

Overall Series Survey for Fiscal Year 2025

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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.

()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.

()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.

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

- ☐ Yes
- ☐ No

()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

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

☐ Yes

☐ No

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

☐ Yes

☐ No

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

☐ Yes

☐ No

☐ Not Applicable

()Do you have any suggestions for topics you would like to hear about from speakers in the future?

Remaining: 500