

1.

REQUIRED OMB INFORMATION:

Indian Health Service (IHS) Clinical Rounds Qualitative Feedback

Form Approved

OMB Form No. 0917-0036

Expiration Date:

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 10 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 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

## 2. Personal Information

For a Certificate of Continuing Education, we need the following information about you. This information is required by the accrediting bodies and will only be used in reporting information to them. Your personal information will not be shared with others or released to anyone.

### 1. Complete the following

Full Name	<input type="text"/>
Professional Credential(s)	<input type="text"/>
Email address	<input type="text"/>
Phone number	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP Code	<input type="text"/>
Facility Name	<input type="text"/>
Area	<input type="text"/>

### 2. 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
- Registered Dietitian
- Other (please describe)

### 3. Evaluation

We would appreciate your feedback on this session. Your input will be used to help us improve our materials and presentation approach as we continue to offer educational sessions to all throughout all IHS, Tribal and Urban Facilities.

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

	Poor	Fair	Good	Very Good	Excellent
• Learning Objectives:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants will learn how to (TBD).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants will recognize (TBD).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participants will learn (TBD).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)



## 5. Presenter(s) Evaluation

Please rate the presenter(s).

### 6. Presenter Information (TBD)

	Poor	Fair	Good	Very Good	Excellent
Demonstrated knowledge of the subject material	<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"/>
Prepared and organized	<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"/>
Presented information clearly	<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"/>

Other (please specify)

## 6. General Questions

### 7. Do you intend to change your practice as a result of this activity?

- Yes (If yes, please provide an example of that change in the comment section below)
- No
- Maybe

Comment

### 8. Did you perceive any commercial bias toward any particular product or company in any part of the presentation?

- Yes
- No

Comment

### 9. What part of the presentation did you find most useful?

### 10. What additional information would you have liked to learn?

### 11. What additional topics would you recommend for future IHS National Clinical Rounds?

## 7. Certificate Information:

Thank You for completing this survey. Click the link below for the appropriate certificate.

If you are requesting certificate of completion, please [click here](#) for your certificate.

If you have difficulty please contact Alaina George at [alaina.george@ihs.gov](mailto:alaina.george@ihs.gov) .