

Online CME Activity Outcomes Survey

Activity (#): _____

Date: _____

Director: _____

According to our records you attended this course. We would appreciate your taking a moment now to **anonymously** answer a few follow-up questions.

Your professional category/degree:

- MD/DO—in practice Nurse Specialist (e.g., CRNA, NP) PA-C
 MD/DO—Resident/Fellow Nurse (e.g., RN, LVN) Allied Health Professional
 Pharmacist PhD/PsyD/EdD/DrPH Other

Have the knowledge and skills acquired as a result of the program helped enhance your quality of patient care? (*Select one answer.*)

- Yes,...
- helped considerably
 - helped somewhat
 - helped slightly
- No
- Not applicable

Did you try to make any change as a result of things learned during the program?
(*Select one answer.*)

- Yes,...
- working well
 - with some success
 - but with no success
- No,...
- but still plan to
 - but validated current practice
 - due to prohibitive barriers
 - not needed
- Not applicable

Your responses will be kept confidential to the extent permitted by law, including AHRQ's confidentiality statute, 42 USC 299c-3(c).

Public reporting burden for this collection of information is estimated to average 5 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

Please list one change you made or tried to make:

(TEXT BOX)

Have you implemented the following?

	Yes	Tried; but no success	Still plan to	Was practicing before activity	No	Not applicable
Order upper GI and abdominal decompression for conditions such as malrotation of the intestine or intestinal atresias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Order fewer CBCs and blood cultures on identified high risk children than were ordered before attending this activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What barriers to change have you faced? *(Leave blank if not applicable.)*

	None / Minimal	Sizeable	Insurmountable
Insurance reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative/Support staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate your knowledge or confidence level for each of the following:

Knowledge of emerging drugs of use such as “fry,” salvia, divinorum, and anabolic steroids

<i>No Knowledge</i>		<i>Some Knowledge</i>			<i>High Knowledge</i>			<i>Very High Knowledge</i>	
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Confidence in recognizing children and adolescents with a drug overdose and administering appropriate treatment

<i>No Confidence</i>		<i>Some Confidence</i>			<i>High Confidence</i>			<i>Very High Confidence</i>	
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Confidence in identifying conditions in children with abdominal pain that require surgical intervention

