**ACP Quality Connect: Increasing Adult Immunization Among Residents**

**Program Evaluation**

1. **How likely are you to do each of the following since participating in the adult immunization program?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Much**  **less likely** | **Less**  **likely** | **Un-changed** | **More**  **likely** | **Much more likely** |
| Routinely assess your patients’ vaccination statuses. |  |  |  |  |  |
| Discuss needed vaccines for your patients with your attending. |  |  |  |  |  |
| Strongly recommend vaccination to each of your patients. |  |  |  |  |  |
| Document vaccination status in the patient’s medical record. |  |  |  |  |  |
| Vaccinate your patients for their needed vaccines. |  |  |  |  |  |

1. **What impact did the curriculum have on your likelihood to use the following evidence-based strategies to increase rates of adult immunization with your patients?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Only likely to use before the curriculum** | **Only likely to use after the curriculum** | **Likely to use before and after the curriculum** | **Not at all likely to use** | **No Impact at all** |
| Provider recommendation to all patients |  |  |  |  |  |
| Reminder-recall systems for patients |  |  |  |  |  |
| Chart reminders for providers |  |  |  |  |  |
| Standing orders protocol |  |  |  |  |  |
| Immunization registry |  |  |  |  |  |

1. **Which of the following resources do you routinely consult to determine which vaccines are appropriate for your patients? (Choose all that apply)**
   * AAFP App
   * ACP Adult Immunization Resource Hub (<http://www.acponline.org/ai>)
   * Advisory Committee on Immunization Practice (ACIP) Adult Vaccine Schedule (<http://www.cdc.gov/vaccines/acip/>)
   * American Academy of Pediatrics Red Book/Red Book App
   * CDC Vaccine Schedules
   * CDC Website (<http://www.cdc.gov/vaccines/>)
   * Dynamed
   * 5-Minute Consult
   * Immunization Action Coalition website (<http://www.immunize.org/>)
   * Immunization Action Coalition Vaccinating Adults: A Step-by-Step Guide
   * Immunization Toolkit App (Vaccine Healthcare Centers Network, Military Vaccine Agency)
   * UpToDate
   * CHOP Vaccine Education Center (<https://www.chop.edu/service/vaccine-education-center/home.html>)
   * Vaccines on the Go: What You Should Know (CHOP) App
   * WebMD
   * Wikipedia
   * Other internet search engine (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )
   * Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )
   * My colleagues (MA, RN, MD, PA, etc.)
   * None
2. **During your residency training, have you been involved in any quality improvement projects?**
   * Yes
   * No [skip to 6]
3. **What topic(s) did you focus on for the quality improvement projects?  
     
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4. **Did you receive any training on adult immunization prior to this curriculum?**
   * Yes
   * No [skip to 8]
5. **Please describe the type of training you received on adult immunization prior to the curriculum.  
     
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1. **Do you believe this immunization-focused quality improvement program will be helpful in your future treatment of patients?** 
   * Yes
   * No
2. **Please the rate your agreement with the following statements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neither agree nor disagree** | **Disagree** | **Strongly Disagree** |
| It is important to vaccinate my patients. |  |  |  |  |  |
| I understand how to assess my patients’ immunization histories. |  |  |  |  |  |
| I understand how to implement system-based changes to increase adult vaccination rates. |  |  |  |  |  |
| I plan to be an adult immunization champion in my future medical practice. |  |  |  |  |  |
| This quality improvement project has made it easier to understand how immunization fits into day-to-day medical practice. |  |  |  |  |  |
| The training gave me good examples to model my own Plan, Do, Study, Act cycle. |  |  |  |  |  |
| I would recommend this quality improvement training to others. |  |  |  |  |  |

1. **Please indicate your level of training.**
   * PGY-1
   * PGY-2
   * PGY-3
   * PGY-4
2. **Please provide any additional comments on this program below:**

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