Unsatisfactory rating scale would be much more appropriate and would yield the same feedback result.

10. - The PBL electronic assessment tool is perfect. Do not change a thing; I include the format of the page or any interface changes. The interface is simple and uncluttered, and it takes a very short time to achieve any goal. If you are desperate to change things, change the font, but nothing else.
- Formative quizzes are useful. They should be viewable after the fact (even if they were not tried at all) and redoable, even if not for marks (this would help with exam preparation).
- Clicker questions often serve only to intimidate.
- Practice cases are extremely helpful. Please add more.

11. PBL comments are too "nice". Sometimes it seems like the comments I receive are for someone else, because I can't remember what happened to trigger somebody's comment.

- 12. Many lecturers can't figure out how to use the clicker system to work the questions, so half the time its not useful
- 13. PBL assessment forms need to be delivered back more quickly or we need to have less per semester. It seemed silly to get back our midterm evaluations and 2 weeks later have to fill out final evaluations.

7. In your medical education, what are the 3 technologies you have found most useful or essential?

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|-----|---|
| 1. | 1) Email
2) Medtech
3) Narrated powerpoints |
| 2. | 1) Narrated powerpoints
2) Medtech - every part of it
3) Online textbooks |
| 3. | Dashboard Calender
Formative Quizzes Online (with Answers!)
Online Textbooks |
| 4. | Medtech - for downloading lecture slides
wikipedia - to provide quick, succinct introductions to new topics
Illustrations / images - for example, online examples of x-rays |
| 5. | 1. MedTECH!!! Including the dashboard, events (although we can no longer use arrows to go to the next one it is a pain to go to the dashboard between each event), course pages, lecture contact info, discussion at the event page, etc. 2. Library databases OVID, EMBASE, etc. 3. Virtual notes that we can modify during the lecture. |
| 6. | Podcasts, online modules, online textbooks |
| 7. | MedTech community
Email
Online Modules |
| 8. | MedTech, online modules/videos, Clinical skills videos |
| 9. | podcasts, formative quizzes, videos (especially for clinical skills) |
| 10. | PODCASTS = AMAZING AND ESSENTIAL!!!! |
| 11. | Medtech dashboard, narrated powerpoints, and lecture podcasts. |
| 12. | Podcasts, Modules, Online Quizzes (do be done as a self-assessment of knowledge, not necessarily with a timeline but as a 'tool' for use in our education) |
| 13. | 1. Medtech
2. Narrated Powerpoints
3. Podcasts |
| 14. | medtech, online modules, online textbooks, |
| 15. | Online modules, Podcasts, eBooks |
| 16. | 1. Powerpoints which are narrated clearly at a good speed, and the ability to take notes as you go.
2. Having a centralized website for documents used in classes where different groups of people are rotating through over time (i.e. clinical skills). It's frustrating to have to go through different dates to locate the one that you need.
3. I really liked the grey bar at the top that used to allow you to advance from one class to the next without going back to the main weekly lay-out. |
| 17. | google |

medtech
online modules

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18. MedTech, learning modules, downloaded textbooks
-
19. medtech, formative quizzes in resp,optho videos
-
20. modules/medtech
podcasts
videos and narrated powerpoints
-
21. podcasts
-
22. (1) Ophtho Insider Medicine Videos,
(2) The library proxy server
(3) Lecture podcasts
-
23. Medtech
BMJ point of care
Modules
-
24. The internet
Written communication
Frozen meals
-
25. 1) PROXY SERVER!!
2) MEdTech
3) Powerpoints posted a day ahead of lectures
-
26. - Online textbooks.
- MedTech calendar/events.
- Library proxy.
-
27. ? online videos, online modules, and interactive forms.
-
28. Email, one-stop lecture page, library proxy server
-
29. 1. Powerpoint presentations of lectures
2. Podcasts
3. Document sharing between students for helpful studying
-
30. 1. The library proxy.
2. RSS feeds.
3. Any Google services (e.g. Groups, QMed, Google Docs).
-
31. pod casts
posted powerpoints
formative quizzes
-
32. -MedTech
-Narrated Lectures
-Online Quizzes
-
33. Podcasts
posted lecture notes from the lecturer
-
34. Access to the library research resources, online modules, MedTech.
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35. Improved Medtech to not have to keep going back to the dashboard every time I need to access a different lecture
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36. -narrated powerpoints; these would be better if transcripts were provided
-

-narrated videos; these would be better if transcripts were provided
-MedTECH community with notes posted, and sync to outlook for schedule

37. Having the slides or notes posted on medtech before the lecture
Online interactive modules (heme)
Practise or formative tests on medtech

38. MedTech
Podcasts
Narrated Powerpoints

39. Podcasts, Medtech as a whole, and....I don't know

40. 1. Podcasts.
2. Online modules for technical skills/clinical skills.
3. Dashboard schedule.

