

CDC Course Evaluation

Live and Enduring Educational Activity

Please take a moment to give us your feedback about this course. Your comments will help us improve future educational activities.

Knowledge, Competence, Practice		
1.	How relevant is this course to your current work?	<input type="radio"/> A) Not at all relevant <input type="radio"/> B) Slightly relevant <input type="radio"/> C) Moderately relevant <input type="radio"/> D) Very relevant <input type="radio"/> E) Extremely relevant
2.	Will you use what you learned from this course in your work?	<input type="radio"/> A) Definitely not <input type="radio"/> B) Probably not <input type="radio"/> C) Possibly <input type="radio"/> D) Probably will <input type="radio"/> E) Definitely will <input type="radio"/> F) Not applicable, I did not learn anything from this course
3.	How will you use what you learned from this course? I will: (select all that apply)	<input type="radio"/> A) maintain my competence <input type="radio"/> B) increase my competence <input type="radio"/> C) improve my performance <input type="radio"/> D) provide clinical interventions in practice <input type="radio"/> E) develop strategies I can use in practice <input type="radio"/> F) other please specify <input type="radio"/> G) not applicable, I did not learn from this course <input type="radio"/> H) not applicable, I do not plan to use anything from this course
4.	What do you plan to use from this course? (if it applies)	
5.	How will your team benefit as a result of what you learned? I will: (select all that apply)	<input type="radio"/> A) provide better communication across my interprofessional team(s) <input type="radio"/> B) share information with colleagues to improve patient education <input type="radio"/> C) identify changes needed in practice <input type="radio"/> D) increase participation in shared decision making across my interprofessional team(s) <input type="radio"/> E) other please specify <input type="radio"/> F) not applicable, I did not learn from the course and/or it will not benefit my team
6.	What factors will keep you from using the content of this course in your work? (select all that apply)	<input type="radio"/> A) None, I will use this content in my work <input type="radio"/> B) I need additional training in the subject matter <input type="radio"/> C) I will not have the resources I need <input type="radio"/> D) I will not be provided opportunities to use what I learned <input type="radio"/> E) I will not have time to use what I learned

Public reporting burden of this collection of information is estimated to average 10 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 CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA 0920-1071

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		<input type="radio"/> F) My supervisor will not support me in using what I learned <input type="radio"/> G) My colleagues will not support me in using what I learned <input type="radio"/> H) The course content is not relevant to my current work <input type="radio"/> I) Other: please specify
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Presentation						
7.	What is your opinion of the balance of lecture and interactivity in this course?					
8.	The instructional strategies (lecture, case scenarios, figures, tables, media, etc.) helped me learn.					
	<input type="radio"/> A) Too much lecture and not enough interactive learning <input type="radio"/> B) Right amount of both lecture and interactive learning <input type="radio"/> C) Too much interactive learning and not enough lecture <input type="radio"/> A) Strongly disagree <input type="radio"/> B) Disagree <input type="radio"/> C) Neither/Undecided <input type="radio"/> D) Agree <input type="radio"/> E) Strongly agree					
	<table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20%;">Strongly disagree</td> <td style="width: 20%;">Disagree</td> <td style="width: 20%;">Neither/Undecided</td> <td style="width: 20%;">Agree</td> <td style="width: 20%;">Strongly agree</td> </tr> </table>	Strongly disagree	Disagree	Neither/Undecided	Agree	Strongly agree
Strongly disagree	Disagree	Neither/Undecided	Agree	Strongly agree		
9.	Abigail Carlson presented the content effectively.					
	<table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20%;"><input type="radio"/></td> </tr> </table>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Content and Learning Objectives	
10.	What part of this course was most helpful to your learning?
11.	How could this course be improved to make it a more effective learning experience?
12.	After completing this course, I can [insert learning objective of the course, i.e., articulate characteristics of COVID-19 that make it a unique healthcare infection control challenge and concern.]
	<input type="radio"/> Yes <input type="radio"/> No
13.	After completing this course, I can [insert learning objectives of the course, i.e., describe how recommended infection control actions work, what each requires to be effective, and the rationale for why they are implemented.]
	<input type="radio"/> Yes <input type="radio"/> No
14.	After completing this course, I can [insert learning objectives of the course, i.e., discuss how
	<input type="radio"/> Yes <input type="radio"/> No

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	to make decisions about my infection control actions, including PPE selection.]		
15.	After completing this course, I can [insert learning objectives of the course, i.e., explain how implementing effective infection prevention and control actions will improve my contribution as a team member.]	<input type="radio"/> Yes	<input type="radio"/> No
16.	Was the content relevant to the learning objectives?	<input type="radio"/> Yes	<input type="radio"/> No
17.	Did the content address an educational need or practice gap?	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Not sure
18.	Was the learning environment conducive to learning?	<input type="radio"/> Yes	<input type="radio"/> No
19.	Do you believe this course was influenced by commercial interests?	<input type="radio"/> Yes	<input type="radio"/> No
20.	If yes, please explain.		
21.	What are your recommendations for improvements to the CDC's Training and Continuing Education Online (TCEO) system?		

