2018 Gap Assessment Survey

# 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.

After attending this program, did the knowledge you gained help you make any changes in (select all that apply):

Your Competence?

[ ] Yes

 [ ] No

If yes, please explain: Click or tap here to enter text.

Your Performance?

[ ] Yes

 [ ] No

If yes, please explain: Click or tap here to enter text.

Your Patient Outcomes?

[ ] Yes

 [ ] No

If yes, please explain: Click or tap here to enter text.

Did you run into any barriers which affected your ability to make changes?

[ ] Yes

 [ ] No

If yes, please explain? Click or tap here to enter text.

Can you identify any problems in practice/patient care which you would like to see addressed at a future meeting? Click or tap here to enter text.

**One goal of this conference is to educate and transform collaborative care. To that end, please tell us whether this education has enhanced your team’s care in treating patients with enter your specific gap here**

 **If “yes”, please describe the change that was made as a result of the education.**

Click or tap here to enter text.