

Overall Series Survey for Fiscal Year 2024

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This survey is to help us gather data to measure how this program did in meeting the established gap. Your information will help us plan for next year's meeting.

Thank you in advance for your participation.

* - indicates a required item.

This form has questions affected by conditional logic. All form questions may not be visible below, but will show based on existing responses.

()* After attending this series, did the knowledge you gained help you make any changes in skills/strategy?

- Yes, I made changes to my skills/strategy
- I intend to make changes to my skills/strategy
- Although I did not make changes in my skills/strategy, the course reinforced what I am currently doing.
- No, the information presented did not affect skills/strategy
- This is not applicable to me.

*** ()Please explain the change you made in skills/strategy.**

Remaining: 500

()After attending this series, did the knowledge you gained help you make any changes in performance?

- Yes, I made changes in my performance.
- I intend to make changes in my performance.
- Although I did not make changes in my performance, the course reinforced what I am currently doing.
- No. the information presented did not affect my performance.
- This is not applicable to me.

*** ()If yes, please explain the change in your performance.**

Remaining: 500

()After attending this series, did the knowledge you gained allow you to implement any changes that have affected patient outcomes?

- Yes, the knowledge I gained allowed me to implement change that has affected patient outcomes.
- Based on the knowledge I have gained; I intend to make changes that should affect patient outcomes.
- Although the knowledge I gained did not affect patient outcomes, the course reinforced what I am currently doing.
- No, the information presented will not affect patient outcomes.
- This is not applicable to me.

*** ()Please describe how the education you received impacted your patients' outcomes (if applicable):**

Remaining: 500

()Did you run into any barriers that affected your ability to make changes?

- Yes
- No

*** ()If yes, please explain**

Remaining: 500

()One goal of our education is to improve the performance of the team, did this program enhance the performance of your team in any way?

- Yes
- No

*** ()If yes, please explain**

Remaining: 500

()Can you identify any problems in practice/patient care that you would like to see addressed at a future conference?

- Yes

No

*** ()If yes, please explain**

Remaining: 500

()Did you perceive any bias with this series or any of the lectures?

Yes

No

*** ()If yes, please explain**

Remaining: 500

()* If this course was approved for Interprofessional Continuing Education (IPCE), was there an opportunity to learn from each other?

Yes

No

Not Applicable

()If yes, please explain

Remaining: 500