

Course Evaluation

3-Month Follow-Up Evaluation: Performance in Practice

- **As part of our Performance Improvement Initiative, we would appreciate you evaluating the effectiveness of the educational training course you attended at Advanced Health Education Center. We are specifically interested on how the training was incorporated into your practice performance and ultimately improved patient outcome/care.**
- Please complete the following evaluation form.
- Please click the **'Submit Evaluation'** button at the end of the form to send this form to us or you may print it and fax it to the number below.
- Fax# 713.772.0155

Name:

Facility:

Date(s): *Ex: mm/dd/yyyy*

Email Address:

Please select the class attended: (Choose only one)

- | | |
|--|---|
| <input type="checkbox"/> Abdominal Ultrasound (3 or 5 Day) | <input type="checkbox"/> Advanced Emergency Medicine Ultrasound |
| <input type="checkbox"/> Breast Ultrasound | <input type="checkbox"/> Carotid Duplex/Color Flow |
| <input type="checkbox"/> Critical Care Ultrasound | <input type="checkbox"/> Echo/Cardio Doppler Ultrasound |
| <input type="checkbox"/> Echo Interpretation and Case Review | <input type="checkbox"/> Emerg. Med. (Advanced) Ultrasound |
| <input type="checkbox"/> Gen. Practice Physicians Ultrasound | <input type="checkbox"/> Gynecological Ultrasound |
| <input type="checkbox"/> Intro. to Abdominal Ultrasound | <input type="checkbox"/> Intro. to Emerg. Medicine Ultrasound |
| <input type="checkbox"/> Limited OB Ultrasound | <input type="checkbox"/> Musculoskeletal Ultrasound |
| <input type="checkbox"/> OB/GYN Ultrasound (3 or 5 Day) | <input type="checkbox"/> Point of Care Ultrasound: Advanced |
| <input type="checkbox"/> Point of Care Ultrasound: Intro. | <input type="checkbox"/> Specialty Procedures in Ultrasound |
| <input type="checkbox"/> US Guided Venous/PICC Line Access | <input type="checkbox"/> Ultrasound Physics Review |
| <input type="checkbox"/> Vascular Interpretation Ultrasound | <input type="checkbox"/> Vascular Ultrasound |
| <input type="checkbox"/> Venous Reflux Testing Ultrasound | |

1. The training provided the knowledge to perform the skill-set presented?

Strongly Agree Agree Neutral Disagree Strongly Disagree

2. The training provided the skills to perform the ultrasound exam with confidence?

Strongly Agree Agree Neutral Disagree Strongly Disagree

3. The training provided greater access to care and service for our patients at the point of contact?

Strongly Agree Agree Neutral Disagree Strongly Disagree

4. The training provided a pathway to expedite the patient's treatment plan and improve patient outcomes?

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. I perceive the patient's diagnosis was attained quicker and more accurately with the technique and skills acquired during the training?

Strongly Agree Agree Neutral Disagree Strongly Disagree

Would you recommend AHEC courses to a colleague? YES NO

If this response is **NO**, please tell us why not:

Do you have/foresee any other area in your practice that you would like our continuing education program to try and help you with?

Please indicate what additional subjects or courses you will require for future improvements in patient outcomes or care.

We would appreciate any additional comments on our courses or instructors.

If you have a continuing education need at any time, please call us at **713.772.0157** or **800.239.1361**. Thank you!