Activity Specific

OMB- Paperwork Reduction Act (PRA) determination is required for any additional questions beyond the standard CE evaluation questions. Also ensured PRA compliance (if determined necessary) by CIO PRA lead.

Form Approved OMB Control #: 0920-1071 Expiration Date: 5/31/2024

22.	Which of the following best describes your professional role? (Select one.)	<input type="radio"/> a) Physician <input type="radio"/> b) Physician assistant <input type="radio"/> c) Advanced practice nurse (e.g. nurse practitioner) <input type="radio"/> d) Registered nurse (RN) <input type="radio"/> e) Licensed practical nurse (LPN) <input type="radio"/> f) Nursing/medical assistant <input type="radio"/> g) Dentist/dental hygienist <input type="radio"/> h) Technician (ex: radiology, surgical, pharmacy, etc.) <input type="radio"/> i) Pharmacist <input type="radio"/> j) Therapist (ex: physical, occupational, respiratory, etc.)
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		<ul style="list-style-type: none"> <input type="radio"/> k) Environmental/facility services (e.g. EVS staff, facility manager, facility engineers) <input type="radio"/> l) Social and community services <input type="radio"/> m) Healthcare administrator (e.g. clinic or hospital directors, CEO's) <input type="radio"/> n) Non-clinical staff (e.g. HR personnel, marketing communications, quality/patient safety, clerical) <input type="radio"/> o) Emergency medical technician/paramedic <input type="radio"/> p) Laboratory staff <input type="radio"/> q) Public health professional <input type="radio"/> r) None of the above
<p>39. Which of the following best describes your primary workplace? (Select one.)</p>		<ul style="list-style-type: none"> <input type="radio"/> a) Acute care hospital <input type="radio"/> b) Critical access hospital <input type="radio"/> c) Long-term acute care hospital or inpatient rehabilitation facility <input type="radio"/> d) Skilled nursing facility (nursing home) <input type="radio"/> e) Assisted living facility <input type="radio"/> f) Dialysis facility (outpatient) <input type="radio"/> g) Outpatient ambulatory care—not dialysis (e.g. medical, surgical, behavioral health clinic) <input type="radio"/> h) Pharmacy <input type="radio"/> i) Dental facility <input type="radio"/> j) Home health <input type="radio"/> k) Health department <ul style="list-style-type: none"> <input type="radio"/> i) State health department <input type="radio"/> ii) Territorial health department <input type="radio"/> iii) Local health department <input type="radio"/> iv) Tribal health department <input type="radio"/> None of the above
<p>53. What state, territory, or IHS region do you work? You can make up to two selections.</p>		<ul style="list-style-type: none"> <input type="radio"/> IHS Area – National <input type="radio"/> IHS Area – Alaska <input type="radio"/> IHS Area – Albuquerque <input type="radio"/> IHS Area – Bemidji <input type="radio"/> IHS Area – Billings <input type="radio"/> IHS Area – California <input type="radio"/> IHS Area – Great Plains <input type="radio"/> IHS Area – Nashville <input type="radio"/> IHS Area – Navajo <input type="radio"/> IHS Area – Oklahoma <input type="radio"/> IHS Area – Phoenix <input type="radio"/> IHS Area – Portland <input type="radio"/> IHS Area – Tucson <input type="radio"/> Alabama

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- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Palau
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina

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		<input type="radio"/> South Dakota <input type="radio"/> Tennessee <input type="radio"/> Texas <input type="radio"/> Utah <input type="radio"/> Vermont <input type="radio"/> Virgin Islands <input type="radio"/> Virginia <input type="radio"/> Washington <input type="radio"/> West Virginia <input type="radio"/> Wisconsin <input type="radio"/> Wyoming <input type="radio"/> N/A: Outside of the U.S		
125.	Would you recommend this training to others? (Select one.)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sure
126.	Has your overall understanding of [insert course topic, i.e.. COVID-19 and infection control] improved after this training?(Select one.)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sure

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