

Evaluation of 3rd ICMM Workshop on Military Medical Ethics 18.-20. April 2013, Forum Lilienberg, Switzerland

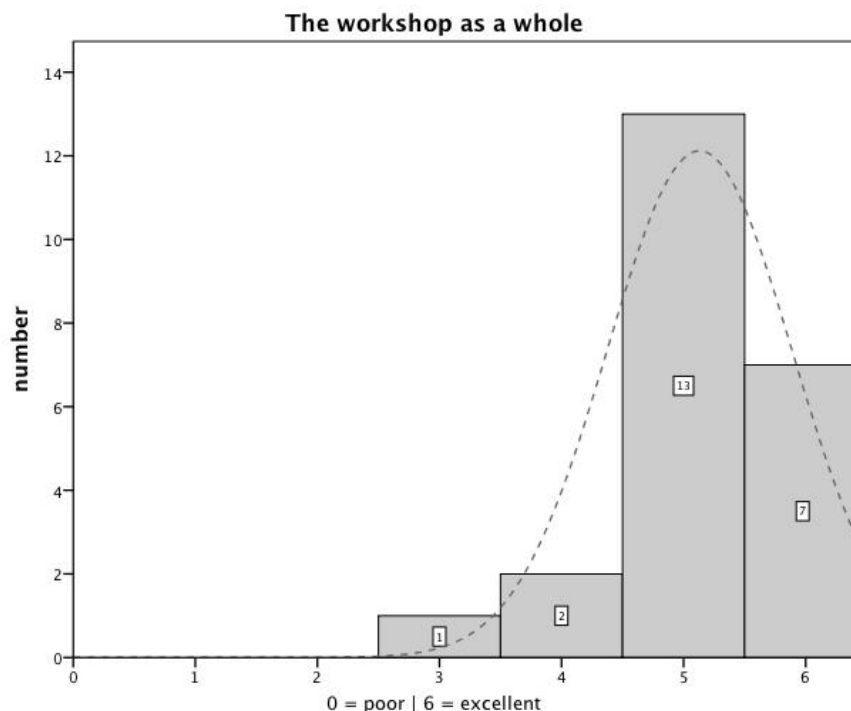
Compiled by Dr. D. Messelken (DME) – messelken@ethik.uzh.ch
12 May 2013

