

# Evaluation: Live Activity CTC

Live Course CTC

Avera Education Center, Sioux Falls,  
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Faculty:

Sharon Test

Please complete the following questions and then submit after reviewing your responses. All questions are required. Once you have completed this evaluation you will be able to print your CE certificate.

## Participant Demographics: \*

- Physician (MD/DO)
- RN/LPN
- Advanced Practice Providers (CNP, CRNA, PA)
- Pharmacist
- Student
- Other, please specify

## As a result of attending this activity, I am better able to:

### Objective 1 \*

- Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

### Objective 2 \*

- Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

## As a result of attending this activity:

I intend to apply the knowledge and/or skills I have acquired from this activity to my work when in a team environment. \*

- Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

I am better able to collaborate with a multidisciplinary team. \*

- Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

I am better able to communicate with other members of a multidisciplinary team as a result of what I learned in this activity. \*

- Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

I am better able to discuss how teamwork can contribute to continuous and reliable patient care. \*

- Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

Rate the projected impact of this activity on your knowledge, competence, performance, and patient outcomes: *competence is defined as the ability to apply knowledge, skills, and judgment in practice (knowing how to do something)*

This activity increased my knowledge \*

- No change
- No
- Yes (describe below)

This activity increased my competence. \*

- No change
- No
- Yes (describe below)

This activity will improve my performance. \*

- No change
- No
- Yes (describe below)

This activity will improve my patient outcomes. \*

- No Change
- No
- Yes (describe below)

Do you feel the activity was scientifically sound and free of commercial bias or influence? \*

- Yes
- No

If you answered No above, please explain:

For the content presented, how might the format of this activity be improved (select all that apply)? \*

- Format was appropriate; no changes needed
- Increase interactivity
- Add a hands-on instructional component
- Other (describe below)
- Include more case-based presentations
- Add breakouts for subtopics
- Schedule more time for Q and A

Overall, were the speakers/authors knowledgeable regarding the content? \*

- Yes
- No

If no, please explain:

Overall, were the presentations balanced, objective, and scientifically rigorous? \*

- Yes
- No

If no, please explain:

## Commitment to Change

Now that you have participated in this CME/CE activity, please take a moment to consider making changes in your practice as a result.

The categories listed below represent potential areas of improvement. You can list up to 2 specific, measurable changes in each category - one per field.

Here are some examples of specific, measurable changes:

- Regularly screen my patients with diabetes for clinical depression with PHQ-9 questionnaires.
- Teach my medical assistant to perform spirometry correctly by having her view a video and then assessing her skill
- Set up a registry of patients with diabetes to be able to track those most in need of repeat visits.

After you record these, take a moment to reflect on the difficulty of making the change by indicating your confidence using the rating scale below for each intended change in practice before you SUBMIT your final commitment.

We advise that you limit your overall commitment to no more than 3 changes toward which you are willing to work over the next several months. You will indicate your preferred timeline for the follow-up to this commitment to change at the bottom of the screen.

Commitment to Change Areas (select all that apply): \*

- Diagnosis and Screening
- Treatment
- Clinical-Patient or Interprofessional Communication
- Quality Improvement
- Safety
- Teamwork-Roles and Responsibilities
- Patient Education
- Other

Please remind me of this commitment in: \*

- 1 month
- 2 months
- 3 months

How well did this educational offering meet my professional development goals? \*

- 1 (Strongly Disagree)
- 2
- 3 (Neutral)
- 4
- 5 (Strongly Agree)

What were your motivational factors for participating in this educational offering? (select all that apply) \*

- Topic Interest
- Certification Renewal Requirements
- Initial Certification Requirements
- Job Requirement
- Professional Growth
- State License Renewal Requirements

Avera values you as an employee and is committed to continue to provide its employees with ongoing professional development opportunities.

On a scale of 1 - 5 Avera's Continuing Education opportunities, like this one, contribute to my continued employment at Avera? \*

- 1 (Strongly Disagree)
- 2
- 3 (Neutral)
- 4
- 5 (Strongly Agree)
- NA

For future educational activities, please describe any clinical, educational, practice management, or other situations that you find difficult to manage or resolve that you would like to see addressed: \*

Please provide any comments or feedback of this activity: \*

- Please review your responses above to make sure all required fields (\* indicates required) are completed and there are no error messages before continuing.