SUNY DOWNSTATE Medical Center | Office of Continuing Medical Education

ANNUAL CONFERENCE/SYMPOSIUM EVALUATION

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.

Title of Activity _____ Date_____

1.

Presenter: __	**1=Poor**	**2=Below Average**	**3=Average**	**4=Above**	**5=Outstanding**
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
Presenter: __					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
Presenter: __					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
Presenter: __					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
Presenter: __					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
Presenter: __					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
Presenter: __					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
Presenter: __					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
Presenter: __					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
Presenter: __					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5

2. Indicate the reason you came to the meeting:	Please check all that applied				
to develop clinical skills	☐				
to develop interpretive and diagnostic skills	☐				
to acquire new information on the subject	☐				
to review the subject	☐				
to meet CME requirements	☐				

3. How might the format of this activity be improved in order to be most appropriate for the content presented (select all that apply)?			
Format was appropriate; no changes needed	☐	Add a hands-on instructional component	☐
Include more case-based presentations	☐	Schedule more time for Q and A	☐
Increase interactivity with attendees	☐	Other, describe	☐
Add breakouts for subtopics	☐		

4. Did you have the opportunity to discuss practice-relevant issues with the speakers?	
YES ☐	NO ☐

5. How will you change your practice as a result of attending this activity (select all that apply)?	
☐ Create/revise protocols, policies, and/or procedures	☐ This activity validated my current practice
☐ Change the management and/or treatment of my patients	☐ I will not make any changes to my practice
☐ Other, please specify:	

6. Please rate the projected impact of the presentation objectives on:					
		Not Applicable	**No Impact**	**Moderate Impact**	**High Impact**
	Knowledge	☐	☐	☐	☐
	Competence	☐	☐	☐	☐
	Performance	☐	☐	☐	☐
	Patient outcomes	☐	☐	☐	☐
7. Was there any apparent conflict of interest shown by the speaker(s)? If yes, please explain	YES ☐		NO ☐		
8. Was the meeting room conducive to learning?	YES ☐		NO ☐		

General Comments:

E-mail address to participate in an outcome-measured post evaluation activity:

Specialty :	☐ MD/DO	☐ RN	☐ PA	☐ Student	☐ Other health professional