

EVALUATION FORM

Understanding Depression Seminar June 25, 2021

1. Please rate the impact of the following objectives:

As a result of attending this activity, I am better able to:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Discuss traditional pharmacological treatments, and non-pharmacological interventions, related to behavioral health related to benefit(s) and barrier(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand the impact that COVID-19 has had on the lives of children and adolescents and how to facilitate recovery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educate participants on the nature of suicide as a public health crisis and about how communities of faith can participate in the public health solution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate the scientific evidence base for the potential benefits of Mindfulness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explore the assessment and management of depression in the elderly population along with considerations for medication choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you feel the activity was scientifically sound and free of commercial bias* or influence? Yes No,

If no, please explain: _____

3. Please identify how you will change your practice as a result of attending this activity (select all that apply).

- This activity validated my current practice; no changes will be made
- Create/revise protocols, policies, and/or procedures
- Change the management and/or treatment of my patients
- Other, please specify: _____

4. Please indicate any barriers you perceive in implementing these changes.

- Cost
- Lack of experience
- Lack of opportunity (patients)
- Lack of resources (equipment)
- Lack of administrative support
- Lack of time to assess/counsel patients
- Reimbursement/insurance issues
- Patient compliance issues
- Lack of consensus or professional guidelines
- No barriers
- Other, please specify: _____

5. Will you attempt to address these barriers in order to implement changes in your competence, performance, and/or patients' outcomes?

- N/A
- No – Why not? _____
- Yes – How? _____

6. For the content presented, how might the format of this activity be improved (select all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Format was appropriate; no changes needed | <input type="checkbox"/> Add a hands-on instructional component |
| <input type="checkbox"/> Include more case-based presentations | <input type="checkbox"/> Schedule more time for Q and A |
| <input type="checkbox"/> Increase interactivity with attendees | <input type="checkbox"/> Other, describe: _____ |
| <input type="checkbox"/> Add breakouts for Subtopics | |

7. For future educational activities, please describe any topics that you would like to see addressed: _____

8. Please add any other beneficial feedback to the Elliott Foundation for future planning

purposes: _____

If you wish to receive CE credit hours, you may email your completed Evaluation to mcurtis@uams.edu.

Please allow 2 – 3 weeks for processing once your Evaluation has been received.

If you are a Social Worker or Licensed Counselor and requesting a Certificate of Completion, please mail your evaluation to drrelliottdn@hotmail.com
(note the double r, l and t)

Thank you for your support!