## Overall Series Survey for Fiscal Year 2023

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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.
- $\bigcirc$  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.

### ()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):



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

- Yes
- 🕖 No
- \* ()If yes, please explain

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#### 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

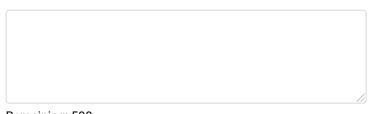
\* ()If yes, please explain



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

O No

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



Remaining: 500

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



🕖 No

\* ()If yes, please explain

		//

Remaining: 500

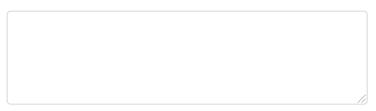
()\* If this course was approved for Interprofessional Continuing Education (IPCE), was there an opportunity to learn from each other?

🔵 Yes

🕖 No

Not Applicable

#### ()If yes, please explain



Remaining: 500