

OSTEOCHONDRAL LESIONS OF THE TALUS

EVALUATION

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Please indicate the extent to which you agree with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The content was appropriate to my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This activity will make me more effective in my practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This activity was balanced and free of commercial bias.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate the following:

	Excellent	Very Good	Good	Fair	Poor

	Excellent	Very Good	Good	Fair	Poor
Quality of the instructional process and presentation including the effectiveness of educational methods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaker's teaching effectiveness, knowledge, and organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaker's ability to communicate ideas and information clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did the activity meet your expectations in accomplishing the stated objectives?

	Completely	Mostly	Partially	Minimally	Not at all
Diagnosis osteochondral lesion of the talus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
List two surgical techniques for bone marrow stimulation surgery for the treatment of osteochondral lesions of the talus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Completely	Mostly	Partially	Minimally	Not at all
Review post-operative recovery protocol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe any 'pearls' or takeaway messages.

This educational activity will result in a change in my:

- Knowledge (facts and information acquired by a person through experience or education)
- Competence (having the ability to apply knowledge, skills, or judgment in practice if called upon to do so)
- Performance (what the participant actually does in practice)
- Patient outcomes (actual outcomes in individual patients and/or patient populations)
- Community (change in population health status)
- This activity did not result in a change.

Please note any changes or improvements in the care of your patients that you plan to make as a result of participating in this educational activity. If no changes are identified, please explain why (program format, content not appropriate, nothing learned, etc.)

Please identify any barriers that you perceive in implementing these changes. Select all that apply.

- No barriers
- Cost
- Lack of experience
- Lack of opportunity (patients)
- Lack of resources (equipment)
- Lack of administrative support
- Insurance/reimbursement issues
- Lack of consensus or professional guidelines
- Lack of time to assess/counsel patients
- Patient/compliance issues
- Not applicable to my practice
- Other...

How will you address these barriers in order to implement these changes in your practice?

Please provide any additional comments and/or suggestions below.

Do you have any unanswered questions? If yes, please explain.

RESULTS MAY BE SENT TO THE CONTINUING EDUCATION BOARD.