

Self-Study Module: “Enhanced Recovery After Surgery (ERAS) Protocol”

Instructions: For each statement, circle the appropriate number to indicate your response, and answer the following questions. Fax this to: CME Coordinator:220-564-4012.

| | Post-Survey Competence Evaluation | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|-----|---|---|-------|---------|----------|-------------------|
| 1. | This activity met with my current professional needs. | 5 | 4 | 3 | 2 | 1 |
| 2. | Upon completion of this activity, I feel empowered to implement specific changes or strategies that will enhance my professional practice and competence. | 5 | 4 | 3 | 2 | 1 |
| 3. | The content of this activity served to enhance my professional practice and competence. | 5 | 4 | 3 | 2 | 1 |
| 4. | It is clear to me how I would implement the desired learning outcomes (changes or new strategies) in my practice, if given the chance. · See activity flyer for objectives. | 5 | 4 | 3 | 2 | 1 |
| 5. | The selected faculty members, moderators and/or facilitators met with my professional expectations. | 5 | 4 | 3 | 2 | 1 |
| 6. | The educational design and format chosen for this activity were appropriate for the setting, and desired learning outcomes. | 5 | 4 | 3 | 2 | 1 |
| 7. | In what way could this CME activity be improved? (Please respond in terms of content, faculty selection, learning outcomes or expected changes, etc.). | | | | | |
| 8. | What were some of the strengths of this CME activity? | | | | | |
| 9. | Commitment to Change (optional): As a result of this activity, and in striving for ideal professional practice and competence, I will make the following changes: | | | | | |
| 10. | Must complete to obtain CME Please list at least one concept you garnered from this lecture and in what way can you utilize this in your practice? | | | | | |
| 11. | Did this CME activity actively promote improvements in health care that were free of commercial bias and/or promotion? | <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, please explain: | | | | |
| 12. | Comments or suggestions for future CME topics. | | | | | |
| 13. | <p>Activity Attestation By signing this form, I attest that I have <u>completed</u> the <u>participant requirements</u> for this CME activity. Any patient/case information will be kept confidential.</p> <p>Name: _____ <i>Please print or sign clearly with first and last name.</i></p> <p>Date: _____</p> <p><input type="checkbox"/> Physician <input type="checkbox"/> Non-Physician: _____</p> | <p>Number of AMA PRA Category 1 Credits™ Claimed: Physicians should claim only the credit commensurate with the extent of their participation in this activity. Select the amount of credits you wish to claim below.</p> <p><input type="checkbox"/> 1 AMA Category 1 CME credit.</p> | | | | |

