**As a result of this activity, I plan to make changes in my practice in the following areas.**

You can list up to 3 measurable changes, one per field.

**Diagnosis and Screening**

List a specific, measurable change you plan to make:

On a scale from 1 to 10, how confident are you that you will be able to make this change?

**Treatment**

List a specific, measurable change you plan to make:

On a scale from 1 to 10, how confident are you that you will be able to make this change?

**Quality Improvement**

List a specific, measurable change you plan to make:

On a scale from 1 to 10, how confident are you that you will be able to make this change?

**Safety**

List a specific, measurable change you plan to make:

On a scale from 1 to 10, how confident are you that you will be able to make this change?

**Clinician-Patient Communication**

List a specific, measurable change you plan to make:

On a scale from 1 to 10, how confident are you that you will be able to make this change?

**Documentation**

List a specific, measurable change you plan to make:

On a scale from 1 to 10, how confident are you that you will be able to make this change?

**Patient Education**

List a specific, measurable change you plan to make:

On a scale from 1 to 10, how confident are you that you will be able to make this change?

**Please remind me of my commitment in**

o 0 days

o 1 week

o 30 days

o 60 days

o 90 days