

Identifying Gaps: Needs Assessment For 2011 CME Activities

I practice primarily at this facility:	My practice is largely:
<input type="checkbox"/> Kosair Children's Hospital /KCMC <input type="checkbox"/> Norton Hospital <input type="checkbox"/> Norton Audubon Hospital <input type="checkbox"/> Norton Brownsboro Hospital <input type="checkbox"/> Norton Immediate Care Center <input type="checkbox"/> Norton Suburban Hospital	<input type="checkbox"/> Private practice <input type="checkbox"/> University practice <input type="checkbox"/> Norton Physician Practice / CMA <input type="checkbox"/> Hospitalist <input type="checkbox"/> Other: _____

Please check areas of interest or where a knowledge/practice/patient outcome gap exists:			
<input type="checkbox"/> ACLS/PALS <input type="checkbox"/> Allergy & Immunology <input type="checkbox"/> Alternative Medicine <input type="checkbox"/> Bariatric medicine <input type="checkbox"/> Cardiology <input type="checkbox"/> Compliance issues <input type="checkbox"/> Dementia <input type="checkbox"/> Dermatology <input type="checkbox"/> Diet/ Nutrition <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> End of life care	<input type="checkbox"/> Endocrinology <input type="checkbox"/> Ethical issues <input type="checkbox"/> Gastroenterology <input type="checkbox"/> General surgery <input type="checkbox"/> Genetics <input type="checkbox"/> Geriatrics <input type="checkbox"/> Gynecology <input type="checkbox"/> Healthcare reform <input type="checkbox"/> Hematology <input type="checkbox"/> Immunology <input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Medicare guidelines <input type="checkbox"/> Neonatology <input type="checkbox"/> Nephrology <input type="checkbox"/> Neurology <input type="checkbox"/> Obstetrics <input type="checkbox"/> Oncology(Site_____) <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Orthopaedics /Spine <input type="checkbox"/> Otolaryngology <input type="checkbox"/> Pain management <input type="checkbox"/> Pathology	<input type="checkbox"/> Patient satisfaction <input type="checkbox"/> Patient safety <input type="checkbox"/> Pediatrics <input type="checkbox"/> Psychiatry <input type="checkbox"/> Pulmonology <input type="checkbox"/> Radiology <input type="checkbox"/> Rheumatology <input type="checkbox"/> Urology/Urogynecology <input type="checkbox"/> Abuse <input type="checkbox"/> MOC <input type="checkbox"/> Stroke

Feel free to provide us areas of interest not listed above:

Please list patient health outcomes you would most like to improve in your own practice:		
1.)	2.)	3.)

Please select your preference for an <u>ALL-DAY LIVE ACTIVITY</u> :					
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday

I cannot attend all day activities due to:

Please select your preference for a <u>TWO-DAY LIVE ACTIVITY</u> :				
<input type="checkbox"/> Monday/Tuesday	<input type="checkbox"/> Tuesday/Wednesday	<input type="checkbox"/> Wednesday/Thursday	<input type="checkbox"/> Thursday/Friday	<input type="checkbox"/> Friday/Saturday

I cannot attend 2-day activities due to:

Please select your preference for a <u>HALF-DAY LIVE ACTIVITY</u> :					
<input type="checkbox"/> Monday morning	<input type="checkbox"/> Tuesday morning	<input type="checkbox"/> Wednesday morning	<input type="checkbox"/> Thursday morning	<input type="checkbox"/> Friday morning	<input type="checkbox"/> Saturday morning
<input type="checkbox"/> Monday afternoon	<input type="checkbox"/> Tuesday afternoon	<input type="checkbox"/> Wednesday afternoon	<input type="checkbox"/> Thursday afternoon	<input type="checkbox"/> Friday afternoon	<input type="checkbox"/> Saturday afternoon

Please select your preference for a <u>DINNER LIVE ACTIVITY</u> :				
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

What format/design of content delivery do you prefer?				
<input type="checkbox"/> Live lectures	<input type="checkbox"/> Live demonstration	<input type="checkbox"/> Live Web conference	<input type="checkbox"/> Archived Podcast/MP3 download	<input type="checkbox"/> Archived Webcast
<input type="checkbox"/> CD-ROM/DVD	<input type="checkbox"/> Regularly scheduled series	<input type="checkbox"/> Grand Rounds	<input type="checkbox"/> Other:	
Why do you prefer the formats chosen? (i.e., 24-hr access, peer interaction, live speaker interaction)				

How do you prefer to register and/or pay for a symposium/course?				
<input type="checkbox"/> Online	<input type="checkbox"/> Via U.S. mail	<input type="checkbox"/> Via fax	<input type="checkbox"/> Via phone	<input type="checkbox"/> Other:

How do you usually hear about Norton Healthcare CME activities?			
<input type="checkbox"/> Yellow CME calendar	<input type="checkbox"/> Brochures/Fliers	<input type="checkbox"/> CME website	<input type="checkbox"/> Other:

Think outside the box! How can Norton Healthcare CME better meet your educational needs?

Please feel free to contact us any time. We love to hear from our physicians!		
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Please fax both sides to 629-6556.

or mail to:
 Norton Healthcare CME
 315 E Broadway, Ste 505
 Louisville, KY 40202

We appreciate your time!

Mark your calendars:

- | | |
|---------------------------|---|
| - Friday, August 20 | Pediatric Neurology Update |
| - Monday, September 20 | Nixon Oncology Lectureship |
| - Wednesday, September 22 | Fall Merged Medical Staff Meeting |
| - Friday, October 15 | Breast Cancer Insights and Updates |
| - Wednesday, November 3 | Garlove Oncology Lectureship |
| - Tuesday, November 9 | Norton Medical Ethics Symposium |
| - Friday, November 12 | Leatherman Spine Symposium |
| - Wednesday, November 17 | Prematurity Summit |
| - Fri-Sat., December 3-4 | Internal Medicine Update |

To view brochures and for registration information, visit our website:

www.nortonhealthcare.com/cme

You can create your own credit transcript too!