

# UVM Project ECHO: Treatment of Chronic Pain - Attendance and Program Evaluation

Requested for program evaluation, reports, and funding requirements; information will be reported in aggregate.

Session Title/Topic:

Date:

Name:

Last 4 digits of your SS#:

Email Address:

Northern Vermont AHEC designates this live educational activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Individuals should claim only the credit commensurate with the extent of their participation in the activity. Northern Vermont AHEC is approved as a provider of Continuing Medical Education (CME) by the New Hampshire Medical Society, an ACCME accreditation organization.

**Are you requesting CME for this session?**    **Yes**    **No**    CME Certificates will be emailed to you once this completed form has been received by UVM. Return completed evaluation forms to [ahec@uvm.edu](mailto:ahec@uvm.edu) or fax 802-656-3016.

What role best describes you?

Provider / Pharmacist	
<input type="checkbox"/>	Physician (MD and DO)
<input type="checkbox"/>	Naturopathic Physician (ND)
<input type="checkbox"/>	Nurse Practitioner
<input type="checkbox"/>	Physician Assistant
<input type="checkbox"/>	Pharmacist
<input type="checkbox"/>	Other prescriber ( <i>Specify</i> ):

Resident / Student		Other Professional	
<input type="checkbox"/>	Medicine	<input type="checkbox"/>	Nurse (non-prescribing)
<input type="checkbox"/>	Nursing	<input type="checkbox"/>	Medical Assistant
<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>	Office Manager
<input type="checkbox"/>	Other ( <i>Specify</i> ):	<input type="checkbox"/>	Other ( <i>Specify</i> ):

1=STRONGLY DISAGREE to 5=STRONGLY AGREE

Please rate the following for today's TeleECHO session

                                            >  
**1**                      **2**                      **3**                      **4**                      **5**

**TeleECHO Didactic**

1. Program met stated objectives.
2. Program provided unbiased, evidence-based content, where available.
3. Program topic was appropriate for your needs.
4. Program had practical clinical value.
5. Program speakers were prepared.
6. Program format was appropriate.
7. Overall impression of the program was favorable.
8. Time for discussion was appropriate.
9. Opportunities were provided to ask questions and make comments.
10. The pace of the session was appropriate.
- 11.A Do you feel the information presented will influence your prescribing?                      Yes                      No                      N/A
- 11.B Do you feel the information presented will influence your practice/patient?                      Yes                      No                      N/A
12. Was this program free of commercial bias?                      Yes                      No

13. What is your birth year?	14. What is your gender?		
15. Are you Hispanic or Latino?	Yes	No	Prefer not to Answer
16. What is your race?	White	Black or African American	American Indian/Alaskan Native Asian ( <i>including Far East, Southeast Asia, and the Indian subcontinent</i> ) Native Hawaiian/Pacific Islander                      More Than One Race                      Prefer Not to Answer

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## **TeleECHO Case Review**

- |     |   |     |    |
|-----|---|-----|----|
| 17. | Did you present a patient case today?   | Yes | No |
| 18. | How would you rate the value of the case discussion/input? (1-5 scale: 1=not valuable to 5=very valuable) |     |    |
| 19. | Did you learn something that will be useful in caring for your patients?                                  | Yes | No |
| 20. | If yes, in what way?  |     |    |
| 21. | If no, why not?   |     |    |
| 22. | What feedback or suggestions do you have about how to make the case discussions more useful?              |     |    |

## **TeleECHO Overall**

- |     |   |
|-----|---|
| 23. | What did you like best about this TeleECHO session?   |
| 24. | What did you like least about this TeleECHO session?  |
| 25. | Please share topics of interest/need you would like to see featured in future teleECHO sessions or other learning events? |
| 26. | Other comments or feedback?   |