

The Patient Better Project Inc.

# Self- Assessment Questionnaire

**A Medical Record  
Management Course**

By Jennifer Woodruff, MHA

---

As part of its ongoing system of program evaluation, The Patient Better Project seeks information about your knowledge about medical record management. Please complete the post assessment questionnaire. You are not required to participate. If you do, you should expect to receive a certificate upon completion. All your responses will be confidential and greatly appreciated. They will be reported only as cumulative statistics.

\_\_\_\_\_  
Name of Attendee

\_\_\_\_\_  
Today's Date

## Section 1- Competence

### Segment A - Long answer

**1. As a result of your participation in this session, will you make an upgrade in the way you manage your medical records?**

Yes       Uncertain (go to questions #2)       No (go to question #3)

If yes, please specify one change you will make:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With 1 being the lowest level of commitment and 5 being the highest, please circle the number that most accurately indicates your commitment to successfully implement the change you specified.

| Lowest |   |   |   |   | Highest |  |
|--------|---|---|---|---|---------|--|
| 1      | 2 | 3 | 4 | 5 |         |  |

**2. If you indicated uncertainty about making a change, please describe what causes your uncertainty.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. If you answered no to question # 1, please explain why you will make no change because of participating in this session.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Segment B – Indicate level of agreement**

| Before Course  |   |   |   |   | Please indicate your level of knowledge or competence with the following statements: (1 = strongly disagree 5 = strongly agree) | After Course   |   |   |   |   |
|----------------|---|---|---|---|---|----------------|---|---|---|---|
| Knowledge      |   |   |   |   |   | Knowledge      |   |   |   |   |
| Disagree-Agree |   |   |   |   |   | Disagree-Agree |   |   |   |   |
|                |   |   |   |   | <b>Knowledge/Competence</b>   |                |   |   |   |   |
| 1              | 2 | 3 | 4 | 5 | The degree of familiarity of medical record management.   | 1              | 2 | 3 | 4 | 5 |
| 1              | 2 | 3 | 4 | 5 | The need to self-organize your medical records.   | 1              | 2 | 3 | 4 | 5 |
| 1              | 2 | 3 | 4 | 5 | The need to have standard order of documentation in place.  | 1              | 2 | 3 | 4 | 5 |
| 1              | 2 | 3 | 4 | 5 | Why medical record management helps safeguard and protect your health information   | 1              | 2 | 3 | 4 | 5 |
| 1              | 2 | 3 | 4 | 5 | How to properly organize medical records.   | 1              | 2 | 3 | 4 | 5 |

**Section 2 – Performance**

This following segments is a self-reflection in the degree in which you will use this medical record management course and apply it into your health routine.

**Indicate level of agreement**

| Before Course  |   |   |   |   | Please indicate your level of agreement with the following statements: (1 = strongly disagree 5 = strongly agree)   | After Course   |   |   |   |   |
|----------------|---|---|---|---|---|----------------|---|---|---|---|
| Skill          |   |   |   |   |   | Skill          |   |   |   |   |
| Disagree-Agree |   |   |   |   |   | Disagree-Agree |   |   |   |   |
|                |   |   |   |   | <b>Performance</b>  |                |   |   |   |   |
| 1              | 2 | 3 | 4 | 5 | How medical record management fits in today's post-pandemic at-home care needs.                                     | 1              | 2 | 3 | 4 | 5 |
| 1              | 2 | 3 | 4 | 5 | Where and when medical record management skills should be applied.  | 1              | 2 | 3 | 4 | 5 |
| 1              | 2 | 3 | 4 | 5 | Why medical record management improves your care.   | 1              | 2 | 3 | 4 | 5 |
| 1              | 2 | 3 | 4 | 5 | Have a clear understanding of medical record management.  | 1              | 2 | 3 | 4 | 5 |
| 1              | 2 | 3 | 4 | 5 | Have a defined understanding of medical record management and know how it can be utilized by everyone in your home. | 1              | 2 | 3 | 4 | 5 |

**Section 3 – Patient and Community Health**

This following section evaluates your self-reflection and the degree in which this medical record management training helps improve your (and your community’s) care.

**Indicate level of agreement**

| Before Course  |   |   |   |   | Please indicate your level of agreement with the following statements: (1 = strongly disagree 5 = strongly agree)    | After Course   |   |   |   |   |
|----------------|---|---|---|---|--|----------------|---|---|---|---|
| Status         |   |   |   |   |  | Status         |   |   |   |   |
| Disagree-Agree |   |   |   |   |  | Disagree-Agree |   |   |   |   |
|                |   |   |   |   | <b>Patient Health</b>  |                |   |   |   |   |
| 1              | 2 | 3 | 4 | 5 | I see the relevance in medical record management and how it can help safeguard my health from oversights and errors. | 1              | 2 | 3 | 4 | 5 |
| 1              | 2 | 3 | 4 | 5 | Medical record management was not something that I really thought was a key component in my care.                    | 1              | 2 | 3 | 4 | 5 |

|   |   |   |   |   |  |   |   |   |   |   |
|---|---|---|---|---|--|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | I feel comfortable and confident that medical record management helps improve my health literacy skills needed to properly communicate and make informed decisions about care. | 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 | Medical record management skills are something of importance and feel that everyone should have some knowledge in the subject.   | 1 | 2 | 3 | 4 | 5 |
| 1 | 2 | 3 | 4 | 5 | I believe that most of my medical record management is complete and that I will be able to participate in additional self-management training with little guidance.            | 1 | 2 | 3 | 4 | 5 |

**Section 4 – Course Experience**

Please take a moment and share your feedback of this course.

**A. Why did you attend this course?**

---



---



---

**B. Can you think of any other medical record management issues other than what is in this course that you would like us to address in future courses?**

---



---



---

**C. Please provide us with any other information such as comments, concerns, or accolades that you would like acknowledged.**

---



---



---

**D. Do you have any suggestions to improve this course?**

---



---



---