



11th Annual Diabetes/Heart Disease & Stroke Prevention Winter Symposium
Challenges of Integrating and Transforming Care Across Systems
 Saturday, March 9, 2013

Please take a few minutes to provide us with information that will be helpful in determining how beneficial the symposium is to you.

1. Please identify your role in diabetes care: MD NP PA DO RN MSW RD
RPh Medical Assistant LPN CNA CDE Other (specify): _____
2. I am applying for the following continuing education credits.
 M/CHES Nursing CE CME MSW RD Pharmacy
3. What is your primary work setting? Hospital CHC Free Clinic SC DHEC
Medical Private Practice Other (specify): _____
4. In what county is your practice located? _____
5. Is this your first time attending the Winter Symposium? Yes No
6. How did you learn about this year's symposium?
Email Scholarship Letter Newsletter List serv Colleague
 Other (specify): _____
7. Have you ever attended the Diabetes Fall Symposium held in Charleston? Yes No

MORNING PLENARY SESSION

Please rate the following statements to indicate whether you: Strongly Agree (**SA**), Agree (**A**), Neutral (**N**), Disagree (**D**), or Strongly Disagree (**SD**).

8:30 – 9:30 Panel Guideline Implementation

1. The session improved my understanding of how to implement guideline recommendations for diabetes and hypertension management. SA A N D SD
2. The knowledge and skills learned will be useful to my job. SA A N D SD
3. The speakers demonstrated expertise in the topic. SA A N D SD
4. The session was appropriate to my level of expertise. SA A N D SD
5. I will increase implementation of strategies to deliver diabetes education in my practice. SA A N D SD NA



GENERAL TRACK

Please rate the following statements to indicate whether you: Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), Strongly Disagree (SD) or Not Applicable (NA).

9:30 – 10:30 Kelly Chronic Disease and Depression

- 1. The session improved my understanding of evidence-based treatment recommendations for depression in persons with chronic disease(s). SA A N D SD
- 2. The knowledge and skills learned will be useful to my job. SA A N D SD
- 3. The speaker demonstrated expertise in the topic. SA A N D SD
- 4. The session was appropriate to my level of expertise. SA A N D SD
- 5. I will increase depression screenings in my practice. SA A N D SD NA

11:00 – 12:00 Dagogo-Jack Diabetes Prevention

- 1. The session improved my understanding of the recent diabetes prevention studies. SA A N D SD
- 2. The knowledge and skills learned will be useful to my job. SA A N D SD
- 3. The speaker demonstrated expertise in the topic. SA A N D SD
- 4. The session was appropriate to my level of expertise. SA A N D SD

1:00 – 2:00 Panel Uses for Point of Care data

- 1. The session improved my understanding of how to use data to facilitate clinical quality improvement efforts. SA A N D SD
- 2. The knowledge and skills learned will be useful to my job. SA A N D SD
- 3. The speakers demonstrated expertise in the topic. SA A N D SD
- 4. The session was appropriate to my level of expertise. SA A N D SD
- 5. I will increase goal setting in patients with chronic diseases using point of care data. SA A N D SD NA

2:00 – 2:45 Mayer-Davis Diabetes in Youth

- 1. The session improved my understanding of the etiological distinctions between type 1 and type 2 diabetes in youth. SA A N D SD
- 2. The knowledge and skills learned will be useful to my job. SA A N D SD
- 3. The speaker demonstrated expertise in the topic. SA A N D SD
- 4. The session was appropriate to my level of expertise. SA A N D SD



PROVIDER TRACK

Please rate the following statements to indicate whether you Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D), Strongly Disagree (SD), or Not Applicable (NA).

