

# Cohort Closeout Survey

Please complete the survey below.

Thank you!

## Please answer the following questions about your overall experience with the continuing education and quality improvement project.

Would you recommend this continuing education and quality improvement series to a colleague?

- Yes  
 No

Was this continuing education and quality improvement series a valuable use of your time?

- Yes  
 No

Please rate your understanding of Familial Hypercholesterolemia (FH)

- Excellent  
 Good  
 Fair  
 Poor  
 Don't Know

Please rate your current understanding of FH guidelines for pediatric lipid screening.

- Excellent  
 Good  
 Fair  
 Poor  
 Don't Know

Please rate your current confidence in implementing FH pediatric lipid screening guidelines into your practice.

- Excellent  
 Good  
 Fair  
 Poor  
 Don't Know

Please rate your current understanding of FH management.

- Excellent  
 Good  
 Fair  
 Poor  
 Don't Know

Please rate your current confidence in implementing FH management recommendations into your practice.

- Excellent  
 Good  
 Fair  
 Poor  
 Don't Know

Based on what you learned in this continuing education and quality improvement series, do you plan to change the strategies you implement in practice?

- Yes  
 No

Please identify any changes in practice that you plan to make.

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Please identify barriers to making changes in your practice. Select all that apply.

- Time
- Lack of resources
- Systems-related barriers internal to your organization
- Systems-related barriers external to your organization
- The activity reinforced what I am already doing in practice
- Changes were not appropriate options for my practice
- Other \_\_\_\_\_

How useful were the run charts that were provided to you?

- Not at all useful
- Slightly useful
- Neutral
- Moderately useful
- Extremely useful

What other resources would be helpful to improve your ability to care for patients?

\_\_\_\_\_

Would you be interested in participating in other continuing education and quality improvement projects sponsored by the Midwest Genetics Network?

- Yes
- No

Please list any genetics topic suggestions you have for a continuing education and quality improvement project.

\_\_\_\_\_

Do you have any other feedback about this continuing education and quality improvement project that you would like to provide?

\_\_\_\_\_

**The American Board of Pediatrics has recently added data collection questions around race and ethnicity for their quality improvement projects. As a result, MGN would like to understand more about race and ethnicity as it relates to FH screening. Please answer the following questions to help us better understand whether race and ethnicity are collected, and if so, how.**

Do you collect race and/or ethnicity information on your patients, ages 9-11, who receive a non-fasting lipid profile?

- Yes
- No

How is race and/or ethnicity information collected?

- Self-reported or guardian reported
- Collected by the administrative team
- Determined by the clinician
- Unknown
- Other \_\_\_\_\_