



Continuing Education Proposal Packet
 Live Educational Activity and Enduring Materials
Course Evaluation



Activity title: After the 9/11 Terrorist Attacks: The World Trade Center Health Program and Disaster Response
Activity #: WD2811 **Proposed start/release date:** 3/1/2017

Please take a moment to give us your feedback and write your comments in the boxes provided.

Content and Learning Materials

		Strongly Agree	Agree	Neither / Undecided	Disagree	Strongly Disagree	N/A
1.	The content and learning materials addressed a need or a gap in my knowledge or skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	The difficulty level was appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	The length and pace of the activity was appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Feedback (Q&A, knowledge checks) I received during the activity was helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Please share your comments about the content and learning materials.	Comments:					
6.	What suggestions do you have to improve this educational activity?	Comments:					

Presentation

		Strongly Agree	Agree	Neither / Undecided	Disagree	Strongly Disagree	N/A
7.	The content expert(s) demonstrated expertise in the subject matter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	The delivery method used (conference, journal article, webcast, e-learning, etc.) was appropriate for the subject matter and helped me learn the content.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	The instructional strategies (lecture, case scenarios, figures, tables, media, etc.) helped me learn the content.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Learning Environment

10.	The learning environment was conducive to learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	Do you believe this activity was influenced by commercial interests?	<input type="radio"/> Yes			<input type="radio"/> No		
12.	If yes, please explain.	Comments:					
13.	Did you experience technical difficulties with this activity?	<input type="radio"/> Yes			<input type="radio"/> No		
14.	If yes, please explain.	Comments:					

Knowledge, Competence, and Practice

		Strongly Agree	Agree	Neither / Undecided	Disagree	Strongly Disagree	N/A
15.	This activity effectively met my educational needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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16.	I will be able to apply the knowledge gained from this activity to increase or maintain my competence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	I will be able to apply the knowledge gained from this activity to my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	I will be able to apply the knowledge/skills gained from this activity to develop strategies/provide interventions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	I will be able to apply the knowledge gained from this activity to improve performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	What change or impact do you anticipate?						
21.	Do you anticipate barriers applying this knowledge?	<input type="radio"/> Yes			<input type="radio"/> No		
22.	If yes, please explain	Comments:					

Learning Objectives

		Strongly Agree	Agree	Neither / Undecided	Disagree	Strongly Disagree	N/A
23.	I can identify patients who are eligible for care under the WTC Health Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	I can identify exposure-related health risks associated with environmental exposures from the WTC site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	I can describe the lessons learned from the 9/11 disaster response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	I can identify patients who are eligible for care under the WTC Health Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27.	The content was relevant to the learning objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.	Please share your comments regarding the learning objectives.	Comments:					

Access

		Strongly Agree	Agree	Neither / Undecided	Disagree	Strongly Disagree	N/A
29.	The CDC's Training and Continuing Education Online (TCEO) system is easy to use. [Only use if using TCEO]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30.	The availability of CE credit/contact hours influenced my decision to participate in this activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Activity Specific		
<p>31.</p>	<p>As a result of my participation in this activity, I intend to... (Select all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review which cancers and screenings the World Trade Center Health Program (WTCHP) covers for patients who were at the sites of the 9/11 terrorist attacks at the World Trade Center (WTC), the Pentagon, and Shanksville, Pennsylvania <input type="checkbox"/> Ask all patients whether they may have been exposed to WTC contaminants on 9/11 or in the months following <input type="checkbox"/> Recommend that all patients who may have been exposed at any of the three 9/11 sites enroll in the WTCHP to receive monitoring or initial screening, and if they have a covered condition, to determine whether their condition is 9/11-related <input type="checkbox"/> Inform exposed patients of the September 11th Victim Compensation Fund <input type="checkbox"/> Make other change(s) <input type="checkbox"/> Continue my existing practices, which this program confirmed <input type="checkbox"/> None of the above
<p>32.</p>	<p>As a result of this training, how will you change your clinical practices? (Select all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Increased knowledge/awareness <input type="checkbox"/> Screening/ monitoring <input type="checkbox"/> Treatment/ care plan <input type="checkbox"/> Referral/Continuity-of-care <input type="checkbox"/> Communication with patients/clients <input type="checkbox"/> Communication with other providers and caregivers <input type="checkbox"/> Other _____ <input type="checkbox"/> I do not anticipate changing any aspect of my clinical practice as a result of this training
<p>33.</p>	<p>Please indicate any barriers that may prevent you from making changes in practice. (Select all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> I do not have time in a typical office visit to query patients about their potential exposure on 9/11 <input type="checkbox"/> I do not have time in a typical office visit to counsel patients about the WTCHP and available screenings and treatment <input type="checkbox"/> I do not have patient education resources to help patients with questions about the WTCHP <input type="checkbox"/> The WTCHP process for patients to have their cancer certified is cumbersome <input type="checkbox"/> Patients are not forthcoming about their WTC experiences and exposures <input type="checkbox"/> It is difficult to navigate the WTCHP website <input type="checkbox"/> Other barrier(s) <input type="checkbox"/> I do not anticipate any barriers to making desired changes in practice

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34.	Have you visited World Trade Center Health Program training webpage of CE activities?	<input type="radio"/> Yes	<input type="radio"/> No
35.	In your practice, are you aware of any patients exposed to environmental contaminants on 9/11 or in the months following?	<input type="radio"/> Yes	<input type="radio"/> No
36.	What is your practice location? (Select one)	<input type="checkbox"/> Manhattan <input type="checkbox"/> New York City other than Manhattan <input type="checkbox"/> New York State <input type="checkbox"/> New Jersey <input type="checkbox"/> Washington DC <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Other	
37.	Were you practicing in the New York metropolitan area; Washington, DC; or Pennsylvania on September 11, 2001?	<input type="radio"/> Yes	<input type="radio"/> No
38.	Have you ever: (Select all that apply)	<input type="checkbox"/> Had a patient enrolled in the WTCHP <input type="checkbox"/> Referred a patient to enroll in the WTCHP <input type="checkbox"/> Had a patient with cancer certified by the WTCHP <input type="checkbox"/> None of the above	
39.	Please share any questions, additional comments, or suggestions for future trainings.	Comments:	