9:30 – 10:30 Davis Ocular Manifestations of Diabetes

- 1. The session improved my understanding of the effects of diabetes and hypertension on the eye. SA A N D SD
- 2. The session improved my understanding of the role of teleophthamology in chronic disease care. SA A N D SD
- 3. The knowledge and skills learned will be useful to my job. SA A N D SD
- 4. The speakers demonstrated expertise in the topic. SA A N D SD
- 5. The session was appropriate to my level of expertise. SA A N D SD

11:00 – 12:00 Egan and Lackland Hypertension Guidelines

- 1. The session improved my understanding of the current recommendations for the management of hypertension. SA A N D SD
- 2. The knowledge and skills learned will be useful to my job. SA A N D SD
- 3. The speakers demonstrated expertise in the topic. SA A N D SD
- 4. The session was appropriate to my level of expertise. SA A N D SD
- 5. I will increase weight-related counseling for my patients with hypertension. SA A N D SD NA

1:00 – 1:45 Ovbiagele Stroke Prevention

- 1. The session improved my understanding of evidenced-based and patient-centered strategies for the patients to achieve optimal health outcomes and prevent stroke. SA A N D SD
- 2. The knowledge and skills learned will be useful to my job. SA A N D SD
- 3. The speaker demonstrated expertise in the topic. SA A N D SD
- 4. The session was appropriate to my level of expertise. SA A N D SD

1:45 – 2:45 Daniels Treatment of Pediatric Hypertension

- 1. The session improved my understanding how to implement evidenced-based treatment recommendations for pediatric patients with hypertension. SA A N D SD
- 2. The knowledge and skills learned will be useful to my job. SA A N D SD
- 3. The speaker demonstrated expertise in the topic. SA A N D SD
- 4. The session was appropriate to my level of expertise. SA A N D SD



AFTERNOON PLENARY SESSION

Please rate the following statements to indicate whether you: Strongly Agree (**SA**), Agree (**A**), Neutral (**N**), Disagree (**D**), or Strongly Disagree (**SD**):

3:00 – 4:30 Burton Medicare and Medicaid Updates

- | | |
|--|--|
| 1. The session improved my understanding of support for care management, team-based care, integrated care, and accountable care intended to improve the health of individuals with chronic conditions. | <input type="checkbox"/> SA <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> SD |
| 2. The session improved my understanding of | <input type="checkbox"/> SA <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> SD |
| 3. The knowledge and skills learned will be useful to my job. | <input type="checkbox"/> SA <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> SD |
| 4. The speaker demonstrated expertise in the topic. | <input type="checkbox"/> SA <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> SD |
| 5. The session was appropriate to my level of expertise. | <input type="checkbox"/> SA <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> SD |

General Feedback

- | | |
|--|--|
| 1. I was able to register without encountering difficulties. | <input type="checkbox"/> SA <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> SD |
| 2. The conference staff was competent and courteous. | <input type="checkbox"/> SA <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> SD |
| 3. The refreshments/meals were satisfactory. | <input type="checkbox"/> SA <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> SD |
| 4. The length of the sessions was about right. | <input type="checkbox"/> SA <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> SD |
| 5. The symposium provided a good mix of content time & “down” time. | <input type="checkbox"/> SA <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> SD |
| 6. Overall the symposium was a good use of my time. | <input type="checkbox"/> SA <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> SD |
| 7. The exhibit area contributed to the overall meeting. | <input type="checkbox"/> SA <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> SD |
| 8. The meeting facilities were conducive to learning. | <input type="checkbox"/> SA <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> SD |
| 9. In general, the learning objectives were reflective of the overall purpose / goal of the symposium. | <input type="checkbox"/> SA <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> D <input type="checkbox"/> SD |



10. The lessons learned and knowledge acquired during this symposium could be used for further implementing new initiative(s) or changes in your primary work settings. Do you intend to use information from this symposium back in your practice?

- Yes No Not sure

11. If yes, what specifically do you plan to use in your practice?

12. Please rate the following barriers to implementing the practices/care from today's sessions. Circle the number that applies to the degree of difficulty.

Barriers	None	Minimal	Difficult	Most difficult	Not sure
Third Party Reimbursement Process	1	2	3	4	5
Cost effectiveness	1	2	3	4	5
Time management	1	2	3	4	5
Administrative support	1	2	3	4	5
Patient compliance	1	2	3	4	5

13. Recommendations for future topics and speakers.

Thank you for your valued feedback.