

Department of Emergency Medicine
Vanderbilt University Medical Center, Nashville, TN
Evaluation Form
PORTAL Program
August 2023

Incident Number: _____

1. As a result of participating in this learning activity, do you agree that you can describe and discuss:

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
<i>Indications for administration of aspirin for suspected Acute Coronary Syndrome (ACS) patients</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Performing and documenting electrocardiograms (ECG) for suspected ACS patients</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Will you change anything you do in your practice as a result of participating in this activity? Check all that apply:

- No, content not applicable.
- No, but my current practice behavior has been reinforced.
- I will revise my current practice behavior to incorporate what I have learned in this educational activity.
- I will implement a new practice behavior based on what I learned in this educational activity. Please share what you plan to do differently: _____

3. How did PORTAL help you consider using this behavior in your practice? (Check all that apply.)

- Provided information that contributed to my understanding of the topic.
- Provided information that showed me how the behavior was relevant to my practice.
- Provided information that helped me understand how I might revise my current behavior to incorporate the new behavior.
- Other: _____

4. Please tell us about yourself:

- EMT-P EMT RN Other _____
- AEMT EMR LPN

5. Was this activity free of commercial bias or influence? Yes No

If no, please explain: _____

6. General Comments (e.g., suggestions for improvement of PORTAL, educational topics):

7. Suggestions for topics to cover in future expansion of PORTAL:
