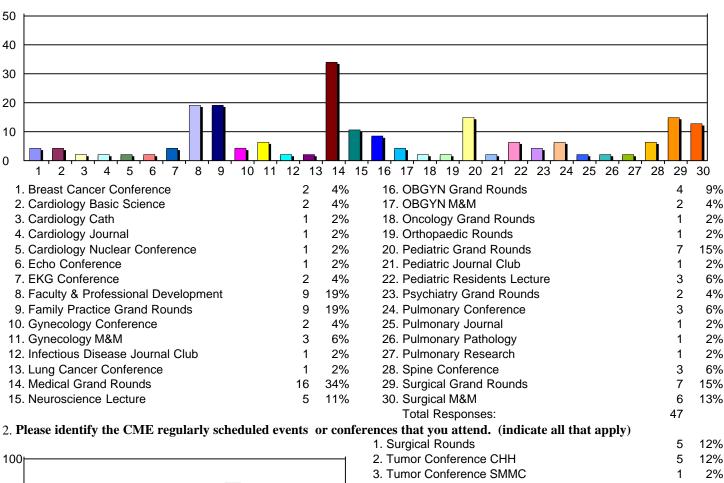
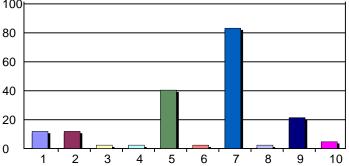
Creation Date: 10/14/2014

Time Interval: 7/22/2014 to 9/30/2014

Total Respondents: 49

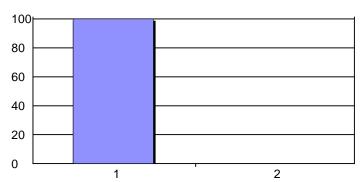
1. Please identify the CME regularly scheduled events that you attend. (indicate all that apply)





rences that you attend. (indicate all that apply)			
1. Surgical Rounds	5	12%	
2. Tumor Conference CHH	5	12%	
3. Tumor Conference SMMC	1	2%	
4. Tumor Conference VAMC	1	2%	
5. Annual Research Day Conference	17	40%	
6. Annual Alumni Conference	1	2%	
7. Annual Risk Management Seminar	35	83%	
8. Annual Oncology Conference	1	2%	
9. Offsite-Annual Family Practice/Sports Medicin	9	21%	
10. Multi-Institutional Sarcoma Board	2	5%	
Total Responses:	42		

3. Do you feel that the recommendations involving clinical medicine made by presenters at the events selected are based on evidence as accepted with the profession of medicine?



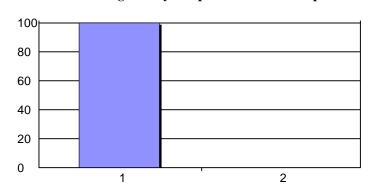
 1. Yes
 47 100%

 2. No
 0 0%

 Total Responses:
 47

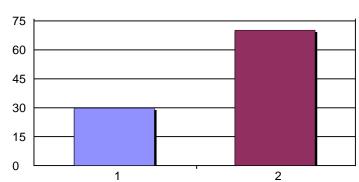
 Mean: 1.00 Standard Deviation: 0.00
 47

4. Do you feel that any scientific research referred to by presenters in support of the event or patient care recommendations conform to the generally accepted standards of experimental design, data collection and analysis?



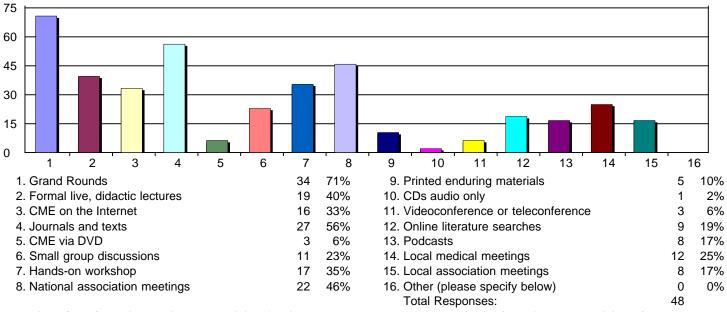
1. Yes 47 100% 2. No 0 0% Total Responses: 47 Mean: 1.00 Standard Deviation: 0.00

5. Do you feel that the event(s) promotes recommendations, treatments or manners of practicing medicine that have risks or dangers that outweight the benefits in the treatment of patients?

