

**Saint Vincent Health Center  
HCAHPS Education Evaluation Form  
May 2011 – May 2012**

All members of the planning committee that are in control of content for this CME Enduring Materials activity have no conflicts of interest to disclose.

Your input and evaluation are very helpful to us for future planning as well as outcomes measurement. Please evaluate the following statements. To indicate your answer, fill in the corresponding circle.

As a result of participating in this activity,

About significantly  
the same.....increased

My ability to define the HCAHPS physician question types and recognize their association with health system reimbursement and patient loyalty is: (1) (2) (3) (4) (5)

My ability to recognize the value and importance of patient satisfaction and the responsibility of physicians in improving patient satisfaction is: (1) (2) (3) (4) (5)

My ability to identify best practices and patient expectations for communication and overall patient satisfaction is: (1) (2) (3) (4) (5)

My ability to analyze the impacts of patient satisfaction including outcomes, quality of care, and financial implications is: (1) (2) (3) (4) (5)

As a result of this activity my confidence in my ability to improve patient outcomes is: (1) (2) (3) (4) (5)

This activity was a good use of my time.  Yes  No

The overall activity met my educational needs.  Yes  No

The activity design and organization met my expectation.  Yes  No

The information presented will enhance my professional practice.  Yes  No

Was the activity presented without commercial bias?  Yes  No

If no, please explain: \_\_\_\_\_

**What changes will be made in your clinical practice as a result of participating in this activity?**

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

**Ideas or comments:**

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

My profession is:  Physician  Other \_\_\_\_\_

Name: \_\_\_\_\_

RETURN WITH YOUR POST-TEST TO THE CME OFFICE  
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