

## PLLR CE Post-Event Questions

*Completion of the post-event survey is voluntary but required only for learners seeking Continuing Education credit.*

For the below statements, select from the following:

1. Strongly Disagree
  2. Disagree
  3. Neutral
  4. Agree
  5. Strongly Agree
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1. The instructor was knowledgeable about the subject.
  2. Overall, the instructor was effective (e.g., responded fully and completely to questions, provided relevant examples, was interested in my learning, etc.)
  3. Now that I have completed this activity, I am confident in my ability to: (check all that apply)
    - a. Discuss the history of pregnancy and lactation labeling.
    - b. Explain the current prescription drug labeling for pregnancy, lactation, and females and males of reproductive potential.
    - c. Describe the FDA review process for incorporating information in prescription labeling on drug use in pregnancy and lactation.
    - d. Identify the limitations of prescription drug labeling recommendations (i.e., lack of data, quality of limited data).
    - e. Examine how prescription drug labeling can be used to inform prescribing in pregnant and lactating individuals.
  4. The active learning method(s) [i.e., case studies, challenge questions, group discussions] was effective and appropriate for my learning needs.
  5. The content and learning material addressed a need or a gap in my knowledge or skill.
  6. If given the opportunity, I will apply the knowledge gained as a result of attending this activity.
  7. The knowledge and/or skills gained through this activity are relevant to my job.
  8. The environment was conducive to my learning.

Choice Selection Questions:

9. Please identify how you will change your current work practices as a result of participating in this learning activity. Check all that apply.
  - a. This activity validated my current work practices: no changes will be made.
  - b. I will create or revise protocol, policies, and/or procedures.
  - c. I will change the provision of my service to my patients, public, or profession.
  - d. I will share what I learned with my team members.
  - e. Other
10. Please indicate any barriers you perceive in implementing these changes. (Check all that apply.)
  - a. No barriers
  - b. Lack of opportunity
  - c. Lack of consensus of professional guidelines
  - d. Budgetary constraints
  - e. Lack of resources
  - f. Lack of experience

- g. Lack of administrative support
- h. Other

*Please comment or explain what would be necessary for you to overcome the identified barrier(s) or what could be incorporated into this activity to address these barriers if you selected a response other than "No barriers" above.*

11. This activity will have an impact on the following (check all that apply):
- a. Increase competence
  - b. Improve patient/public health outcomes
  - c. Improve performance

Yes/No Questions:

12. Do you feel the activity was scientifically sound and was free of commercial bias\* or influence?

\*Commercial bias is defined as personal judgment of a specific product or service of commercial interest

Yes/No

13. Were there additional knowledge and/or skills that you would have liked to gain as a result of this activity?  
If so, what are they? \_\_\_\_\_