



The Ohio State University Medical Center EVALUATION AND SATISFACTION SURVEY

Enduring Material: Contemporary Multidisciplinary Cardiovascular Medicine

I am a: ☐ Actively Practicing Physician ☐ Nurse ☐ Other Healthcare Professional
☐ Retired Physician / Health Professional ☐ Other

1.) On a scale of 1 to 7 (1 = Strongly Disagree; 7 = Strongly Agree), please evaluate the following statement:

A) This CME activity helped me to identify patient care strategies I can use in my practice related to the management of coronary artery disease with stents and anti-platelet therapy.

Strongly Disagree

Strongly Agree

1 2 3 4 5 6 7 N/A

Comments:

2.) On a scale of 1 to 7 (1 = Strongly Disagree; 7 = Strongly Agree), please evaluate the following statement:

B) This CME activity helped me to identify patient care strategies I can use in my practice related to the treatment of hyperlipidemia with statins.

Strongly Disagree

Strongly Agree

1 2 3 4 5 6 7 N/A

Comments:

3.) As a result of this activity, I will make changes to my practice.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree ☐ N/A

Please explain:

4.) As a result of this activity, I will significantly change the way I will treat and care for my patients.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree ☐ N/A

Please explain:

5.) As a result of this activity, I expect positive changes in my patient outcomes.

☐ ☐ ☐ ☐ ☐ ☐

Strongly
Disagree

Disagree

Neutral

Agree

Strongly
Agree

N/A

Please explain: _____

6.) Was there any evidence of commercial bias/influence in the program content? ☐ Yes ☐ No

Comment _____

7.) On a scale of 1 - 10 with 1 = extremely dissatisfied and 10 = extremely satisfied, overall how satisfied were you with this educational activity?

Extremely Dissatisfied

1

2

3

4

5

6

7

8

Extremely Satisfied

9

10

Comment _____

8.) Other Comments: (food, venue, materials, AV, etc.)

9.) In your practice of medicine, what challenges do you have to which you are not getting answers? What patient problems or challenges do you feel you are unable to address?

10.) Why do you think you are unable to address the patient problem/challenges that you listed above?

11.) Using the answers to the questions above, please make suggestions for future meetings:

Please return this form via Email to Derrick Freeman at derrick.freeman@osumc.edu or by Fax to 614.293.4180.

Thank you.

Revised 6/13/11