Form Approved
OMB Control No.: 0920-1071
Expiration date: 05/31/2024

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?	❍ A) Not at all relevant ❍ B) Slightly relevant ❍ C) Moderately relevant ❍ D) Very relevant ❍ E) Extremely relevant
2.	Will you use what you learned from this course in your work?	❍ A) Definitely not ❍ B) Probably not ❍ C) Possibly ❍ D) Probably will ❍ E) Definitely will ❍ 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)	❍ A) maintain my competence ❍ B) increase my competence ❍ C) improve my performance ❍ D) provide clinical interventions in practice ❍ E) develop strategies I can use in practice ❍ F) other please specify ❍ G) not applicable, I did not learn from this course ❍ 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)	❍ A) provide better communication across my interprofessional team(s) ❍ B) share information with colleagues to improve patient education ❍ C) identify changes needed in practice ❍ D) increase participation in shared decision making across my interprofessional team(s) ❍ E) other please specify ❍ 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)	❍ A) None, I will use this content in my work ❍ B) I need additional training in the subject matter ❍ C) I will not have the resources I need ❍ D) I will not be provided opportunities to use what I learned ❍ E) I will not have time to use what I learned

		❍ F) My supervisor will not support me in using what I learned ❍ G) My colleagues will not support me in using what I learned ❍ H) The course content is not relevant to my current work ❍ I) Other: please specify

Presentation						
7.	What is your opinion of the balance of lecture and interactivity in this course?	❍ A) Too much lecture and not enough interactive learning ❍ B) Right amount of both lecture and interactive learning ❍ C) Too much interactive learning and not enough lecture				
8.	The instructional strategies (lecture, case scenarios, figures, tables, media, etc.) helped me learn.	❍ A) Strongly disagree ❍ B) Disagree ❍ C) Neither/Undecided ❍ D) Agree ❍ E) Strongly agree				
		Strongly disagree	**Disagree**	**Neither/ Undecided**	**Agree**	**Strongly agree**
9.	Abigail Carlson presented the content effectively.	❍	❍	❍	❍	❍

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.]	❍**Yes**	❍**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.]	❍**Yes**	❍**No**
14.	After completing this course, I can [insert learning objectives of the course, i.e., discuss how	❍**Yes**	❍**No**

	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., explainhow implementing effective infection prevention and control actions will improve my contribution as a team member.]	**❍Yes**		**❍No**
16.	Was the content relevant to the learning objectives?	**❍Yes**		**❍No**
17.	Did the content address an educational need or practice gap?	**❍Yes**	**❍No**	**❍Not sure**
18.	Was the learning environment conducive to learning?	**❍Yes**		**❍No**
19.	Do you believe this course was influenced by commercial interests?	**❍Yes**		**❍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.)	❍ a) Physician ❍ b) Physician assistant ❍ c) Advanced practice nurse (e.g. nurse practitioner) ❍ d) Registered nurse (RN) ❍ e) Licensed practical nurse (LPN) ❍ f) Nursing/medical assistant g) Dentist/dental hygienist ❍ h) Technician (ex: radiology, surgical, pharmacy, etc.) ❍ i) Pharmacist ❍ j) Therapist (ex: physical, occupational, respiratory, etc.)

		❍ k) Environmental/facility services (e.g. EVS staff, facility manager, facility engineers) ❍ l) Social and community services ❍ m) Healthcare administrator (e.g. clinic or hospital directors, CEO's) ❍ n) Non-clinical staff (e.g. HR personnel, marketing communications, quality/patient safety, clerical) ❍ o) Emergency medical technician/paramedic ❍ p) Laboratory staff ❍ q) Public health professional ❍ r) None of the above
39.	Which of the following best describes your primary workplace? (Select one.)	❍ a) Acute care hospital ❍ b) Critical access hospital ❍ c) Long-term acute care hospital or inpatient rehabilitation facility ❍ d) Skilled nursing facility (nursing home) ❍ e) Assisted living facility ❍ f) Dialysis facility (outpatient) ❍ g) Outpatient ambulatory care—not dialysis (e.g. medical, surgical, behavioral health clinic) h) Pharmacy ❍ i) Dental facility ❍ j) Home health ❍ k) Health department ❍ i)State health department ❍ ii)Territorial health department ❍ iii)Local health department ❍ iv)Tribal health department ❍ None of the above
53.	What state, territory, or IHS region do you work? You can make up to two selections.	❍ IHS Area – National ❍ IHS Area – Alaska ❍ IHS Area – Albuquerque ❍ IHS Area – Bemidji ❍ IHS Area – Billings ❍ IHS Area – California ❍ IHS Area – Great Plains ❍ IHS Area – Nashville ❍ IHS Area – Navajo ❍ IHS Area – Oklahoma ❍ IHS Area – Phoenix ❍ IHS Area – Portland ❍ IHS Area – Tucson ❍ Alabama

- ❍ 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

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