0. Basic Data

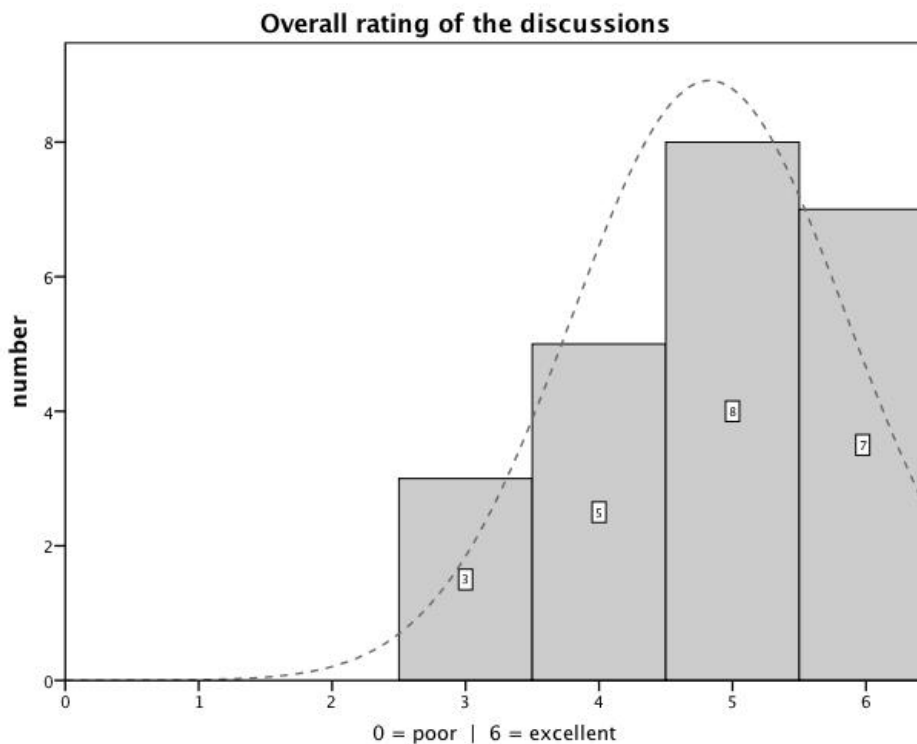
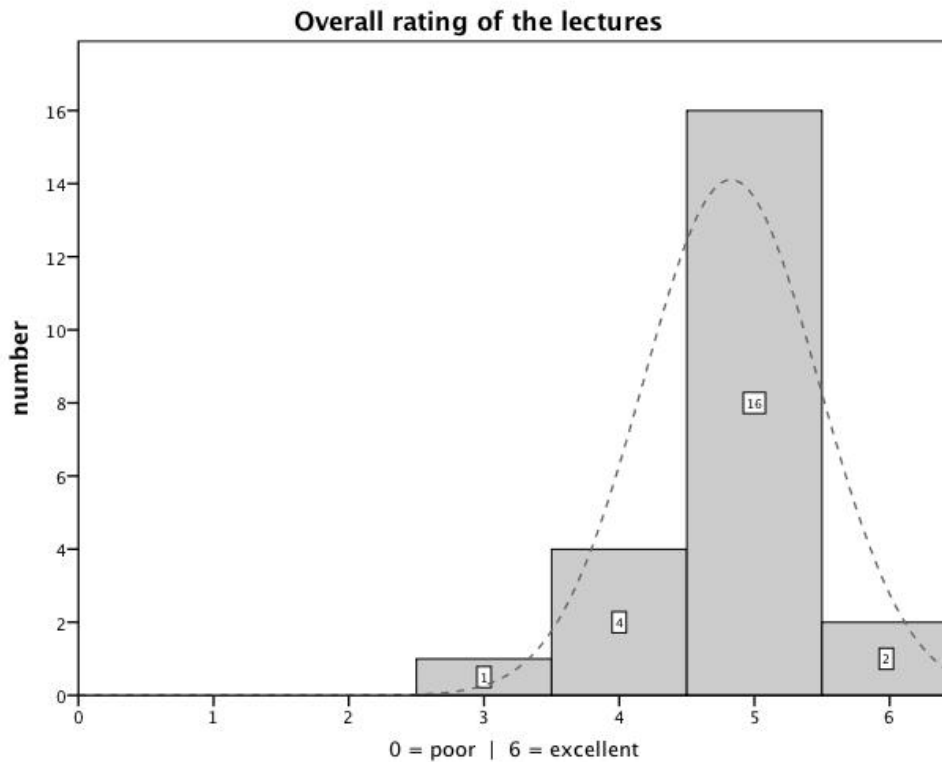
Evaluation form: online survey open to all participants and speakers of the workshop (33)
Duration of Evaluation: 21.04.2013 – 29.04.2013
Participation: 24 persons (~72%) answered the questionnaire (3 only partially)
Of the respondents, 10 were military (~42%), 11 civilian (~45%), 3 other or not given (~13%)

1. Overall Rating of the workshop

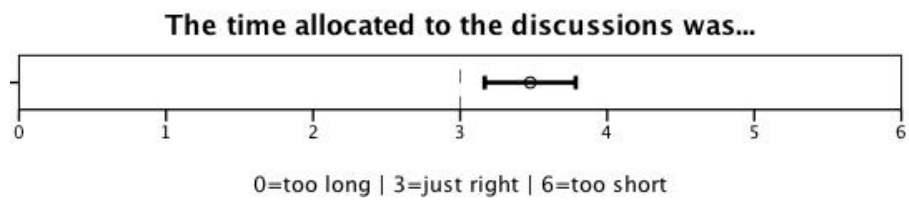
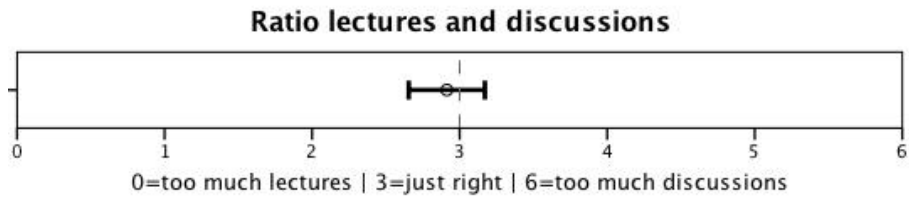
In general, the **workshop was very well received and highly appreciated by the participants** of the survey. All participants in the evaluation survey rated the workshop overall positively. About 85% of the respondents rated it as “excellent” or almost excellent, the two highest available options out of seven. The mean value of the overall rating is 5.13 on a scale from 0-6.