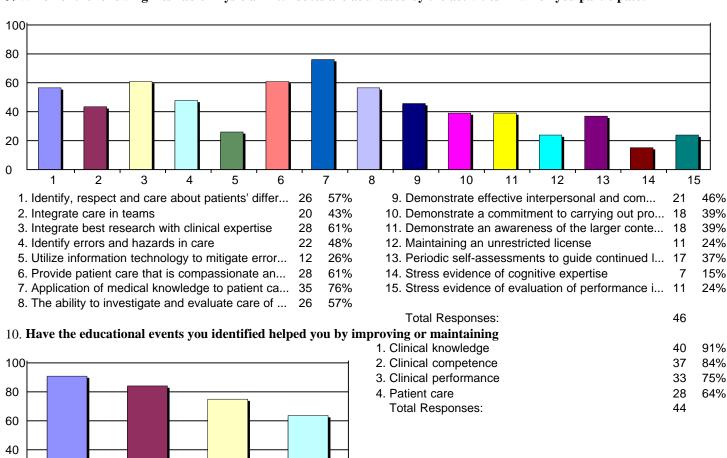


1. Yes 14 30% 2. No 33 70% Total Responses: 47 Mean: 1.70 Standard Deviation: 0.46

6. What type CME is the most effective in helping you apply CME learning in your clinical practice?



9. Which of the following Desirable Physician Attributes are addressed by the activities in which you participate?



4

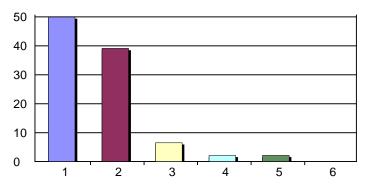
20

0

2

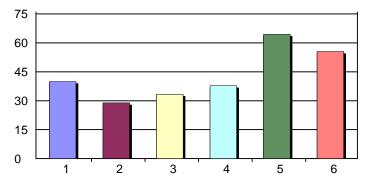
3

CME Needs Assessment-Phase 2 Event specific-as of 9/30/14 11. What degree of confidence do you have that you will apply your CME learning into your practice of medicine?



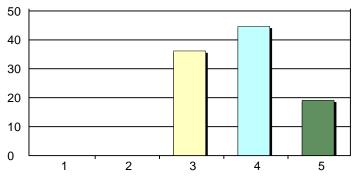
1. 100%	23	50%
2. 75%	18	39%
3. 50%	3	7%
4. 25%	1	2%
5. 10%	1	2%
6. 0%	0	0%
Total Responses:	46	

12. Which of the following affect your clinical practice? (or could be a barrier to)



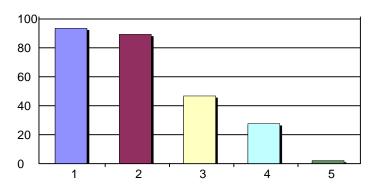
1. Administrative	18	40%
2. Organizational	13	29%
3. Clinical Practice Guidelines	15	33%
4. Technological issues	17	38%
5. Patient interaction time	29	64%
Electronic Medical Records	25	56%
Total Responses:	45	

13. Please indicate your birth year.



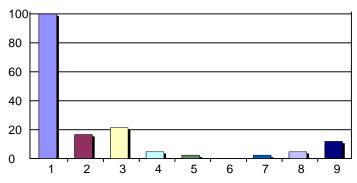
1. 1925-1933	0	0%
2. 1934-1946	0	0%
3. 1947-1964	17	36%
4. 1965-1980	21	45%
5. 1981 and beyond	9	19%
Total Responses:	47	
Mean: 3.83 Standard Deviation: 0.73		

14. Where are you credentialled?



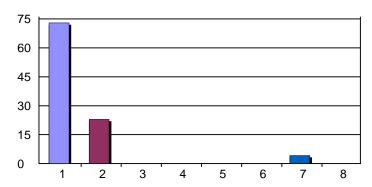
1. Marshall Health	44	94%
2. CHH	42	89%
3. SMMC	22	47%
4. VAMC	13	28%
5. Other (please specify below)	1	2%
Total Responses:	47	

16. Where are you licensed?



1. West Virginia	42	100%
2. Ohio	7	17%
3. Kentucky	9	21%
4. Virginia	2	5%
5. Maryland	1	2%
6. Pennsylvania	0	0%
7. New York	1	2%
8. North Carolina	2	5%
9. Other state (please specify below)	5	12%
Total Responses:	42	

19. You are a.....



1. Physician	35	73%
2. Resident	11	23%
3. Pharmacist	0	0%
4. Nurse	0	0%
5. Basic Scientist	0	0%
6. Medical Student	0	0%
7. Medical Staff	2	4%
8. Dentist	0	0%
Total Responses:	48	
Mean: 1.48 Standard Deviation: 1.24		