

CDC Follow-up Evaluation

Live and Enduring Educational Activity

Please take a few minutes to answer this brief follow-up survey. Your feedback will help CDC understand the impact of educational activities.

Knowledge, Competence, Practice		
1.	Did you use what you learned from this course in your work?	☐ A) Yes ☐ B) No ☐ C) Not applicable, I did not learn anything from this course
4.	What did you use from this course? (if it applies)	
5.	As a result of this course, I have: (select all that apply)	☐ A) not improved ☐ B) maintained my competence ☐ C) increased my competence ☐ D) improved my performance ☐ E) provided clinical interventions in practice ☐ F) developed strategies I can use in practice ☐ G) other: please specify ☐ H) not applicable, I did not learn from this course ☐ I) not applicable, I do not use anything from this course
14.	How did you benefit your team as a result of what you learned? (select all that apply)	☐ A) I provided better communication across my interprofessional team(s) ☐ B) I shared information with colleagues to improve patient education ☐ C) I identified changes needed in practice ☐ D) I increased participation in shared decision making across my interprofessional team(s) ☐ E) None of the above ☐ F) Other: please specify ☐ G) Not applicable, I did not learn from the course and/or will not benefit my team
21.	What factors kept you from using the content of this course in your work? (select all that apply)	☐ A) None, I have used this content in my work ☐ B) I did not have the resources I needed ☐ C) I was not provided opportunities to use this course ☐ D) I did not have time to use what I learned

Public reporting burden of this collection of information is estimated to average 3 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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	apply)	☐ E) My supervisor did not support me in using what I learned ☐ F) My colleagues did not support me in using what I learned ☐ G) The course content was not relevant to my current work ☐ H) Other: please specify	
22.	Have you recommended this course to colleagues?	☐ Yes	☐ No

1. As a result of this training, do you feel you were able to improve the safety of patients or other healthcare workers in some way?
☐ Yes
☐ No
2. Have you consulted any additional Project Firstline materials (e.g., website, other modules, etc.) since the completion of this training?
☐ Yes (please specify: _____)
☐ No
☐ Unsure
3. Have you used or sought out other infection control information as a result of this training?
☐ Yes
☐ No

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