

# Baystate Health Continuing Education

## Online Course Feedback Form

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

Name: \_\_\_\_\_ Degree/Profession) \_\_\_\_\_

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### Section I – General Information

Email address: \_\_\_\_\_

Mail address: \_\_\_\_\_

Computer and Brower used (*ex: Dell, Toshiba etc..., Internet explorer*) \_\_\_\_\_

Current Specialty \_\_\_\_\_ Sub-specialty (*if any*) \_\_\_\_\_

How many years in practice? \_\_\_\_\_

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### Section II - Pilot Tester Information

Record the time you spent **on each section** (in minutes):

- Introduction \_\_\_\_\_ (min)
  - Content \_\_\_\_\_ (min)
  - test taking \_\_\_\_\_ (min)
  - Reviewing post-test answers \_\_\_\_\_ (min)
  - Evaluation \_\_\_\_\_ (min)
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### Section III - Feedback

Were the stated learner objectives met? \_\_\_\_\_

Did the program fulfill your personal objectives? \_\_\_\_\_

Was the material presented clearly and understandable? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Was the program content timely and relevant \_\_\_\_\_

Comments: \_\_\_\_\_

## Baystate Health Continuing Education

Rate the level of difficulty of post test? Difficult \_\_\_\_\_ Just right \_\_\_\_\_ Easy \_\_\_\_\_

Did this course promote a specific pharmaceutical or medical equipment company product?

\_\_\_\_\_

*If so describe:* \_\_\_\_\_

\_\_\_\_\_

Do you have any suggestions that would help us improve the quality of our courses?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Our mission is to improve the health of the people in our communities every day, with quality and compassion. Do you have any recommendations on future programs that will help meet our mission?*

\_\_\_\_\_

\_\_\_\_\_

Thank you!!!