Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0212. Public reporting burden for this collection of information is estimated to average 1/6 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

**Post Program Survey**

OMB No. 0915-0212

Expiration Date: 7/31/2015

Participant ID:

For each of the items below please use the scale to rate the quality of the meeting planning and logistics.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MEETING LOGISTICS** | **Poor** | **Adequate** | **Good** | **Excellent** | **Outstanding** |
| Pre-meeting communication | 1 | 2 | 3 | 4 | 5 |
| Hotel accommodations | 1 | 2 | 3 | 4 | 5 |
| Meeting space | 1 | 2 | 3 | 4 | 5 |
| Ease of travel | 1 | 2 | 3 | 4 | 5 |
| Overall logistics | 1 | 2 | 3 | 4 | 5 |

For each of the sessions you took part in, please use the scale below to rate the quality of the presentation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PRESENTATION QUALITY** | **Poor** | **Adequate** | **Good** | **Excellent** | **Outstanding** |
| **Leadership Skills** |  |  |  |  |  |
| *Presenter Skills* | 1 | 2 | 3 | 4 | 5 |
| *Topic Materials* | 1 | 2 | 3 | 4 | 5 |
| **Change Management Skills** |  |  |  |  |  |
| *Presenter Skills* | 1 | 2 | 3 | 4 | 5 |
| *Topic Materials* | 1 | 2 | 3 | 4 | 5 |
| **Teamwork Skills** |  |  |  |  |  |
| *Presenter Skills* | 1 | 2 | 3 | 4 | 5 |
| *Topic Materials* | 1 | 2 | 3 | 4 | 5 |
| **Population Management** |  |  |  |  |  |
| *Presenter Skills* | 1 | 2 | 3 | 4 | 5 |
| *Topic Materials* | 1 | 2 | 3 | 4 | 5 |
| **Competency Assessment** |  |  |  |  |  |
| *Presenter Skills* | 1 | 2 | 3 | 4 | 5 |
| *Topic Materials* | 1 | 2 | 3 | 4 | 5 |
| **Clinical Microsystems** |  |  |  |  |  |
| *Presenter Skills* | 1 | 2 | 3 | 4 | 5 |
| *Topic Materials* | 1 | 2 | 3 | 4 | 5 |

For each of the sessions you took part in, please use the scale below to rate the usefulness of the information presented.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **USEFULNESS** | **Not at all Useful** | **SomewhatUseful** | **Moderately Useful** | **Very Useful** | **Exceptionally Useful** |
| **Leadership Skills** | 1 | 2 | 3 | 4 | 5 |
| **Change Management Skills** | 1 | 2 | 3 | 4 | 5 |
| **Teamwork Skills** | 1 | 2 | 3 | 4 | 5 |
| **Population Management** | 1 | 2 | 3 | 4 | 5 |
| **Competency Assessment** | 1 | 2 | 3 | 4 | 5 |
| **Clinical Microsystems** | 1 | 2 | 3 | 4 | 5 |

For each of the sessions you took part in, please use the scale below to rate your intention to implement what you learned when you return to your institution.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **INTENTION TO IMPLEMENT** | **Unlikely to Implement** | **Somewhat Likely to Implement** | **Moderately Likely to Implement** | **Very Likely to Implement** | **Absolutely Will Implement** |
| **Leadership Skills** | 1 | 2 | 3 | 4 | 5 |
| **Change Management Skills** | 1 | 2 | 3 | 4 | 5 |
| **Teamwork Skills** | 1 | 2 | 3 | 4 | 5 |
| **Population Management** | 1 | 2 | 3 | 4 | 5 |
| **Competency Assessment** | 1 | 2 | 3 | 4 | 5 |
| **Clinical Microsystems** | 1 | 2 | 3 | 4 | 5 |