41. email
medTech dashboard

42. Podcasts, self-learning modules, and interactive quiz modules

43. Online learning modules
HemeTeam interactive cases
Online self-assessment tests

8. Is there any other technology you would really like to see used by the teaching faculty?

1. Increased use of narrated powerpoints

2. I would like to see the faculty using online modules more often as the PDFs of them make great study notes that are concise and well laid out.

3. more narrated video clips

4. Central course pages that organize all preparatory information, self-assessments, etc (rather than spread over several locations).

5. Just to maintain communication with us, their expectations, updates, answers to questions, clarifications by providing ways to keep this contact with them.

6. Narrated lectures, that are easy to hear and go at a normal speed

7. the narrated powerpoints are very useful, and it would be great to see them used more often. that said, faculty needs to make sure they are kept to a reasonable amount of time, and if they are referring to something on the image, we cannot see the cursor moving.

8. More modules!

9. Show us more videos in-class and discuss them afterwards.

10. Online modules are great, but generating some kind of document which will focus on the key points to know is useful when trying to study the topic. Otherwise, a lot of time is spent sifting through all the cases and exercises which are included in the module, as it's generally not produced in a printer friendly format.

11. every course should have online modules or videos like in optho. Much more fun and efficient than assigning us a textbook.

12. UpToDate

13. up to date
14. completely using powerpoint and not pdf..to help students standardize their own notes
15. narrated ppts
16. Video podcasts of lectures
17. Videos and 3D animations
18. No, the current system works well, just PLEASE post Powerpoints a day in advance so that people using paper-and-pencil can print them out!
19. Up to Date !! and other clinical resources.
20. More (accurate) videos where procedural lessons are involved; course notes packages (either electronic or hard copy)
21. - Brevity. It's the soul of wit. An entire lecture's content should fit on a single page, single-spaced, or we will not remember the content by the time we get to residency. This is low-tech, but essential.
- Professors need to remember that we cannot write as fast as they can talk (or put up slides).
- As unlikely as this is to happen, I wish professors would use the blackboard. It is much easier to draw diagrams (and encourages structure instead of random points loosely collected under a heading). Also, it means that professors cannot produce information faster than we can write it (since they have to write it, too).
22. pod casts linked to the powerpoints so that we know what slide the instructor was on
23. -more narrated powerpoints
24. Narrated powerpoints
25. -narrated powerpoints with transcript
26. Blackboards + chalk.
27. Can't think of any, other than more decent course homepages and learning modules for every unit.

9. Other comments or suggestions

1. I'd really like to have access to practice questions, exam banks or cases that cover material that we have already seen (unlike PBL cases, which are often brand new) but which cover more than a particular lecture or even the current block - this would help us to review and integrate information we've seen before, think broadly (practicing a broad approach) and retain new information for longer. Currently, practice cases are of limited value because they generally only ask us to apply what we've covered very recently. The answers are therefore either rather obvious, or if not obvious, rather nit-picky.
2. Please support professors in learning and using the clicker question software. Clicker questions are amazing, and they should be used much much more.
3. PLEASE PLEASE put powerpoints with white background and black text. So hard to read otherwise.
4. Can we please get Up-to-Date? I know it's irrelevant to this survey, but just thought I'd make the sales pitch anyway.
5. The response to feedback has been outstanding! Keep up the great work!
6. Integrate clinical practice scenarios into lectures. EG. I saw this rash in clinic and I had no idea what it was, then looked it up online and found a few plausible answers with questions I could ask the patient to sort it out.
7. - Wikis or Google Docs would be useful as part of Communities. I am aware of the Queen's Wiki service, but it is very hard to use and grant permissions. Something that integrates with MEdTech would be very useful.
- Good work so far, could be even better. Often, the fixes to problems are not technological but conceptual (as in the case

of user interface improvements or professor use).
- A shell interface (UNIX prompt) would be nice.

8. A checklist of all the modules I'm supposed to look at, with a check box for me to mark that I did it, and a link to click on to access the module.

9. Regarding time for class preparation - many of us do preparation whether it is assigned or not however this is significantly hindered when slides/ course materials are not posted on time or are not updated from the previous years notes until (sometimes weeks) after that particular class. Suggestions include (1) compilation of all required notes for a particular block and given as a handout/ pdf (2) encourage those responsible to have the information posted on time as this significantly impacts classroom learning.