



2009 CME NEEDS ASSESSMENT SURVEY

Dear Doctor,

In order to address the educational needs of physicians on the Medical Staff and in the Community we ask that you complete this survey. Requested topics will be utilized in future program planning for Grand Rounds and other educational activities. Please FAX your survey to (714) 289-4010 OR you may email it to mhickcox@choc.org.

Thank you in advance for your support of the CME programs at CHOC.

Sincerely,

James D. Korb, MD
Chairman, Education Committee
Director of Academic Affairs

1. What is your specialty/subspecialty? \_\_\_\_\_

2. CHOC Medical Staff Physician: [ ] Yes [ ] No

3. How often do you attend Grand Rounds lectures? [ ] Weekly [ ] bi-weekly [ ] once a month [ ] do not attend

If you do not attend Grand Rounds please tell us why? \_\_\_\_\_

4. Please list any other CHOC conferences, work shops, symposiums, special lectures you attend or plan to attend: \_\_\_\_\_

5. Check all areas of pediatric medicine you would like to learn more about in the next year.

Table with 3 columns of medical specialties and subspecialties, each with a checkbox for selection.

Please list specific topics and objectives you would like to have addressed:

Three horizontal lines for writing specific topics and objectives.

**6. What topics should be presented based on performance improvement activities (i.e., patient care issues)?**

Suggested topic:

Why?

This issue was discussed at a Department/Section meeting –**or**–  There has been an increase in cases seen

Other \_\_\_\_\_

**7. Think about your practice in the past 6 months. Please list 1 or 2 recurring patient care issues you have seen where you feel you need further education to increase your knowledge, competency or skill in that particular patient care issue.**

\_\_\_\_\_  
\_\_\_\_\_

**8. Check other courses you are interested in? (please write in suggested topics)**

Physician/Patient Communication:

\_\_\_\_\_

Risk Management:

\_\_\_\_\_

Bioethics:

\_\_\_\_\_

Managed Care:

\_\_\_\_\_

Palliative Care/Pain Management:

\_\_\_\_\_

Evidence Based Medicine:

\_\_\_\_\_

Regulatory Compliance (HIPAA):

\_\_\_\_\_

Financial Management Strategies (CME Credit not provided):

\_\_\_\_\_

Other:

\_\_\_\_\_

**9. Which format do you prefer for educational activities (please select all that apply):**

- Didactic       Workshop       Skills lab  
 Round-table discussion       Panel Discussion  
 Point/Counterpoint Discussion       Pre/Post Tests  
 Audience Response System       Other

**10. General comments on any aspects of our CME programs.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Thank you for participating in our annual survey!***