On average, the **lectures** have received a little less positive feedback than the discussions. However, the **discussions'** evaluation varies more significantly among the respondents as can be seen in the second graph below. As overall rating of the workshop remains very positive even though some participants were less satisfied with the discussions, these persons were either satisfied with the lectures or the informal parts of the workshop.

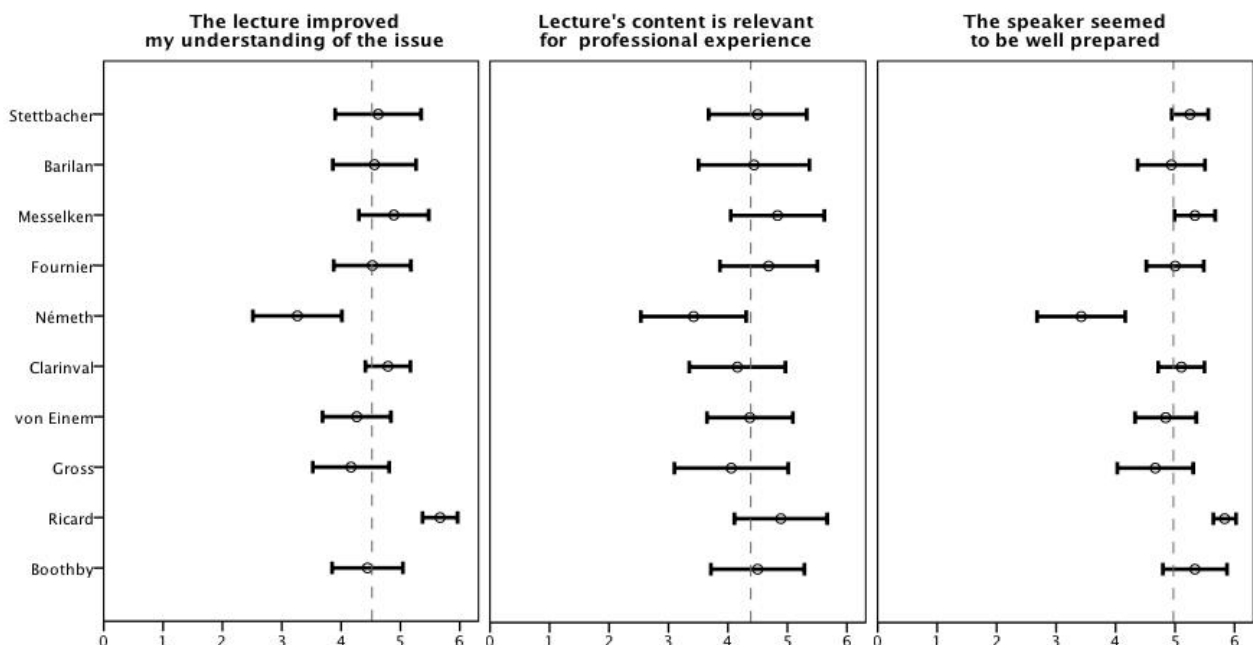


Concerning the **ratio between lectures and discussions**, the workshop met the needs of the respondents insofar as the time allocated to both the lectures and the discussions was perceived as “just right” in average. However, **the time accorded to the discussions should not be shorter** than it was this year as the second graph illustrates that the discussion time was perceived as rather too short.



