



Satellite Registration and Evaluation

OCCUPATIONAL CATEGORY

- | | |
|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Advanced Practice Nurse | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Associated/Allied Health | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Clinical Psychologist | <input type="checkbox"/> Registered Dietitian |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Licensed Clinical Social Worker | <input type="checkbox"/> Speech/Language Pathologist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Other Clinical |
| <input type="checkbox"/> Pharmacist Tech | <input type="checkbox"/> Other |

Date

ACTIVITY TITLE: Aging Drivers

EMAIL ADDRESS

ACCREDITATION/CERTIFICATE REQUESTED:
Activity must be approved for the certificate type in order for such a certificate to be issued.

- ACCME
- ACCME - Non Physician

Birth month and day

FIRST NAME:

LAST NAME:

JOB TITLE:

FACILITY/COMPANY NAME:

CITY: **STATE:** **ZIP CODE:** **PHONE:**

I assert that I attended 100% of this program. **Signature:**

INSTRUCTIONS FOR SUBMISSION

Complete this registration and evaluation form within two weeks of completing the activity.

Submission options:

Electronic: Click the submit button found at the top of the first page or download attachment.

Fax: Set machine to "Fine" and fax to Rosemary Tolwinski at (781) 687-3292.

AUTHORITY: Title 50, Appendix, U.S.C., Title 10, U.S.C., Public Law 96-357 96th Congress, September 24, 1980 (Amendment to 10 U.S.C. 2107).
 PRINCIPAL PURPOSE(S): To develop policies and procedures, compile statistics and render analytical reports, and to track participation in EES activities.
 ROUTINE USES: The information provided on the application will be used to maintain data on EES activities, provide requested reports on participation, and to provide activity original and duplicate certificates to EES activity participants.
 MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL PROVIDING INFORMATION: Disclosure of information requested in the EES registration form (the application) is voluntary; however, the information must be furnished in order to ensure the applicant will receive a certificate of completion for EES activities and appropriate education credit.

PLEASE CHOOSE THE APPROPRIATE RESPONSE

- | | |
|--|--|
| 1. The objectives clearly defined the content and/or skills to be addressed. | <input type="checkbox"/> Strongly Disagree |
| | <input type="checkbox"/> Disagree |
| | <input type="checkbox"/> Neutral |
| | <input type="checkbox"/> Agree |
| | <input type="checkbox"/> Strongly Agree |
| | |
| 2. The content adequately addressed the stated objectives. | <input type="checkbox"/> Strongly Disagree |
| | <input type="checkbox"/> Disagree |
| | <input type="checkbox"/> Neutral |
| | <input type="checkbox"/> Agree |
| | <input type="checkbox"/> Strongly Agree |
| | |
| 3. The content was related to my job-related needs. | <input type="checkbox"/> Strongly Disagree |
| | <input type="checkbox"/> Disagree |
| | <input type="checkbox"/> Neutral |
| | <input type="checkbox"/> Agree |
| | <input type="checkbox"/> Strongly Agree |
| | |
| 4. Materials enhanced content delivery. | <input type="checkbox"/> Strongly Disagree |
| | <input type="checkbox"/> Disagree |
| | <input type="checkbox"/> Neutral |
| | <input type="checkbox"/> Agree |
| | <input type="checkbox"/> Strongly Agree |
| | <input type="checkbox"/> Not Applicable |
| | |
| 5. Materials were used effectively during the educational activity. | <input type="checkbox"/> Strongly Disagree |
| | <input type="checkbox"/> Disagree |
| | <input type="checkbox"/> Neutral |
| | <input type="checkbox"/> Agree |
| | <input type="checkbox"/> Strongly Agree |
| | <input type="checkbox"/> Not Applicable |

6. The use of visual aids enhanced content presentations.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Not Applicable

7. The quality of the visual aids (e.g., layout, readability) enhanced learning.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Not Applicable

8. Instructional activities were effective in helping me to learn the content.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

9. The length of the educational activity was sufficient for me to understand the content.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

10. The training environment was conducive to learning.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

11. Logistics regarding the educational activity were clear.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

12. I gained new knowledge or skills as a result of my participation in this educational activity.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

13. I have learned the content required to attain the objectives of the educational activity.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

14. I plan to change at least one thing in my work as a result of this educational activity.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

15. List those changes in space provided:

16. My work environment allows application of this content to the job.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

17. I would recommend this program to a friend or co-worker.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

18. If commercial products were discussed, I found the information presented in this program to be fair, objective, and balanced in relations to discussions regarding commercial products. If not, please explain.

- Yes
- No
- Not Applicable

EVALUATION OF OBJECTIVES

As a result of completing this education activity, it is expected that your ability to attain the course objectives will increase (or it could remain the same). As a result of this program, please indicate the percentage of change you perceive in your ability to attain each of the program objectives listed below.

List the 7 elements that comprise the ADReS tool to conduct a functional assessment of the older driver.

- 0%
- 25% or less
- 26 to 50%
- 51 to 75%
- 75 to 100%

Apply the ADReS components to evaluate the risk of driving in a case presentation of an older driver.

- 0%
- 25% or less
- 26 to 50%
- 51 to 75%
- 75 to 100%

We would welcome any comments or recommendations

Is this a compliment?

or suggestion?

FACULTY EVALUATION

Shirley Neitch

1. Was able to effectively present content
- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly Agree
2. Was knowledgeable about the topic
- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly Agree
3. Engaged participants effectively
- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly Agree

Richard Marottoli

1. Was able to effectively present content
- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly Agree
2. Was knowledgeable about the topic
- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly Agree
3. Engaged participants effectively
- Strongly Disagree
 Disagree
 Neutral
 Agree
 Strongly Agree

POST - TEST

1. Three key functions needed for safe driving are vision, cognitive and motor function.

True

False

2. The ADReS (Assessment of Driving Related Skills) protocol consists of 7 components.

True

False

3. All components of the ADReS protocol must be performed by Primary Care Providers.

True

False

4. Any visual field cut requires an intervention for safe driving.

True

False

5. Visual acuity is checked by the Snellen or Rosenbaum chart.

True

False

6. The normal range for the Rapid Pace Walk, measured over a 10 foot distance, is 9 seconds or less.

True

False

7. Range of motion tests only neck rotation, and shoulder and elbow flexion.

True

False

8. Motor strength (shoulder, wrist, hand grip, hip, ankle) of $< 4/5$ in either upper extremity or right lower extremity signals a need for intervention.

True

False

9. Trail-Making Test Part B asks the patient to trace a line sequentially from encircled numbers 1-30 scattered on a page.

True

False

10. On the Clock-drawing tasks, both hands of the clock have to be on the correct time (11:10) but the spacing of the number in the circle can be slightly off.

True

False