



Evaluation for

Participant: The Office of Continuing Professional Development is required to determine "changes in practice" based on attendance at accredited CME activities. This survey was developed to determine if you did make changes. Change might include any of the following: patient care, research, understanding of disorders/illnesses and their treatment and/or administration, professional practice, business or personal improvements.

Please complete the following questions and then submit after reviewing your responses.

As a result of the information presented in this session will you adopt a new strategy for managing in-patients/out-patients or accomplish changes in research, administration, professional practice, business or personal improvements? *

- Yes, I will make changes in my practice.
- No, I will not make any changes.
- I am already following recommendations presented and/or information presented is in line with my current practices.

Please provide any additional comments below:

If the Submit button below (computer) or above (tablet/mobile) is dimmed, you have not fully completed the evaluation. Please review the form for any required fields (with an asterisk) that you may have missed.

Administration

Contact Us: 405-271-2350
Or by email: cme@ouhsc.edu

[Disclosure](#)

"Yes" Responses

As a result of the information presented in this session will you adopt a new strategy for managing in-patients/out-patients or accomplish changes in research, administration, professional practice, business or personal improvements?

- Yes, I will make changes in my practice.
- No, I will not make any changes.
- I am already following recommendations presented and/or information presented is in line with my current practices.

Please list one or more changes that you will adopt or modify or tell us what you will do differently below: *

Based on the change(s) you listed above, what percentage of patients/students per month will be affected by the change(s)? Please select a percentage. *

- 5%
- 10%
- 15%
- 20%
- 25%
- 30%
- 35%
- 40%
- 45%
- 50%
- 55%
- 60%
- 65%
- 70%
- 75%
- 80%
- 85%
- 90%
- 95%
- 100%

"No" Responses

As a result of the information presented in this session will you adopt a new strategy for managing in-patients/out-patients or accomplish changes in research, administration, professional practice, business or personal improvements?

- Yes, I will make changes in my practice.
- No, I will not make any changes.
- I am already following recommendations presented and/or information presented is in line with my current practices.

You answered that you will not make any changes, please tell us why you won't and what barriers are preventing you: *

- Content presented was not appropriate for my specialty
- I perceived the changes to be detrimental to my patients
- I need more information/training before making changes
- I will research comments made by presenter(s) for possible change in the future
- No clinical application
- Resource availability (staff/funding)
- Management priorities
- Fundamental delivery system redesign would be necessary
- Time constraints
- Reimbursement
- I haven't because of the following patient barriers (please identify below)
- I haven't because of the following patient adherence issues (please identify below)
- Lack of opportunity with my current patients
- Other, please specify below

"Already Following" Responses

As a result of the information presented in this session will you adopt a new strategy for managing in-patients/out-patients or accomplish changes in research, administration, professional practice, business or personal improvements?

- Yes, I will make changes in my practice.
- No, I will not make any changes.
- I am already following recommendations presented and/or information presented is in line with my current practices.

Please specify a recommendation that you are already following below: *