

Sports Injuries: Management Strategies for Pediatricians

February 21, 2015

Activity Evaluation Form

To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please take a few moments to complete this evaluation form. Your response will help ensure that future programs are informative and meet the educational needs of all participants. **CME credit letters will only be issued upon receipt of this completed evaluation form.**

Please indicate your profession/background (check only one):

MD/DO Resident/Fellow Researcher MSN/BSN/RN APN/NP PA Other; specify _____

LEARNING OBJECTIVES

Having completed this activity, are you better able to

	Strongly Agree			Strongly Disagree		
Recognize common sports-related injuries presented to the pediatric practice setting.	5	4	3	2	1	
Describe common injury mechanisms and musculoskeletal physical examination techniques necessary for accurate diagnosis.	5	4	3	2	1	
Determine appropriate imaging for workup of musculoskeletal injuries and interpret the imaging findings.	5	4	3	2	1	
Differentiate conditions in children with symptoms of pain of the hand, back, shoulder or knee.	5	4	3	2	1	
Identify the proper management protocols to diagnose, treat, and/or refer pediatric orthopedic pathologies and sports injuries.	5	4	3	2	1	
Describe the principles of casting/bracing techniques used in the management of sports injuries.	5	4	3	2	1	

If you do not feel confident that you can achieve the above objectives to some extent, please describe why not.

Based on the content of the activity, what will you do differently in the care of your patients/regarding your professional responsibilities? (Check one)

- Implement a change in my practice/workplace.
- Seek additional information on this topic.
- Do nothing differently. Current practice/job responsibilities reflect activity recommendations.
- Do nothing differently as the content was not convincing.
- Do nothing differently. System barriers prevent me from changing my practice/workplace.

If you anticipate changing one or more aspects of your practice/professional responsibilities as a result of your participation in this activity, please briefly describe how you plan to do so.

If you plan to change your practice/workplace, may we contact you in 2 months to see how you are progressing?

- Yes. Please provide your email address _____
- No
- I don't plan to make a change.

If you are not able to effectively implement what you learned at this activity, please tell us what the system barriers are (e.g., institutional systems, lack of resources, etc).

PLEASE COMPLETE THE REVERSE SIDE

OVERALL EVALUATION	Strongly Agree			Strongly Disagree	
The information presented increased my awareness/understanding of the subject.	5	4	3	2	1
The information presented will influence how I practice/do my job.	5	4	3	2	1
The information presented will help me improve patient care/my job performance.	5	4	3	2	1
The program was educationally sound and scientifically balanced.	5	4	3	2	1
The program avoided commercial bias or influence.	5	4	3	2	1
Overall, the program met my expectations.	5	4	3	2	1
I would recommend this program to my colleagues.	5	4	3	2	1

SPEAKER EVALUATION	Strongly Agree			Strongly Disagree	
Dr. Hosea: Common Knee Injuries in Youth Sports					
Demonstrated current knowledge of the topic	5	4	3	2	1
Was an effective presenter	5	4	3	2	1
Dr. Bechler: Common Shoulder Injuries in Youth Sports					
Demonstrated current knowledge of the topic	5	4	3	2	1
Was an effective presenter	5	4	3	2	1
Dr. McDonnell: Back Pain in Youth Sports					
Demonstrated current knowledge of the topic	5	4	3	2	1
Was an effective presenter	5	4	3	2	1
Dr. Gatt, Jr.: Overuse Injuries in Youth Sports					
Demonstrated current knowledge of the topic	5	4	3	2	1
Was an effective presenter	5	4	3	2	1
Dr. Monica: Common Elbow, Wrist and Hand Injuries in Youth Sports					
Demonstrated current knowledge of the topic	5	4	3	2	1
Was an effective presenter	5	4	3	2	1

Please provide additional comments pertaining to this activity and any suggestions for improvement.

What topics do you want to hear more about, and what issue(s) regarding your regarding your practice/professional responsibilities will they address?

Please fax to 973-972-3371, or mail to:

Center for Continuing and Outreach Education, 30 Bergen Street, ADMC 7, Newark, NJ 07101