2. Evaluation of the lectures

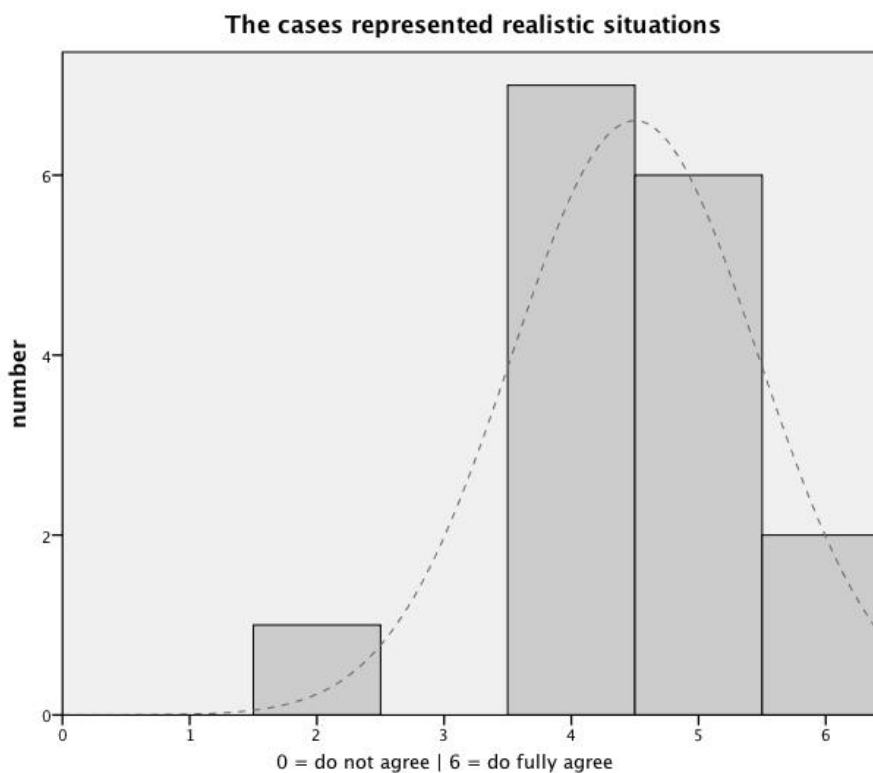
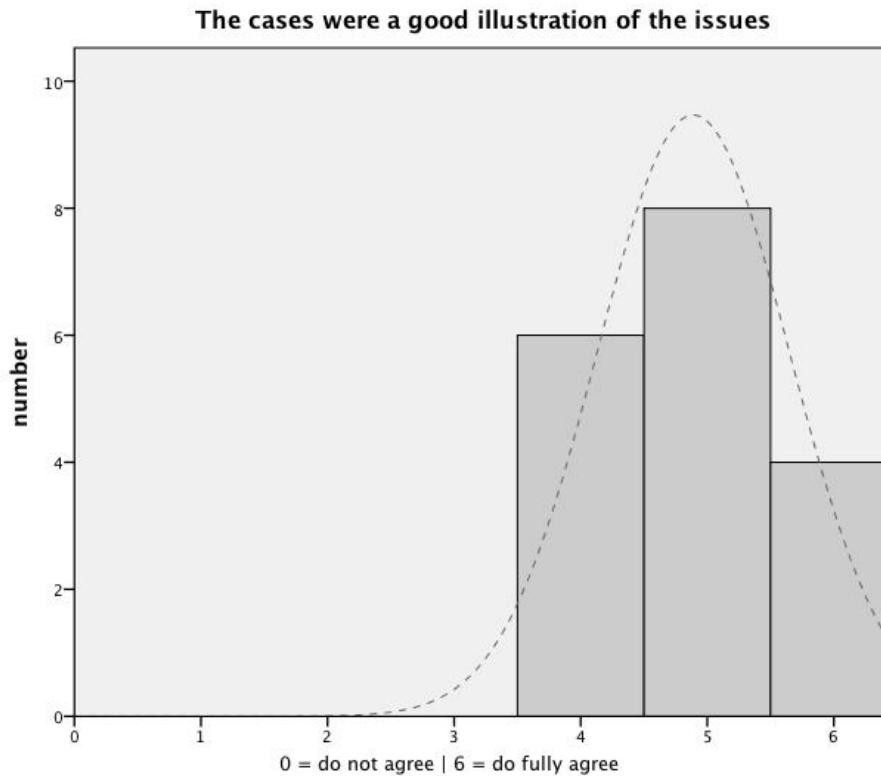
Overall, the **lectures received very positive feedback**. The aspects improvement of understanding, the relevance of the content and the preparedness of the speaker were all rated on a high level. The feedback for each lecture can be directly taken from the graphs. They are listed in order they were held at the workshop with the first lecture on the bottom of the Y axis.



