

# CME Outfitters Needs Assessment Survey—April 2009 (page 1 of 2)

In order to provide educational activities that address the needs and interest of clinicians, we ask that you take a few minutes to complete the following questionnaire. Responses from this survey will be used to design and implement future educational activities. Please photocopy as necessary for additional respondents and return via fax to **240.243.1033** or mail to the address indicated at the bottom of page 2 of this survey **by May 1, 2009**.

\_\_\_\_\_  
Your Name/Credentials Date Survey Completed

\_\_\_\_\_  
Primary Practice Facility/Office Address

\_\_\_\_\_  
Email Address Phone Number

**Win a free iPod!**



In appreciation of your valuable feedback, your name will be entered in a drawing on 5/4/2009 for an iPod Shuffle pre-loaded with CME Outfitters/neuroscienceCME Podcast activities! **NOTE: To be eligible for this offer, surveys must be filled out completely with detailed responses and comments.**

1. What is your profession?  Physician  PA  NP  Nurse  Pharmacist  Psychologist  Other \_\_\_\_\_

2. When participating in CE activities, how important is live interaction with the faculty? (Circle one)

<b>Extremely important</b>		<b>No opinion</b>		<b>Unimportant</b>
1	2	3	4	5

3. What is your preference regarding the format of CE activities?

<input type="checkbox"/> Live, face-to-face symposia	<input type="checkbox"/> In-services	<input type="checkbox"/> Grand Rounds	<input type="checkbox"/> Live teleconferences ( <input type="checkbox"/> video <input type="checkbox"/> audio)
<input type="checkbox"/> Live webcasts	<input type="checkbox"/> Archived webcasts	<input type="checkbox"/> CD-ROMs	<input type="checkbox"/> Online medical simulations/case studies
<input type="checkbox"/> DVDs	<input type="checkbox"/> Monographs	<input type="checkbox"/> Journal articles	<input type="checkbox"/> MP3 download/"podcasts"
<input type="checkbox"/> PDA/Handheld device	<input type="checkbox"/> Other		

4. Please explain why you prefer the formats chosen above (e.g., 24-hour access, peer interaction).

\_\_\_\_\_

\_\_\_\_\_

5. What is your environmental preference when participating in distance learning CE activities?

Join a large group of peers (more than 10)  Join a small group of peers (3 to 10)  Prefer to complete by myself

6. Rank in order the top two (1, 2) LIVE distance learning educational activity formats that you prefer.

_____ Teleconference/video	_____ Webcast
_____ Teleconference/audio	_____ Other (explain) _____

7. Rank in order the top four (1, 2, 3, 4) non-LIVE distance learning educational activity formats that you prefer.

_____ Archived webcasts	_____ DVDs	_____ MP3 download/"podcasts"
_____ CD-ROMs	_____ Monographs	_____ PDA/Handheld device
_____ Online medical simulations/case studies	_____ Journal articles	_____ Other _____

8. Rank in order the top two (1, 2) presentation methods that you prefer.

_____ Panel discussion	_____ Case study
_____ Lecture	_____ Other (explain) _____

9. Rank in order the top four (1, 2, 3, 4) preferred methods of receiving information/notification of upcoming CE activities.

_____ Email announcements	_____ Healthcare facility education department/coordinator
_____ Fax announcements	_____ Healthcare facility bulletin board posters
_____ PDA/Handheld device	_____ Direct mail brochures
_____ Website posting	_____ Professional associations/societies/licensing boards
_____ Journal advertisements	_____ Other (explain) _____

10. If you are a physician, have you ever participated in a Performance Improvement (PI) CME activity?  Yes  No

11. Rate your interest in participating in a PI activity.  Interested  Possibly  Not interested

12. Rate your willingness to utilize patient chart reviews as part of a PI activity.  Willing  Possibly  Not willing

# CME Outfitters Needs Assessment Survey—April 2009 (page 2 of 2)

13. What percentage of your CE is currently paid for either by yourself or your employer?  1-25%  26-50%  51-75%  76-100%
14. What do you pay, or would you be willing to pay, for a 1.0 CE credit activity?  \$30-\$40  \$41-\$50  \$51-\$60  Other\_\_\_\_\_
15. What payment service do you currently use when making online purchases?  PayPal  Google  Amazon  Other\_\_\_\_\_

INSTRUCTIONS: Within the following therapeutic areas, please provide specific topics that you feel address your educational/practice needs. Questions to consider when responding may include:

- What are the most frequent problems/challenges encountered in your practice (diagnosis/assessment, compliance, treatment options, adverse effects, resistant cases, relapse, genetic/gender factors, etc.)?
- What do you consider obstacles to optimal patient care (organizational issues, managed care, etc.)?
- What are the current issues or trends in healthcare you believe require an educational intervention (pharmacotherapy, pharmacokinetics/dynamics, neurobiological foundation of disease states, etc.)?

Therapeutic Area	Specific Topic/Educational Need <small>(If you need add'l space, list your comments in the section of a therapeutic area outside your practice and indicate accordingly.)</small>
Depression	1.
	2.
Schizophrenia	1.
	2.
Bipolar Disorder	1.
	2.
ADHD	1.
	2.
Sleep Disorders	1.
	2.
Infectious Diseases	1.
	2.
Chronic Pain	1.
	2.
Autism Spectrum Disorder	1.
	2.
Multiple Sclerosis	1.
	2.
Fibromyalgia	1.
	2.
Alzheimer's Disease and Other Dementias	1.
	2.
Movement Disorders	1.
	2.
Neurodegenerative Diseases	1.
	2.
Cardiovascular Diseases	1.
	2.
Diabetes	1.
	2.
Cancer	1.
	2.
Other (please specify):	1.
	2.

**PLEASE FAX COMPLETED FORM TO 240.243.1033**

