

Understanding and Applying *the Ethical and Religious Directives for Catholic Health Care Services*: An Educational Resource for Physicians

EVALUATION FOR PHYSICIANS

PLEASE COMPLETE THE ANONYMOUS SURVEY AND RETURN IT TO THE CATHOLIC HEALTH ASSOCIATION IN ONE OF THE FOLLOWING WAYS:

FAX: 314-253-3420

ATTN: Ethics

EMAIL: ethics@chausa.org

POST MAIL:

Ethics, The Catholic Health Association

4455 Woodson Road,

St. Louis, MO 63134

In our ongoing commitment to provide high quality programs, we would greatly appreciate your taking a brief survey to let us know your thoughts about the resource and share ideas for future topics. We welcome your comments and suggestions and look forward to serving you in the future.

MEDICAL SPECIALTY

- | | |
|--|---|
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Nephrology |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> OB-GYN |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Gerontology | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Hospitalist | <input type="checkbox"/> Pediatrics Psychiatry |
| <input type="checkbox"/> Intensive Care | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Neonatology | <input type="checkbox"/> Other (please specify) _____ |

AGE RANGE:

- | | |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Under 30 | <input type="checkbox"/> 51-60 |
| <input type="checkbox"/> 31-40 | <input type="checkbox"/> 61-70 |
| <input type="checkbox"/> 41-50 | <input type="checkbox"/> Over 70 |
-

YEARS IN CATHOLIC HEALTH CARE:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Under 1 year | <input type="checkbox"/> 11-15 years |
| <input type="checkbox"/> 1-5 years | <input type="checkbox"/> 16-20 years |
| <input type="checkbox"/> 6-10 years | <input type="checkbox"/> Over 20 years |
-

CHECK ONE:

- Participated in a group education process
 - Self-study process
-

CHECK ONE:

- Resource completed in one session
 - Resource completed in more than one session
-

WHICH SECTION(S) DID YOU COMPLETE?

Please check all that apply:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Entire Resource | <input type="checkbox"/> Part Three |
| <input type="checkbox"/> Introduction | <input type="checkbox"/> Part Four |
| <input type="checkbox"/> Part One | <input type="checkbox"/> Part Five |
| <input type="checkbox"/> Part Two | <input type="checkbox"/> Part Six |

EVALUATION OF THE LEARNING RESOURCE

Please rate on a scale of 1-5, with 5 being the highest.

Degree to which the content was clear and well-organized.	1	2	3	4	5
Degree to which the content was informative and useful.	1	2	3	4	5
Degree to which the format (presentation, reflection, discussion, activities) was engaging and helpful to my learning experience.	1	2	3	4	5
Degree to which the resource was user friendly.	1	2	3	4	5
Degree to which this resource helped me to better understand the mission and values of Catholic health care.	1	2	3	4	5

OBJECTIVES

Please rate on a scale of 1-5, with 5 being the highest.

1. Participants will understand that Catholic health care services are bound by the Directives.	1	2	3	4	5
2. Participants will be familiar with the contents of the six parts of the Directives and their underlying principles.	1	2	3	4	5
3. Participants will review at least one case study for each part and identify particular Directives that apply to that case.	1	2	3	4	5
4. Participants will understand how physicians, sponsors, ethicists and church leaders are influenced by the Directives.	1	2	3	4	5
5. Participants will have the opportunity to identify ways in which their organization applies the Directives.	1	2	3	4	5
6. Participants will identify how the Directives may be appropriately applied in their own practice of medicine and relationships with patients and staff.	1	2	3	4	5
7. Overall degree to which objectives were met.	1	2	3	4	5

I would recommend this resource to others. Yes No Unsure

HOW DID YOU LEARN ABOUT THIS RESOURCE?

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Mission Leader | <input type="checkbox"/> Health Progress |
| <input type="checkbox"/> Chief Medical Officer | <input type="checkbox"/> Catholic Health World |
| <input type="checkbox"/> CHAUSA Website | <input type="checkbox"/> Other (please specify) _____ |
-

I INTEND TO APPLY FOR CONTINUING MEDICAL EDUCATION CREDIT.

- Yes No
-

WHAT HAS BEEN THE MOST IMPORTANT BENEFIT OF THIS PROGRAM FOR YOU, PERSONALLY AND/OR PROFESSIONALLY?

OTHER COMMENTS:

WHAT OTHER RESOURCES SHOULD CHA CONSIDER THAT WOULD SUPPORT YOU IN YOUR ROLE IN CATHOLIC HEALTH CARE?
