

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		

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14.	If yes, please explain.	Comments:
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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 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"/>
25.	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"/>
26.	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"/>
27.	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"/>
28.	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"/>
29.	Please share your comments regarding the learning objectives.	Comments:					

Access

		Strongly Agree	Agree	Neither / Undecided	Disagree	Strongly Disagree	N/A
30.	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"/>
31.	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

31.	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
32.	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
33.	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

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		<ul style="list-style-type: none"> • 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 	
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)	<ul style="list-style-type: none"> • Manhattan • New York City other than Manhattan • New York State • New Jersey • Washington DC • Pennsylvania • 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)	<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 	
39.	Please share any questions, additional comments, or suggestions for future trainings.	Comments:	