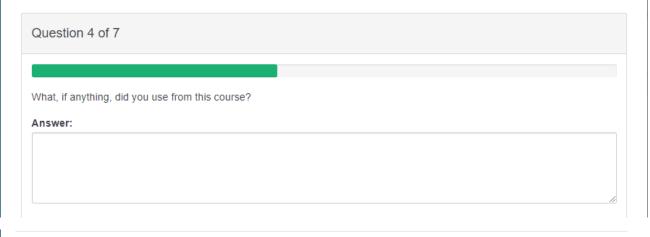
	Form Approved OMB No. 0920-0017
	Expiration Date: XX/XX/XXXX
Please take a moment to give us your honest feedback abou activities.	t this course. Your comments will help us improve future educational
Click 'Start Evaluation' button to start the evaluation.	
the collection of information. An agency may not conduct or s information unless it displays a currently valid OMB control n	ering and maintaining the data needed, and completing and reviewing sponsor, and a person is not required to respond to a collection of umber. Send comments regarding this burden estimate or any other for reducing this burden to CDC/ATSDR Reports Clearance Officer; n: ATTN: PRA (0920-0017).
	Start
Question 1 of 7	Start
Question 1 of 7	Start
Question 1 of 7 Did you use anything you learned in this course in your wo	

Question 2 of 7
What factors kept you from using the content of this course in your work? Please select all that apply.
□ None, I have used this content in my work
☐ I need additional training in the subject matter
☐ I did not remember the course content well enough to use it
☐ I did not have the resources I needed in my workplace
☐ I did not have the opportunities to use what I learned
☐ I did not have the time to use what I learned
☐ My supervisor did not support me in using what I learned
☐ My colleagues did not support me in using what I learned
☐ The course content was not relevant to my work
☐ Other, please specify:
Question 3 of 7

hat f	factors helped you use the content of this course in your work? Please select all that apply.
	I had reminders (job aids, tip sheets, emails, etc.) of key learning concepts or skills
	I had the resources I needed in my workplace
	I had opportunities to apply what I learned
	My supervisor supported me in using what I learned
	My colleagues supported me in using what I learned
	Other, please specify:



ue	estion 5 of 7
а	result of this course, I have: (select all that apply)
	Not improved
	Maintained my competence
	Increased my competence
	Improved my performance
	Provided clinical interventions in practice
	Developed strategies I use in practice
	Other, please specify:
	Not applicable, I did not use anything from this course

W (lid you benefit your team as a result of what you learned? (select all that apply)
	as you serious your tourn as a result of must you rounted. (colost all that apply)
	I provided better communication across my interprofessional team(s) (any team with people from different professions)
	I shared information with colleagues to improve patient education
	I identified changes needed in practice
	I increased participation in shared decision making across my interprofessional team(s) (any team with people from different professions)
	Other, please specify:
	Not applicable, I did not learn from the course and/or will not benefit my team
	stion 7 of 7
ue	
ue	
	you recommended this course to anyone else?
ve	you recommended this course to anyone else? Yes
ve	