Form Approved OMB No. 0920-1154 Exp.: 01/23/2023



Improving Continuity of Care for Children and Families
Affected by Prenatal Alcohol Exposure

Fetal Alcohol Spectrum Disorders (FASD)

## Train the Trainer Session Evaluation

Identifier:
Please indicate your primary employment site setting, that is, the setting where you spend most of your time. Please indicate only ONE response.    Self-employed solo practice   Two physician practice   Pediatric group practice, 3-10 pediatricians   Pediatric group practice, >10 pediatricians   Multispecialty group practice   Health maintenance organization (staff model)   Medical school or parent university   Non-profit community health center   Non-government hospital or clinic   City/county/state government hospital or clinic   US government hospital or clinic
Please describe the community in which your primary practice/position is located?  ☐ Urban, inner city ☐ Urban, not inner city ☐ Suburban ☐ Rural

On a scale of 1 to 5 (1 strongly disagree to 5 strongly agree) Please rate the extent to which the train the trainer meeting achieved the stated learning objectives

Learning objective 1 Physicians able to recognize the physical, neurodevelopmental and behavioral risk factors associated with fetal alcohol spectrum disorders (FASDs)	1   2   3   4   5
Learning objective 2 Physicians understand the role that implicit bias plays in health equity for children with FASDs and value of universal screening for prenatal alcohol exposure as one strategy to overcome bias and discrimination.	1   2   3   4   5
Learning objective 3 Physicians confident in their ability to implement an integrated plan of care for children with (or being assessed for; or assumed to have) FASDs.	1   2   3   4   5
Learning objective 4 Physicians able to document medical necessity for neurodevelopmental evaluation and school-based resources to support children with FASDs.	1   2   3   4   5

of care for children with (or being assessed for; or assumed to have) FASDs.	
Learning objective 4 Physicians able to document medical necessity for neurodevelopmental evaluation and school-based resources to support children with FASDs.	1   2   3   4   5
Comments or suggestions related to how the learning objectives could support the educational session and your needs as a precepting attended	
How would you rate this educational activity overall  Poor Fair Good Very good Excellent	
Session feedback - On a scale of 1 to 5 (1 strongly disagree) to 5 strong rate your agreement with each statement. Circle one.	ngly agree)
<ul> <li>I can use the information presented in my practice</li> <li>  3   4   5</li> </ul>	1   2
<ul> <li>Format of the sessions enhanced achievement of</li> <li>  3   4   5</li> <li>learning objectives</li> </ul>	1   2

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•	Presentation materials/slides helped me to meet my	1   2
	3   4   5 professional development goals	
•	Registration and travel details was straight forward 4   5	1   2   3

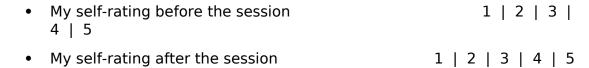
Speaker/facilitator feedback – On a scale of 1 to 5 (1 strongly disagree to 5 strongly agree) rate your agreement with each statement. Circle one.

Speakers/facilitators presented content that was
 | 3 | 4 | 5
 relevant to the topic and objectives
 Speakers/facilitators responded to audience needs
 | 3 | 4 | 5
 during the presentations
 Speaker's/facilitator's knowledge and expertise was
 4 | 5
 appropriate for this session

Rate your knowledge, skills and attitudes related to the identification and treatment for children who have or may have one of the FASDs from 1-below average to 3-above average

- Before the session 1 below average | 2 average | 3 above average
- After the session 1 below average | 2 average | 3 above average

On a scale of 1 to 5 (1 not confident to 5 very confident), rate your perceived ability to provide supervision and support to pediatric residents/trainees regarding the identification of children with FASDs and implementation of a plan of care in the medical home.



Based on what you learned in this activity, do you plan to change:

 a. The strategies you implement in practice (e.g., how you diagnose/manage Yes | No patients, coordinate care, etc.)?

b.	What you do in practice (e.g., how you perform exams, instruct, counsel Yes   No
	patients/families, etc.)?
	If YES to either of the above questions, please identify any changes in practice that you plan to make:
	If NO and you do not plan to make changes in practice, other than lack of time and resources, why not? (select all that apply)  ☐ Systems-related barriers - please describe:
	☐ The activity reinforced what I am already doing in practice☐ No practice changes were recommended
	<ul><li>□ Changes were not appropriate options for my practice</li><li>□ Other - please describe:</li></ul>
	scale of 1 to 7, what was the return on your investment of time/effort for $1\mid 2\mid 3\mid 4\mid 5\mid 6\mid 7$ sipating in this activity? Circle one. (1 low return to 7 high return)
partic Do yo	1   2   3   4   5   6   7
partice Do you	1   2   3   4   5   6   7  cipating in this activity? Circle one. (1 low return to 7 high return)  ou feel a commercial product, device, or service was inappropriately promo  Yes   No
partice Do you	1   2   3   4   5   6   7 cipating in this activity? Circle one. (1 low return to 7 high return)  ou feel a commercial product, device, or service was inappropriately promo Yes   No e educational content?
partice Do you	1   2   3   4   5   6   7 cipating in this activity? Circle one. (1 low return to 7 high return)  ou feel a commercial product, device, or service was inappropriately promo Yes   No e educational content?
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Do you in the If yes On a	1   2   3   4   5   6   7  cipating in this activity? Circle one. (1 low return to 7 high return)  ou feel a commercial product, device, or service was inappropriately promo Yes   No e educational content?  , please comment:
Do you in the If yes On a softher	1   2   3   4   5   6   7  Expating in this activity? Circle one. (1 low return to 7 high return)  Ou feel a commercial product, device, or service was inappropriately promotes   Note educational content?  The product of the produc

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Please share any additional	comments and	suggestions for	r now to impr	ove tni
educational session.				

Thank you for participating in this session and for completing this evaluation!

## **Submit to:**

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