

1. Select your year:

- PGY1
- PGY2
- PGY3

2. Enter your NETID

3. Please respond to the following statements using the associated scale:

	Very High	High	Neutral	Low	None
Prior to the course, my motivation for integrating medication management into my practice was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At the end of the course, my motivation for integrating medication management into my practice was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Today, my motivation for integrating medication management into my practice is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At the end of the medication management course, my anticipated ability to make changes in my practice as a result of the course was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Today I would rate my ability to make changes in my practice as a result of the course as:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

4. Thinking about the **frequency** you have implemented changes in your practice as a result of the medication management course, please rank the following changes by level of importance (**1 = most important**). *Indicate those changes you DID NOT IMPLEMENT as "N/A".*

<input type="text"/>	Discontinued more inappropriate or unnecessary medications (please list medications below)	<input type="checkbox"/> N/A
<input type="text"/>	Completed more geriatric ROS	<input type="checkbox"/> N/A
<input type="text"/>	More goals of care conversations	<input type="checkbox"/> N/A
<input type="text"/>	Tailored primary care interventions more to age and comorbidity appropriate recommendations	<input type="checkbox"/> N/A
<input type="text"/>	I have not made changes in my practice as a result of the course because I have not had the opportunity	<input type="checkbox"/> N/A
<input type="text"/>	I have not made changes in my practice as a result of the course because I feel I need more training on the topic	<input type="checkbox"/> N/A
<input type="text"/>	Some other activity not listed (please describe in comments at end of survey)	<input type="checkbox"/> N/A

5. Thinking about the **barriers** you have experienced in making changes in your practice as a result of the medication management course, please rank the following barriers by level of importance (**1 = most important**). *Indicate those barriers you DID NOT EXPERIENCE as "N/A".*

<input type="text"/>	Time	<input type="checkbox"/>	N/A
<input type="text"/>	Lack of opportunity	<input type="checkbox"/>	N/A
<input type="text"/>	Provider discomfort	<input type="checkbox"/>	N/A
<input type="text"/>	Difficulty changing medications due to outside providers	<input type="checkbox"/>	N/A
<input type="text"/>	Patient discomfort	<input type="checkbox"/>	N/A
<input type="text"/>	Lack of adequate medical records	<input type="checkbox"/>	N/A
<input type="text"/>	I did not experience any barriers	<input type="checkbox"/>	N/A
<input type="text"/>	Some other barrier not listed (please describe in comments at end of survey)	<input type="checkbox"/>	N/A

6. Thinking about the **facilitators** you have experienced in making changes in your practice as a result of the medication management course, please rank the following facilitators by level of importance (**1 = most important**). *Indicate those facilitators you DID NOT EXPERIENCE as "N/A".*

<input type="text"/>	Supportive supervising residents and/or faculty	<input type="checkbox"/> N/A
<input type="text"/>	Evidence provided during session	<input type="checkbox"/> N/A
<input type="text"/>	I did not experience any facilitators to implementing goals of care	<input type="checkbox"/> N/A
<input type="text"/>	Some other facilitator not listed (please describe in comments at end of survey)	<input type="checkbox"/> N/A

7. Thinking about **practice change(s)** that you did not originally anticipate making but then implemented as a result of the medication management course, please rank the following changes by level of importance (**1 = most important**). *Indicate those changes you DID NOT IMPLEMENT as "N/A".*

<input type="text"/>	Improved relationships with patients and families	<input type="checkbox"/>	N/A
<input type="text"/>	Improved provider relationships	<input type="checkbox"/>	N/A
<input type="text"/>	Reaching out to more patients at home regarding medications	<input type="checkbox"/>	N/A
<input type="text"/>	Increased pharmacy involvement	<input type="checkbox"/>	N/A
<input type="text"/>	More goals of care conversations	<input type="checkbox"/>	N/A
<input type="text"/>	Tailoring medication list to side effects, age and comorbidities	<input type="checkbox"/>	N/A
<input type="text"/>	I did not experience any practice changes that I did not anticipate	<input type="checkbox"/>	N/A
<input type="text"/>	Some other change not listed (please describe in comments at end of survey)	<input type="checkbox"/>	N/A

8. Please rank your **current level of motivation** to make future changes to your practice as a result of the medication management course:

Very High	High	Neutral	Low	None
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You indicated your motivation to make additional practice changes as a result of the medication management course as "Very High or High". Please respond to the following two questions.

9. Other change(s) I would like to make in my practice are (select all that apply):

- Better medication reconciliation
- Increased attempts to reduce inappropriate or unnecessary medications (please list medications in comments)
- Involving Geriatrics more in patient care
- Screen for cognitive impairment
- I have not identified other changes to make in my practice
- Other (please specify)

10. I anticipate barrier(s) to these additional practice changes to be (select all that apply):

- None, because I do not anticipate additional practice changes
- Time
- Lack of opportunity
- Other (please specify)

11. I anticipate facilitator(s) to these additional practice changes to be (select all that apply):

Supportive supervising residents and/or faculty

Evidence provided during session

I do not anticipate any facilitators

Other (please specify)

12. Please provide any additional comments or feedback here: