

REQUIRED OMB INFORMATION:
Indian Health Service (IHS) Post Class Survey

Form Approved
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***1. Rate your knowledge of the Resource and Patient Management System (RPMS)**

Pharmacy package prior to starting this rotation:

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Moderate Use |
| <input type="checkbox"/> Minimal Use | <input type="checkbox"/> High End User |
| <input type="checkbox"/> Other (please describe) | |

***2. Rate your experience with RPMS Pharmacy Package TODAY:**

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Moderate Use |
| <input type="checkbox"/> Minimal Use | <input type="checkbox"/> High End User |
| <input type="checkbox"/> Other (please describe) | |

***3. Rate your experience with RPMS/Electronic Health Record (EHR) prior to this rotation:**

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Moderate Use |
| <input type="checkbox"/> Minimal Use | <input type="checkbox"/> High End User |
| <input type="checkbox"/> Other (please describe) | |

***4. Rate your experience with RPMS/EHR TODAY:**

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Moderate Use |
| <input type="checkbox"/> Minimal Use | <input type="checkbox"/> High End User |
| <input type="checkbox"/> Other (please describe) | |

***5. Did you find that the homework assignments for each month were helpful and appropriate?**

- Yes
- No

If no, please explain

***6. List 3-5 topics that you have learned over the rotation that benefit you and your site:**

***7. List any topic that did NOT benefit you or your site:**

***8. Suggested topics not on the syllabus:**

***9. Suggestions for improvement to the rotation:**

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

*** 10. Please describe the quality of the presentation materials and methods used in this training.**

	Poor	Fair	Good	Very Good	Excellent	N/A
Materials were clearly written and easy to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training was paced appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sufficient time for comments and audience interaction was provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (please specify)

***11. Please enter date of session you attended:**

12. Closing comments, suggestions, and ideas: