

Form Approved OMB Control No. 0920-1071 Exp. Date: 06/30/2018



Please respond to following

The organization's conference I attended was:

I have made the following changes to my practice incorporating what I learned at [insert webinar title or session title] (select all that apply):

- Infection control practice
- Patient teaching strategy
- Patient assessment
- Educating students and colleagues
- Nursing care delivery
- Interaction with peers and other healthcare providers
- Interaction with patients and families
- Quality or performance improvement
- Coaching, mentoring or leading others

Other

I have not made any changes in practice based on what I learned at [insert webinar title or session title].

Please indicate the barriers you have experiences to implement practice changes (select all that apply):

- Lack of time
- Lack of resources
- Lack of organizational support
- Still planning to make changes but have not implemented yet
- Unsure of how to implement changes
- Need more information to implement changes
- Other

Additional comments:

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1071

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