



**Please return by June 30, 2009**

Please complete the following survey and mail or fax it back, as it will aid in determining the curriculum that will be planned for 2009/2010.

**1. What general clinical programs would you plan to attend? (Choose all that apply.)**

- |   |   |                                      |                                     |
|---|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cardiology       | <input type="checkbox"/> Geriatrics         | <input type="checkbox"/> Neurology   | <input type="checkbox"/> Pathology  |
| <input type="checkbox"/> Dermatology      | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> OB/GYN      | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Endocrinology    | <input type="checkbox"/> Mental Health      | <input type="checkbox"/> Oncology    |                                     |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Nephrology         | <input type="checkbox"/> Orthopedics |                                     |
| <input type="checkbox"/> Other: _____     |   |                                      |                                     |

**2. What specific clinical programs would you attend? (Choose all that apply.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Cardiac risk factor management         | <input type="checkbox"/> Moderate (conscious) Sedation & analgesia |
| <input type="checkbox"/> Cerebrovascular Disease/Stroke dx / tx | <input type="checkbox"/> Obesity Management                        |
| <input type="checkbox"/> Diabetes dx / tx                       | <input type="checkbox"/> Osteoporosis dx / tx - bone health        |
| <input type="checkbox"/> New Drug Therapies                     | <input type="checkbox"/> Sleep Disorders                           |
| <input type="checkbox"/> Headache and pain tx / management      | <input type="checkbox"/> Diagnostic Radiology                      |
| <input type="checkbox"/> Other: _____                           |  |

**3. Category I CME programs must discover and meet the educational gaps (needs) of physicians both locally and nationally. In what areas of medicine do you think local physicians could use updates to improve overall clinical performance? (e.g. cardiac care, infectious disease, pain management, etc.)** \_\_\_\_\_

**4. Please list any suggestions on how the College of Medical Education CME courses can be designed to better improve the quality your practice or patient care?**

\_\_\_\_\_

**5. My preferred day to attend a 6 hour CME program is (pick one):**

- Monday     Tuesday     Wednesday     Thursday     Friday

**6. My preferred learning style is:**

- Lecture     Case presentation     Group discussion     Other \_\_\_\_\_

**7. What is the most important consideration when choosing to attend a CME program?**

- Topic     Speaker     Location     Day of week     Time of Day     Cost

**8. Did you attend any COME Category I CME programs last year?**

- Yes     No    If not, why? \_\_\_\_\_

**9. If you answered "yes" to question # 8, did the CME programs you attended result in any change in how you practiced medicine in the past year? If so, how?**

- Improved patient care     Improved my quality of life     Improved my efficiency

**10. What was the MOST common way you heard about CME programs scheduled through COME?**

- Mailed CME Brochure     Emailed Flyer     Faxed Flyer     Word of Mouth  
 PCMS Website     PCMS Newsletter     Other: \_\_\_\_\_

**Thank you for taking the time to participate in this annual survey!  
Fax to: 253-572-2470 by June 5th**