

**Continuing Medical Education Evaluation**  
**CHAMP Quarterly Educational Case Review**  
**September 21, 2010**

Case Review Learning Objectives

1. Differentiate between normal and abnormal child abuse examination findings.
2. Identify the key factors for quality photographic documentation of child abuse cases.
3. Identify appropriate testing and treatment when child abuse is suspected.

	5 Strongly Agree	4 Agree	3 Don't Know	2 Disagree	1 Strongly Disagree
I feel the case review learning objectives were met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel today's quarterly review provided worthwhile information that I could apply to my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The educational points of the cases were clearly articulated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to follow the discussion and participate if I chose to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The case review format and structure facilitated my learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel this presentation was free of commercial bias.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel better able to diagnose and treat child abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Please list two changes related to child abuse cases that you will make as a result of this quarterly review:

- a.
- b.

2. Please suggest topics you would like to see addressed in a quarterly review:

3. Additional comments:

Name (optional)	
Degree	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> RN-SANE
Specialty	<input type="checkbox"/> Child Abuse Pediatrics <input type="checkbox"/> Pediatrics <input type="checkbox"/> Family Practice <input type="checkbox"/> Emergency Medicine

**Return to: [MarkellL@upstate.edu](mailto:MarkellL@upstate.edu) or Fax 315-464-2048**