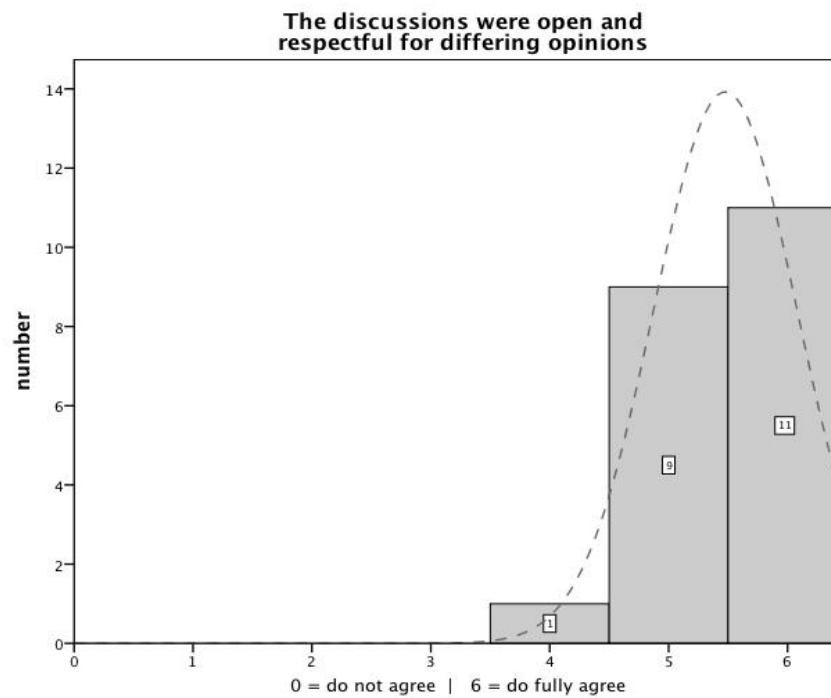
The scale on the X axis ranges from 0 meaning “I do not agree” to 6 meaning “I fully agree” Means are indicated by dots in the graphs. The dashed grey vertical line indicates the mean over all lectures. Deviations from the mean and differing evaluations are depicted by the horizontal lines which show the range of the average evaluations of each lecture (confidence intervals at the 95% level).

3. Evaluation of the discussions

The evaluation of the cases discussed during the workshop shows despite an **overall positive assessment** that the selection of cases does not always reflect the reality. Once again, this highlights the **need for a collection of “real world cases”** that can guide research and serve to illustrate important issues.

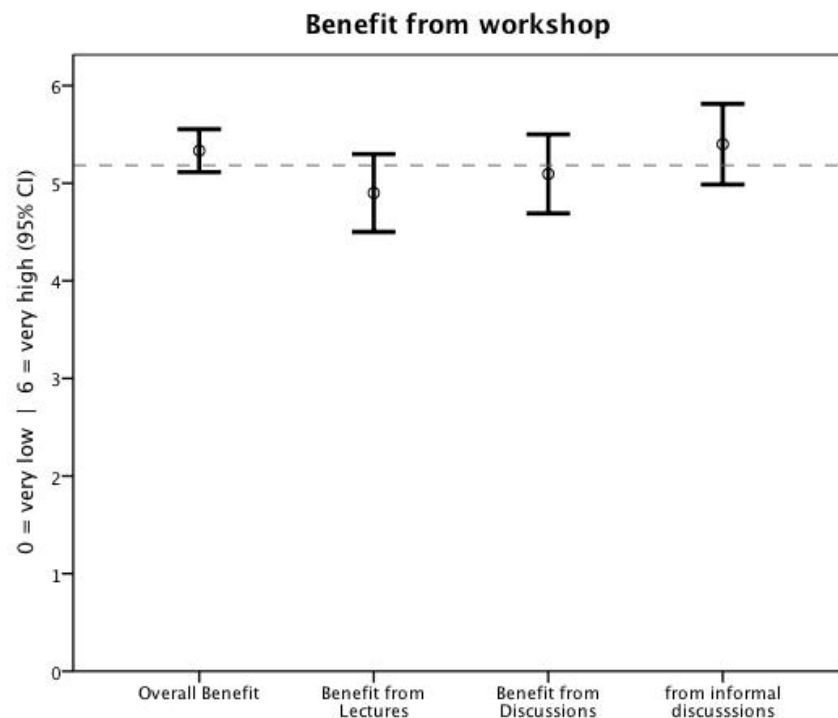


Almost all respondents **acknowledged the openness of the discussions**. This is all the more important and considerable as the workshop explicitly aims at establishing a space for open, respectful, and free discussions.



