

# HCCA



HEALTH CARE  
COMPLIANCE  
ASSOCIATION

***HCCA 2007 Compliance  
Institute  
April 22-25, 2007  
Chicago, IL  
SESSION EVALUATION FORM***

# HCCA



COMPLIANCE  
INSTITUTE  
April 22-25, 2007  
www.compliance-institute.org  
(888) 580-8373

**102 – Mandatory Reporting of Medical Errors,  
Near Misses, Product Defects, and Adverse Events  
Monday, April 23, 2007/10:15 am – 11:15 am/Superior A & B**

**PLEASE INDICATE YOUR RESPONSE TO THE FOLLOWING QUESTIONS  
BY MARKING THE APPROPRIATE BOX ON THE RIGHT**

**Michael Morse**

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
THE INFORMATION PRESENTED WAS ACCURATE AND TIMELY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESENTER WAS PROFESSIONAL, PREPARED, AND UNDERSTANDABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Jim Sheehan**

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
THE INFORMATION PRESENTED WAS ACCURATE AND TIMELY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESENTER WAS PROFESSIONAL, PREPARED, AND UNDERSTANDABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
HANDOUTS WERE INFORMATIVE AND EASY TO USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MY EDUCATIONAL GOALS RELATED TO THE TOPIC WERE MET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I WOULD ATTEND A SESSION ON THIS TOPIC IN THE FUTURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BRIEFLY DESCRIBE THE MOST SATISFYING FEATURES OF THE SESSION:

BRIEFLY DESCRIBE THE LEAST SATISFYING FEATURES OF THE SESSION: