

Post-Needs (ACCME) Standard Activity Survey v4 M

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Page 1 of 1: Program Review

Your preferred email address for all future emailings about the training program: *

Regarding the online experience: *

	N/A	1=Strongly DISAGREE	2=Disagree	3=Neither Agree or Disagree	4=Agree	5=Strongly AGREE
The website was easy to navigate. *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The training was organized clearly. *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The training was interesting. *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online training was an effective way of teaching the subject matter. *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you refer this training program to your colleagues interested in prescribing buprenorphine? *

- Yes
 No

Regarding the buprenorphine training activity *

	N/A	1=Strongly DISAGREE	2=Disagree	3=Neither Agree or Disagree	4=Agree	5=Strongly AGREE
This activity supported achievement of each learning objective. *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The activity was free of commercial bias toward any commercial entity. *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This activity was presented objectively. *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The activity will effect my practice of medicine. *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, this was a useful learning experience. *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For any low responses, please tell us how we can improve:

COMMENT About The Training Program!

Please consider posting a comment that will be made PUBLIC on our website. Comments guide other physicians who are considering obtaining a buprenorphine waiver and establishing a buprenorphine practice.

Name/City/State (Optional!)

Feel free to put something like "Rural doc from Virginia" or "primary care physician from Idaho" if you'd like.

Specialty

We organize comments by specialty, so please add your specialty here.

Thanks!

The BupPractice.com team appreciates your taking the time to answer the survey. We make improvements weekly for many reasons including the valuable input from our users. After submitting this form, feel free to contact us with other ideas or concerns - now or in the future. After you click the submit button proceed to request your CME credit and submit your waiver application. -- Bradley Tanner, MD President, Clinical Tools, Inc.

Submit

Links:

[1] <https://www.buppractice.com/node/17776>