4. Evaluation of the benefit taken from the workshop

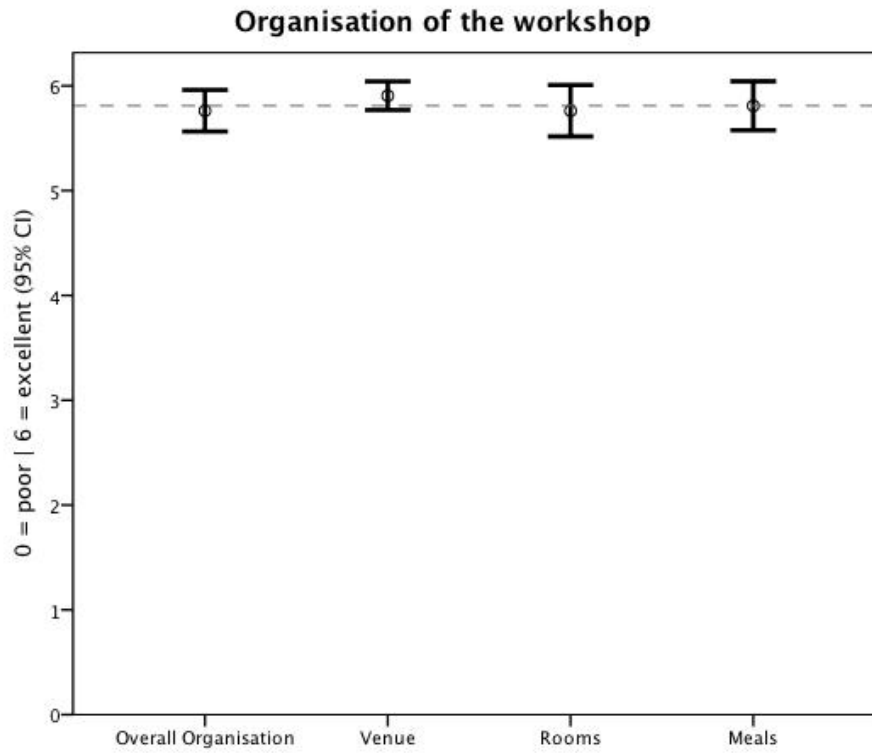
The **benefit** which the participants have drawn from the workshop was again **overall very high**. We can discover some differences with regard to the several parts that the workshop was split into. Similar to last year's evaluation, the **discussions (plenary and informal) produced a higher benefit than the lectures alone**.



Similarly to the results presented in section 1 above, this indicates that future workshops have to continue to leave room for exchange among all participants in plenary discussions and the informal discussions during the "free" time.

5. Evaluation of the organisation

As far as the organization of the workshop is concerned, the results of the survey are very positive over all aspects that have been evaluated.



6. Other aspects mentioned in open questions or via direct email

The following points have been made by single participants in the open questions. Not all answers are presented here. **Bold emphasis** added by DME.

General aspects regarding the workshop

- I believe that for deployment, a **handbook containing best practice guidance** would be needed and useful. This would however require to set up a multidisciplinary expert group representing the different cultural backgrounds, composed by military physicians with recent field experience in difficult contexts, IHL experts and field legal advisors as well as philosophers/ethicists. A project for 3-5 years of work (2 specific expert groups meetings per year)
- In the discussions most of the chairpersons were not able to conduct through the discussion, review the dialogue and summarize the result.
- would be better to fully **address only one topic a day**
- Would **keep the same format**. Better than the previous year with the separated groups.

- Overall the workshop's lectures and discussions has been chosen in the right aspects and the lecturers/speakers are very well prepared as well.
- Every body from the organizers was very cooperative and helpful
- Thank you for allowing me to attend this fascinating workshop

Proposals for future workshops (topics etc.)

- Medical care and **ethics in detention**
- I would like to be hearing about studies in which military medical personnel **involved nowadays**. Maybe cases according to this issue.
- Include **chaplains** of different religious communities and nationalities.
- Maybe a discussion on the **difference between humanitarian interventions and other humanitarian operations** might be an interesting topic to be added to the coming workshop.
- Accountability of military peacekeepers deployed in crisis areas, when their behaviour threatens local population's public health (considering WHO's definitions of health and conditions of health)
- It may be interesting to **invite military commanders** and to speak about their **perceptions of military medicine**.
- We speak a lot about ethical choices that impacts the patients but I would like to see us talking about the **impact on our medical staff** caused by our decisions to treat, not treat, etc. Lots of PTSD cases in medical personnel.

On the organisation

- For a workshop, it would be **better to have a "round table" instead of lecture room** format.
- Need a **better access to WIFI** - mainly in bedroom. Forum Lilienberg needs to move ahead... access to internet with a cable and an iPad does not work.
- They just did a good job, very well organized.