OMB NO: 0925-0648 EXPIRATION DATE: 06/2024

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2021 NINR Boot Camp Feedback Questions

- 1. This event increased my confidence and ability to describe the field of Artificial Intelligence (AI) and explore the role of AI to promote health, and to prevent illness.
 - a. Strongly agree
 - b. Agree
 - c. Neither agree nor disagree
 - d. Disagree
 - e. Strongly disagree
- 2. This event increased my confidence and ability to discuss strategies to build partnerships and collaborations among clinicians and scientists.
 - a. Strongly agree
 - b. Agree
 - c. Neither agree nor disagree
 - d. Disagree
 - e. Strongly disagree
- This event increased my confidence and ability to identify how AI may reduce disparities
 and describe pitfalls and identify strategies to detect and prevent bias in health-related
 algorithms.
 - a. Strongly agree
 - b. Agree
 - c. Neither agree nor disagree
 - d. Disagree
 - e. Strongly disagree
- 4. This event increased my confidence and ability to analyze prevention, clinical and translational AI applications to enhance quality of programs, policies and care to reduce health disparities and increase health equity.
 - a. Strongly agree
 - b. Agree

- c. Neither agree nor disagree
- d. Disagree
- e. Strongly disagree
- 5. What percentage of the information was new to you? (sliding scale from 0-100; open text to type in number)
- 6. What part of this workshop was most valuable to you? (open text)
- 7. What improvements can we make? (open text)
- 8. What was your overall satisfaction with the event?
 - a. Very satisfied
 - b. Satisfied
 - c. Neither satisfied nor dissatisfied
 - d. Dissatisfied
 - e. Very dissatisfied
- 9. How likely are you to recommend this event to a colleague?
 - a. Very likely
 - b. Somewhat likely
 - c. Neither likely nor unlikely
 - d. Somewhat unlikely
 - e. Very unlikely
- 10. Please rate the value of:
 - a. Speaker presentations
 - i. High value
 - ii. Moderate value
 - iii. Low value
 - iv. No value
 - b. Moderated panel discussion
 - i. High value
 - ii. Moderate value
 - iii. Low value
 - iv. No value
- 11. Please indicate which degrees you have attained. Select all that apply.
 - a. BSN
 - b. Bachelors (other than BSN)
 - c. MSN
 - d. MPH

- e. MPP
- f. Masters (other than MSN, MPH, MPP)
- g. PhD
- h. DNP
- i. MD
- j. Other (please specify):
- 12. Please select your current position. Select only one.
 - a. Student
 - b. Faculty
 - c. Clinician
 - d. Leadership (e.g., Dean, Director)
 - e. Informatics/Computer Scientist
 - f. Other (please specify):