CREATE Final Evaluation Questions

1. Name

2. Residency

3. Non-residency email and telephone for future contact

4. Have you completed the CREATE Program Certificate requirements? If no, by when and how will you complete?

5. If you will not complete CREATE, what influenced your decision not to complete the requirements? (Select all that apply)
   • Other priorities took over
   • Unlikely to provide abortions where I go after residency
   • Not enough mentoring support
   • Hard to set up advanced training sessions
   • Too far to travel for clinical training sessions
   • No time for requirements
   • Other (explain)

6. Do you intend to include the following into your post-residency practice? (Certainly Not, Probably Not, Undecided, Probably Yes, Certainly Yes)
   • Medications for miscarriage management
   • Aspiration for miscarriage management
   • Medications for elective abortion
   • Aspiration for elective abortion

7. Did you participate in evening sessions remotely? Either way, what was your experience in remote participation (at the session and/or as a remote participant)?

8. How helpful were the following CREATE program components on your likelihood of providing abortions in the future?
   (Very unhelpful, Somewhat unhelpful, Somewhat helpful, Quite helpful, very helpful)
   • # of advanced training days
   • Evening Session: Program orientation / advocacy training
   • Evening Session: Panel, opportunities, interviewing, and providing in practice
   • Evening Session: complication review & simulation
   • Independent project
9. Please indicate your satisfaction with the following components of your independent project: (Very unsatisfied, Somewhat unsatisfied, Somewhat satisfied, Quite satisfied, Very satisfied)
   • Suggested ideas
   • Ability to collaborate
   • Support from you faculty
   • Support from TEACH program
   • Ability to present project to group

10. After CREATE, how would you rate your knowledge on the following topics:
    Self-assessed competence: 1 (need additional training) to 5 (competent to perform independently)
    • How to get involved in RH advocacy efforts
    • How to build buy-in among practice stakeholders
    • How to network where you are going after residency
    • Strategies for seeking opportunities, interviewing, and negotiating contracts for abortion services

11. In which of the above areas do you want more training?

12. How competent do you feel performing the following procedures on a scale of (1) not competent to (5) very competent (to work independently)?
    • First trimester ultrasound for dating
    • Intra-op ultrasound during aspiration
    • Pelvic exam / sizing
    • IUC placement
    • Contraceptive implant
    • Medication abortion
    • Manual vacuum aspiration (MVA)
    • Electric vacuum aspiration (EVA)
    • Management of early pregnancy loss
    • Management of abortion complications
    • Ectopic diagnosis / mgmt
    • Dilation of a difficult cervix
    • Hemorrhage diagnosis / mgmt
    • Perforation detection / mgmt
    • Vasovagal detection / mgmt

13. In which of the above areas do you want more training?

14. What did you learn from your independent project? How did you use negotiation skills for your independent project?
15. What did you find most useful about the CREATE training program?

16. What did you find least useful about the CREATE training program?

17. Any additional training opportunities you would have liked to have experienced in the CREATE program?

18. Please share your experience with scheduling your advanced clinical sessions. What challenges did you experience? Anything we could have done to make it easier?

19. Any other suggestions you have for improving the CREATE program?

20. What is your greatest interest area for future contact with the TEACH program?
   • Networking
   • Updates on reproductive health innovations
   • Future job announcements
   • Other