

2020 Gap Assessment Survey

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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.

Which of the following best describes your professional degree?

- MD, DO or ND
- NP
- PA
- RN
- Pharmacist
- Social Work
- Other

*** If other, please specify:**

I spend the majority of my professional time engaged in:

- Direct Patient Care
- Administration
- Research
- Other

*** If other, please specify:**

*** Please indicate whether this activity had an impact on your practice or your care of patients.**

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

*** Please explain the change you made or intend to make.**

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 describe**

Remaining: 500

Did you run into any barriers while trying to incorporate changes?

- Yes
- No

*** Please identify any barriers you experienced:**

Remaining: 500

Please identify any problems in your specialty or practice which might be addressed by a future session:

Remaining: 500