Preventive Medicine Pre-Workshop Survey

**Past Exposure to Preventive Medicine**

1. Please describe any Preventive Medicine training have you received in the past? (e.g. none, lectures/coursework, training from senior clinicians)
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**Current Preventive Medicine Practice:**

1. How important is it to incorporate the following prevention strategies into your clinical practice?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(Please check one answer for each question row)** | **Not at all Important** | **Not Very Important** | **Moderately Important** | **Very Important** | **Extremely Important** |
| Immunization |   |   |   |   |   |
| Chemoprophylaxis |   |   |   |   |   |
| Behavioral Counseling |   |   |   |   |   |
| 4.    Screening Initiatives |  |  |  |  |  |
| 5.    Infection Control |  |  |  |  |  |

2.How often are you able to incorporate the following prevention strategies into your clinical practice?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(Please check one answer for each question row)** | **Daily** | **A Few Times Per Week** | **A Few Times Per Month** | **A Few Times Per Year** | **Never** |
| Immunization |  |  |  |  |  |
| Chemoprophylaxis |  |  |  |  |  |
| Behavioral Counseling |  |  |  |  |  |
| Screening Initiatives |  |  |  |  |  |
| Infection Control |  |  |  |  |  |

3. What factors affect your ability to incorporate the above prevention strategies into your practice? (you may choose more than one)

* I do not feel my training is sufficient
* I do not see the need for prevention strategies in my practice
* I do not have enough time to incorporate prevention strategies into my practice
* I do not have sufficient resources to incorporate prevention strategies into my practice
* I do not feel my patients want prevention strategies
* Other (Please specify):
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.What are you hoping to learn from this workshop?

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**Additional Comments**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preventive Medicine Post-Workshop Survey

1.How important is it to incorporate the following prevention strategies into your clinical practice?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(Please check one answer for each question row)** | **Not at all Important** | **Not Very Important** | **Moderately Important** | **Very Important** | **Extremely Important** |
| Immunization |   |   |   |   |   |
| Chemoprophylaxis |   |   |   |   |   |
| Behavioral Counseling |   |   |   |   |   |
| 4.    Screening initiatives |  |  |  |  |  |
| 5.    Infection Control |  |  |  |  |  |

2.How often do you plan to incorporate the following prevention strategies into your clinical practice?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(Please check one answer for each question row)** | **Daily** | **A Few Times Per Week** | **A Few Times Per Month** | **A Few Times Per Year** | **Never** |
| Immunization |  |  |  |  |  |
| Chemoprophylaxis |  |  |  |  |  |
| Behavioral Counseling |  |  |  |  |  |
| Screening initiatives |  |  |  |  |  |
| Infection Control |  |  |  |  |  |

**Workshop Feedback**

1. Please rate your agreement with the following statement: ‘I learn best by…’

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(Please check one answer for each question row)** | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
| Small group discussion |   |   |   |   |   |
| Large group discussion |   |   |   |   |   |
| Lecture |   |   |   |   |   |
| 4.    Individual reading |  |  |  |  |  |

2.How applicable was the content of each day of the workshop to the health issues of your patients?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(Please check one answer for each question row)** | **Not at all Applicable** | **Not Very Applicable** | **Moderately Applicable** | **Very Applicable** | **Extremely Applicable** |
| Day #1 (Tuberculosis) |   |   |   |   |   |
| Day #2 (Hypertension) |   |   |   |   |   |
| Day #3 (Principles of Prevention) |   |   |   |   |   |

3.What suggestions do you have to improve the applicability of Day #1 of the workshop to your clinical practice?

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4.What suggestions do you have to improve the applicability of Day #2 of the workshop to your clinical practice?

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5.What suggestions do you have to improve the applicability of Day #3 of the workshop to your clinical practice?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.How effective was the format (e.g., small group discussion, large group discussion, lecture and reading) of the workshop for your learning? (choose one)

* + 1. Extremely effective
		2. Very effective
		3. Moderately effective
		4. Not very effective
		5. Not at all effective

7.What suggestions do you have to improve the format of the workshop?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.What components of the workshop did you find most helpful for your future practice?

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9.What components of the workshop did you find least helpful for your future practice?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.Please rate your agreement with the following statement: ‘There was sufficient time for questions and I did not leave with unanswered questions’

* + 1. Strongly Agree
		2. Agree
		3. Neutral
		4. Disagree
		5. Strongly Disagree

11.What overall suggestions do you have to improve this workshop in the future?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_