

1.

REQUIRED OMB INFORMATION:

Indian Health Service (IHS) iCare CMET

Form Approved

OMB Form No. 0917-0036-08

Expiration Date: 5/31/2015

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

## 2. General Information

OIT needs your help in evaluating the RPMS-iCare/CMET training approach. Your input will be used to help us improve our materials and presentation approach as we deploy the application throughout all IHS, Tribal and Urban Facilities.

**Questions with a \* are required.**

### 1. Select the term(s) that best describes your role:

- Physician
- Dentist
- Pharmacist
- Nurse Practitioner
- Physician Assistant
- Registered Nurse
- Public Health Nurse
- Case Manager
- Licensed Practical Nurse
- Nursing Assistant
- Site Manager/IT Representative
- Clinical Applications Coordinator
- Medical Records
- GPRA Coordinator
- Other (please describe)

### 2. How did you hear about this RPMS/iCare - CMET I training course? Select as many information sources as apply, and/or add others:

- iCare Web site
- iCare List Serve
- Other IHS List Serve
- IT Newsletter
- Email
- Word of mouth
- OIT Training Website
- Other (please describe)

**3. What types of Clinical RPMS Applications are used by you and/or your organization?**

- Diabetes Management System
- Women's Health
- Dental
- Behavioral Health
- Asthma
- Immunization
- Case Management
- EHR
- HIV Management System
- Other (please specify)

**4. What did you expect from this CMET training?**

**5. Overall, did you feel that your objectives were met?**

- Yes
- No

**6. If no, describe how they could have been met better:**

**7. Were the right people from your organization at the Training?**

- Yes
- No

**8. If no, who should have attended? Describe by position and name:**

### 3. Objectives

Please check one box only to rate each of the statements listed below.

#### 9. How well did this training session cover the following objectives?

	Poor	Fair	Good	Very Good	Excellent	N/A
Overview of CMET and the CMET workflow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
List the 4 pre-defined CMET event categories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Navigate the Patient Record to organize, track, and manage CMET events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilize the CMET worksheet to track an event to completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Describe the CMET ticklers used when tracking an event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 10. Comments:

## 4. Presentation Materials / Methods

Please check a box to rate each of the statements listed below:

### 11. Please describe the quality of the presentation materials and methods used in this training.

	Poor	Fair	Good	Very Good	Excellent	N/A
Powerpoint Handout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pace of Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Application Demo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 12. Comments:

## 5. Technical Support

### 13. Please rate the technical components below.

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree	N/A
Adobe Connect/teleconference information was received the day of the session (if you were registered to participate).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Adobe Connect information supplied the correct login password.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The teleconference information supplied the correct number and access code.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instructions on accessing the session were clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 14. Is there anything that would improve the accessibility of this session?

- No
- Yes

If yes, please note how accessibility may be improved.

## 6. General Questions

**15. What part of the Training did you find *most* useful?**

**16. What part of the Training did you find *least* useful?**

**17. After this training, do you feel that you will be able to begin to use iCare: CMET at your site?**

Yes

No

**18. Why or why not?**

**19. If you answered "yes" to question above, do you think you could help others at your site start to use iCare/CMET?**

Yes

No

If yes, how?

**20. List at least two things you will incorporate into your professional/clinical work as a result of this training.**

**21. What barriers, if any, do you anticipate encountering as you make changes in your practice?**

**22. Did you perceive any commercial bias toward any particular product or company in any of the presentations?**

No

Yes

If yes, please explain:



## 7. Presenter Evaluation

Please rate the coverage by the presenter of each educational objective.

### 23. Joanna Kelsey

	Poor	Fair	Good	Very Good	Excellent	N/A
Demonstrated knowledge of the subject material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsive to audience questions and issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepared and organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clearly explained objectives at beginning and met them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encouraged participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Controlled the audience effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presented information clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made the material interesting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 24. Comments: