

Activity title:	Health Risks Associated with 9/11 and the WTC Disaster: Lessons Learned					
Activity #:	WB2812	Proposed start/release date: 3/1/2019				

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"/>					
2.	The difficulty level was appropriate.	<input type="radio"/>					
3.	The length and pace of the activity was appropriate.	<input type="radio"/>					
4.	Feedback (Q&A, knowledge checks) I received during the activity was helpful.	<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"/>					
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"/>					
9.	The instructional strategies (lecture, case scenarios, figures, tables, media, etc.) helped me learn the content.	<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:					

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Live Educational Activity and Enduring Materials
Course Evaluation

**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"/>
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.	I will be able to apply the knowledge gained from this activity to improve performance of the team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	What change or impact do you anticipate?						
22.	Do you anticipate barriers applying this knowledge?	<input type="radio"/> Yes			<input type="radio"/> No		
23.	If yes, please explain	Comments:					

Learning Objectives

		Strongly Agree	Agree	Neither / Undecided	Disagree	Strongly Disagree	N/A
24.	I can identify immediate, short- and long-term health risks posed by exposure to disaster and/or terrorist attacks to responders and survivors	<input type="radio"/>					
25.	I can identify comorbidities most common in survivors and responders to the 9/11 World Trade Center, Pentagon, and Shanksville, Pennsylvania sites	<input type="radio"/>					
26.	I can assess the healthcare status and needs of the survivors and responders from the 9/11 attacks	<input type="radio"/>					
27.	Please share your comments regarding the learning objectives.	Comments:					

Access

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

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Activity Specific

30.	As a result of my participation in this activity, I intend to... (Select all that apply)	<ul style="list-style-type: none">• 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• Ask all patients whether they may have been exposed to WTC contaminants on 9/11 or in the months following• 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• Inform exposed patients of the September 11th Victim Compensation Fund• Make other change(s)• Continue my existing practices, which this program confirmed• None of the above	
31.	As a result of this training, how will you change your clinical practices? (Select all that apply)	<ul style="list-style-type: none">• Increased knowledge/awareness• Screening/ monitoring• Treatment/ care plan• Referral/Continuity-of-care• Communication with patients/clients• Communication with other providers and caregivers• Other _____• I do not anticipate changing any aspect of my clinical practice as a result of this training	
32.	"Please indicate any barriers that may prevent you from making changes in practice. (Select all that apply)	<ul style="list-style-type: none">• I do not have time in a typical office visit to query patients about their potential exposure on 9/11• I do not have time in a typical office visit to counsel patients about the WTCHP and available screenings and treatment• I do not have patient education resources to help patients with questions about the WTCHP• The WTCHP process for patients to have their cancer certified is cumbersome• Patients are not forthcoming about their WTC experiences and exposures• It is difficult to navigate the WTCHP website• Other barrier(s)• I do not anticipate any barriers to making desired changes in practice	
33.	Have you visited World Trade Center Health Program training webpage of CE activities?	<input type="radio"/> Yes	<input type="radio"/> No

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34.	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
35.	What is your practice location? (Select one)	<ul style="list-style-type: none">• Manhattan• New York City other than Manhattan• New York State• New Jersey• Washington DC• Pennsylvania• Other	
36.	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
37.	Have you ever: (Select all that apply)	<ul style="list-style-type: none">• Had a patient enrolled in the WTCHP• Referred a patient to enroll in the WTCHP• Had a patient with cancer certified by the WTCHP• None of the above	
38.	Please share any questions, additional comments, or suggestions for future trainings.	Comments:	