

Evaluation Form – Enduring Material

Event Evaluation

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.

Demographics

Participant Demographics: *

- Physician (MD/DO)
- Advanced Practice Providers (CNP, CRNA, PA)
- Counselor
- Pharmacy Tech
- Nursing Facility Administrator
- Other, please specify
- RN/LPN
- Social Worker
- Pharmacist
- Athletic Trainer
- Student

Commercial Bias

Do you feel the activity was free from commercial bias or influence? *

- Yes
- No, please specify reason:

Impact on Practice

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 *

- Yes
- No Change
- No (describe below)

This activity increased my competence. *

- Yes
- No Change
- No (describe below)

This activity will improve my performance. *

- Yes
- No Change
- No (describe below)

This activity will improve my patient outcomes. *

- Yes
- No Change
- No (describe below)

Application of Team Based Learning

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

I am better able to apply the knowledge and/or skills to my practice 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

Format Improvement

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

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

Commitment to Change

Commitment to Change: Please take a moment to consider making changes in your practice as a result of attending this education.

Please identify how you will change your practice as a result of attending this activity (select all that apply). *

- This activity validated my current practice, no changes will be made. Create/revise protocols, policies, and/or procedures.
 Change the management and/or treatment of my patients. Other, please specify below:

What barriers would prevent you from implementing what you learned from this activity? *

- Lack of time
 Limited staff or team capacity
 Inadequate support or leadership buy-in
 Resistance to change among team members
 Unclear roles or responsibilities within the team
 Insufficient training or follow-up support
 Lack of access to necessary tools, technology, or resources
 Misalignment with organizational policies or protocols
 Competing priorities or initiatives
 None of the above
 Other (please explain)

Professional Development Alignment

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

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

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

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Avera's Continuing Education opportunities, like this one, contribute to my continued employment at Avera. *

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I am better able to apply the learning organization traits to my work. *

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I am better able to foster a learning mindset. *

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I am better able to embrace a culture of continuous improvement *

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

How long have you been employed at Avera? *

- Less than 1 year
- 1 - 2 years
- 2 - 5 years
- 6 - 10 years
- 11 - 15 years
- 16 - 20 years
- 20 plus years

How did you hear about this education? (Check all that apply) *

- Email
- Website
- Past Participant
- Colleague
- Internal Communication
- Internet Search
- Other

Feedback and Future Topics

Avera values your opinions and feedback.

For future educational activities, please describe any clinical, educational, practice management, or other topics that maybe beneficial to your continued educational needs. *

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.

➔ Submit