

OMB # 0925-XXXX

Expiration Date: XX/XXXX

MODULE [COURSE] EVALUATION

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx*). Do not return the completed form to this address.

Outcomes survey

Dear Past Registrant:

We need your help to ensure that we are meeting your CME needs in the most effective manner possible. Please take a few minutes to complete this short survey. Although you may have answered similar questions as part of the activity evaluation, we are interested to know if, in the month since participating in the Internet Live Course, it has had a lasting impact on your practice.

1. Did the content and learning material address a need or a gap in your knowledge or skill of sex and gender differences in the presentation, risk factors, and pathophysiology of disease?
 - Yes
(If Yes) 1a. Please describe how.
 - No

2. Were there additional knowledge and/or skills that you would have liked to have gained as a result of completing the course?
 - Yes
(If yes) 2a. Please provide specific examples.
 - No

3. Since completing this course, have you engaged in conversations with your colleagues about how sex and gender differences in risk factors and pathophysiology affect patient outcomes and disease management?

Yes

(If yes) 3a. Please provide specific examples.

No

4. Please list the ways you have incorporated knowledge about sex- and gender-related differences into your practice.

5. Please identify how you will change your current work practices as a result of attending this activity (check all that apply).

This activity validated my current work practices: no changes will be made.

I will create/revise protocol, policies, and/or procedures.

I will change the provision of my service to my patients, public, or profession.

I will change my regulatory decision making

Other (please explain)

6. Please indicate any barriers you perceive in implementing these changes (check all that apply).

No barriers

Lack of opportunity

Lack of consensus of professional guidelines

Budgetary constraints

Lack of resources

Lack of experience

Lack of administrative support

Other (please explain)

7. Please comment/explain what would be necessary for you to overcome the identified barrier(s) or what could be incorporated into this activity to address these barriers if you selected a response other than “No barriers” above

8. If there were barriers you could not overcome, use a specific example to explain what those were and what prevented you from overcoming them.

9. Did you perceive any commercial bias? Use the following criteria to judge:

9a. The content presented was balanced, evidence-based, demonstrated scientific rigor, and was without commercial bias.

- Yes
- No

(If no) Please explain:

9b. I was informed about the existence and resolution of relevant financial relationships/conflict of interests of course planners and authors prior to the presentation.

- Yes
- No

(If no) Please explain:

9c. Content that discussed off label, investigational, or alternative uses of products, devices or techniques disclosed as much in the presentation.

- Yes
- No

(If no) Please explain:

- Not applicable

10. Would you attend this activity in the future?

- Yes
- No

11. Would you recommend this activity to a colleague?

- Yes
- No