**Please enter the number of hours you attended:***

**Participant Demographics:***

- ❑ Advanced Practice Provider
- ❑ Nurse Practitioner
- ❑ Pharmacist
- ❑ Physician (MD/DO)
- ❑ Physician Assistant
- ❑ RN/LPN
- ❑ Student
- ❑ Other, please specify

If other participant, please specify: _____

**Objectives**
*(auto-fill activity objectives)*

**Based on the global objectives above, select all the changes you plan to implement.***

- ❑ Practice
- ❑ Clinical-patient or interprofessional communications
- ❑ Quality improvement
- ❑ Safety
- ❑ Effective and/or efficient care delivery
- ❑ Teamwork or interprofessional collaborative practice
- ❑ Patient education
- ❑ I do not plan to implement any changes.
- ❑ Other

If other, please specify: _____

**If you do not plan to make changes, please specify why. (check all that apply)**

- ❑ Current practice is satisfactory.
- ❑ I disagreed with recommendations made.
- ❑ Not confident enough in my ability to make the needed changes.
- ❑ Lack of an implementation plan.
- ❑ Other

If other, please specify: _____

**What new team-based patient care strategies will you employ as a result of this activity?***

- ❑ Improve case formulations
- ❑ Improve communication of dynamic formulation with my care team members
- ❑ Improve understanding of the biopsychosocial context
- ❑ Improve integration and communication with patients about the treatment system.
- ❑ None
- ❑ Other, please specify

If other, please specify: _____

**Do barriers to implementing change exist in your practice?***

- ❑ Yes
- ❑ No

Please identify barriers that may prevent you from applying what you learned.

_____
_____
_____

**Did the speakers effectively promote learning and engage the audience?**

- ❑ Yes
- ❑ No

**Did any speaker or presentation stand-out?**

_____
_____
_____

**Is there anything new/different or challenging in your work/practice that you would like to learn more about?**

_____
_____
_____

**On a scale of 0 to 10, how likely are you to recommend this activity to a colleague?***
**(0 = not likely at all / 10 = extremely likely)**

- ❑ 0
- ❑ 1
- ❑ 2
- ❑ 3
- ❑ 4
- ❑ 5
- ❑ 6
- ❑ 7
- ❑ 8
- ❑ 9
- ❑ 10

**Please provide an overall rating for this activity.***

- ❑ 1 star
- ❑ 2 stars
- ❑ 3 stars
- ❑ 4 stars
- ❑ 5 stars

**Please share any additional comments you may have about this activity.**

_____
_____
_____