



**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  | <b>Comments:</b>          |                       |                       |                          |                       |                       |

**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.  | <b>Comments:</b>      |                       |                       |                       |                       |                       |

**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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| <b>Activity Specific</b> |   |   |
|--------------------------|---|---|
| <p><b>31.</b></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"> <li><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</li> <li><input type="checkbox"/> Ask all patients whether they may have been exposed to WTC contaminants on 9/11 or in the months following</li> <li><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</li> <li><input type="checkbox"/> Inform exposed patients of the September 11th Victim Compensation Fund</li> <li><input type="checkbox"/> Make other change(s)</li> <li><input type="checkbox"/> Continue my existing practices, which this program confirmed</li> <li><input type="checkbox"/> None of the above</li> </ul> |
| <p><b>32.</b></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"> <li><input type="checkbox"/> Increased knowledge/awareness</li> <li><input type="checkbox"/> Screening/ monitoring</li> <li><input type="checkbox"/> Treatment/ care plan</li> <li><input type="checkbox"/> Referral/Continuity-of-care</li> <li><input type="checkbox"/> Communication with patients/clients</li> <li><input type="checkbox"/> Communication with other providers and caregivers</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> I do not anticipate changing any aspect of my clinical practice as a result of this training</li> </ul>  |
| <p><b>33.</b></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"> <li><input type="checkbox"/> I do not have time in a typical office visit to query patients about their potential exposure on 9/11</li> <li><input type="checkbox"/> I do not have time in a typical office visit to counsel patients about the WTCHP and available screenings and treatment</li> <li><input type="checkbox"/> I do not have patient education resources to help patients with questions about the WTCHP</li> <li><input type="checkbox"/> The WTCHP process for patients to have their cancer certified is cumbersome</li> <li><input type="checkbox"/> Patients are not forthcoming about their WTC experiences and exposures</li> <li><input type="checkbox"/> It is difficult to navigate the WTCHP website</li> <li><input type="checkbox"/> Other barrier(s)</li> <li><input type="checkbox"/> I do not anticipate any barriers to making desired changes in practice</li> </ul>   |

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|     |   |  |                                 |
|-----|---|--|---------------------------------|
| 34. | Have you visited World Trade Center Health Program training webpage of CE activities?                                     | <input type="radio"/> <b>Yes</b>   | <input type="radio"/> <b>No</b> |
| 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"/> <b>Yes</b>   | <input type="radio"/> <b>No</b> |
| 36. | What is your practice location? (Select one)  | <input type="checkbox"/> Manhattan<br><input type="checkbox"/> New York City other than Manhattan<br><input type="checkbox"/> New York State<br><input type="checkbox"/> New Jersey<br><input type="checkbox"/> Washington DC<br><input type="checkbox"/> Pennsylvania<br><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"/> <b>Yes</b>   | <input type="radio"/> <b>No</b> |
| 38. | Have you ever: (Select all that apply)  | <input type="checkbox"/> Had a patient enrolled in the WTCHP<br><input type="checkbox"/> Referred a patient to enroll in the WTCHP<br><input type="checkbox"/> Had a patient with cancer certified by the WTCHP<br><input type="checkbox"/> None of the above  |                                 |
| 39. | Please share any questions, additional comments, or suggestions for future trainings.                                     | Comments:  |                                 |