

# EPEC tracking sheet

*Please complete this form every time you conduct a training.*

*A copy of this questionnaire may also be found and submitted on the EPEC web site at:*

*<http://www.epec.net>*

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

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

*Please tell us about the training you conducted.*

1. Date the training took place: \_\_\_\_\_

2. Where did the training take place? City: \_\_\_\_\_ State: \_\_\_\_\_

3. In what type of setting did the training take place? (Check one.)

<sub>1</sub>Urban <sub>2</sub>Suburban <sub>3</sub>Rural

4. In what format did the teaching take place? (Check one.)

<sub>1</sub>Grand rounds <sub>2</sub>Weekly conference (specify): \_\_\_\_\_

<sub>3</sub>Professional meeting <sub>4</sub>Part of a medical school course

<sub>5</sub>Independently scheduled educational session/conference

<sub>6</sub>Other (specify): \_\_\_\_\_

5. Which module(s) did you teach? (Check all that apply.)

<sub>1</sub>Plenary 1 <sub>2</sub>Plenary 2 <sub>3</sub>Plenary 3 <sub>4</sub>Plenary 4 <sub>5</sub>Training of Trainers (TOT)

<sub>6</sub>Module 1 <sub>7</sub>Module 2 <sub>8</sub>Module 3 <sub>9</sub>Module 4 <sub>10</sub>Module 5 <sub>11</sub>Module 6

<sub>12</sub>Module 7 <sub>13</sub>Module 8 <sub>14</sub>Module 9 <sub>15</sub>Module 10 <sub>16</sub>Module 11 <sub>17</sub>Module 12

6. Did you adapt the curriculum?

<sub>1</sub>No <sub>2</sub>Yes

6a. If yes, how? (Check all that apply.)

<sub>1</sub>Shortened it <sub>2</sub>Added my own material

<sub>3</sub>Combined modules <sub>4</sub>Other (specify): \_\_\_\_\_

7. How many people did you teach?

<sub>1</sub><20 people <sub>2</sub>20-50 people <sub>3</sub>51-100 people

<sub>4</sub>101-150 people <sub>5</sub>151-200 people

<sub>6</sub>>200 people (Please estimate: \_\_\_\_\_)

8. In what type of health care setting(s) do your participants work? (Check all that apply.)
- <sub>1</sub>University/Health sci school    <sub>2</sub>Hospital    <sub>3</sub>Long term care facility  
<sub>4</sub>Hospice    <sub>5</sub>Home health care agency    <sub>6</sub>Outpatient practice  
<sub>7</sub>Don't know    <sub>8</sub>Other (specify): \_\_\_\_\_
9. What were the professional backgrounds of the individuals you taught? (Check all that apply and give percent estimates.)
- \_\_\_\_\_ %<sub>1</sub>Practicing physicians    \_\_\_\_\_ %<sub>2</sub>Residents    \_\_\_\_\_ %<sub>3</sub>Medical students  
\_\_\_\_\_ %<sub>4</sub>Nurses    \_\_\_\_\_ %<sub>5</sub>Mental health    \_\_\_\_\_ %<sub>6</sub>Social workers  
\_\_\_\_\_ %<sub>7</sub>Chaplains    \_\_\_\_\_ %<sub>8</sub>Clinical ethicists    \_\_\_\_\_ %<sub>9</sub>Attorneys  
\_\_\_\_\_ %<sub>10</sub>Health care administrators    \_\_\_\_\_ %<sub>11</sub>Pharmacists  
\_\_\_\_\_ %<sub>12</sub>Patient representatives    \_\_\_\_\_ %<sub>13</sub>Don't know  
\_\_\_\_\_ %<sub>14</sub>Other (Please specify): \_\_\_\_\_
10. If you trained physicians, what were their specialties? (Check all that apply.)
- <sub>1</sub>General medicine    <sub>2</sub>Family practice    <sub>3</sub>Intensive care    <sub>4</sub>Surgery    <sub>5</sub>Oncology  
<sub>6</sub>Pediatrics    <sub>7</sub>Geriatrics    <sub>8</sub>Don't know    <sub>9</sub>Other: \_\_\_\_\_
11. Did you offer CME credit?
- <sub>1</sub>No    <sub>2</sub>Yes, ACCME Credits    <sub>3</sub>Yes, AAFP Credits
12. What kind of evaluation did you perform? (Check all that apply.)
- <sub>1</sub>Performed a needs assessment prior to teaching.  
<sub>2</sub>The EPEC pre-/post-tests.  
<sub>3</sub>The EPEC process evaluation forms.  
<sub>4</sub>The CME evaluation forms.  
<sub>5</sub>Other. (Please specify: \_\_\_\_\_)
- Please mail us copies of this information. This information will be extremely helpful in tracking and evaluating the impact and general performance of EPEC. The data will be used as aggregate numbers with no identifiers, if published. (Please note, we will be unable to return any data sent to us.)***
13. Did you collect Participant Profiles or at least the names and contact information (address, phone #, e-mail address) of your participants?
- <sub>1</sub>No    <sub>2</sub>Yes
- If Yes, please mail us copies of this information. We would like to add them to our EPEC database for Project evaluation and contact purposes.***
14. Do you have additional trainings planned?
- <sub>1</sub>No    <sub>2</sub>Yes
15. General comments about the session(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to complete this form. Please mail your form and additional materials to:

The EPEC Project  
750 N. Lake Shore Drive, Suite 601  
Chicago, IL 60611