

<p><b>Thank you for participating in this CME activity. The Office of Continuing Medical Education would like to know if this was a valuable learning experience for you, and would appreciate your responses to the following questions.</b></p>					
Title of Activity _____			Date _____		
	<b>1=Poor</b>	<b>2=Below Average</b>	<b>3=Average</b>	<b>4=Above Average</b>	<b>5=Outstanding</b>
<b>1. Presenter: _____</b>					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?					
1	2	3	4	5	
<b>Presenter: _____</b>					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?					
1	2	3	4	5	
<b>2. How might the format of this activity be improved in order to be most appropriate for the content presented (select all that apply)?</b>					
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		<input type="checkbox"/>			
<b>3. Please rate the projected impact of the presentation objectives on:</b>					
		<b>Not Applicable</b>	<b>No Impact</b>	<b>Moderate Impact</b>	<b>High Impact</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Has this activity met your identified needs and professional practice gaps?</b>		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
<b>5. How will you change your practice as a result of attending this activity (select all that apply)?</b>					
<input type="checkbox"/> Create/revise protocols, policies, and/or procedures		<input type="checkbox"/> This activity validated my current practice			
<input type="checkbox"/> Change the management and/or treatment of my patients		<input type="checkbox"/> I will not make any changes to my practice			
<input type="checkbox"/> Other, please specify: _____					
<b>6. Can you identify any perceived barriers in making changes in your practice?</b>			YES <input type="checkbox"/>		NO <input type="checkbox"/>
If yes, please indicate: _____					
<b>7. Was there any apparent conflict of interest shown by the speaker(s)? If yes, please explain</b>		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
<b>8. Please rate the overall aspects of this educational activity on:</b>					
	<b>1=Poor</b>	<b>2=Below Average</b>	<b>3=Average</b>	<b>4=Above</b>	<b>5=Outstanding</b>
Educational content, relevance to practice, questions & discussions, quality of presenters and selection of topics					
1	2	3	4	5	
<b>General Comments:</b>					
<b>E-mail</b> address to participate in an outcome-measured post evaluation activity:					
Specialty :	<input type="checkbox"/> MD/DO	<input type="checkbox"/> NP/RN	<input type="checkbox"/> PA	<input type="checkbox"/> Student	<input type="checkbox"/> Other health professional