# 

# **Course Title**

# Course Date

1. **Participant Demographic**

Physician (MD/DO)

RN/LPN

Mid-level Practitioner (CNP, CRNA, PA)

Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Was information** **presented during this CME activity scientifically sound and free of commercial bias\* or influence?**

Yes

No If no, please explain**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*\*Commercial bias is defined as a speaker promoting use of a specific drug or device without support from evidence produced by scientific research conducted in a manner generally accepted by the scientific community. Commercial support of a CME Activity does not necessarily mean that the CME activity or any presentation was necessarily biased.*

1. **The speakers’ affiliations were disclosed, or it was disclosed that they have no affiliations with commercial companies.**

Yes

No

1. **Were your personal objectives met?**

Yes

No

1. **Is the content of this activity likely to influence your practice habits?**

Yes

No

1. **Please rate each item below:**

**Day 1 Date**

| **Speaker:**  **Topic:** | **Strongly Disagree**  **(1)** | **Disagree**  **(2)** | **Neutral**  **(3)** | **Agree**  **(4)** | **Strongly Agree**  **(5)** |
| --- | --- | --- | --- | --- | --- |
| The speaker's delivery of the content was clear and well organized. |  |  |  |  |  |
| The speaker provided information that I will be able to use in my practice. |  |  |  |  |  |
| **Speaker:**  **Topic:** | **Strongly Disagree**  **(1)** | **Disagree**  **(2)** | **Neutral**  **(3)** | **Agree**  **(4)** | **Strongly Agree**  **(5)** |
| The speaker's delivery of the content was clear and well organized. |  |  |  |  |  |
| The speaker provided information that I will be able to use in my practice. |  |  |  |  |  |
| **Speaker:**  **Topic:** | **Strongly Disagree**  **(1)** | **Disagree**  **(2)** | **Neutral**  **(3)** | **Agree**  **(4)** | **Strongly Agree**  **(5)** |
| The speaker's delivery of the content was clear and well organized. |  |  |  |  |  |
| The speaker provided information that I will be able to use in my practice. |  |  |  |  |  |

**Day 2 Date**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Speaker:**  **Topic:** | **Strongly Disagree**  **(1)** | **Disagree**  **(2)** | **Neutral**  **(3)** | **Agree**  **(4)** | **Strongly Agree**  **(5)** |
| The speaker's delivery of the content was clear and well organized. |  |  |  |  |  |
| The speaker provided information that I will be able to use in my practice. |  |  |  |  |  |
| **Speaker:**  **Topic:** | **Strongly Disagree**  **(1)** | **Disagree**  **(2)** | **Neutral**  **(3)** | **Agree**  **(4)** | **Strongly Agree**  **(5)** |
| The speaker's delivery of the content was clear and well organized. |  |  |  |  |  |
| The speaker provided information that I will be able to use in my practice. |  |  |  |  |  |
| **Speaker:**  **Topic:** | **Strongly Disagree**  **(1)** | **Disagree**  **(2)** | **Neutral**  **(3)** | **Agree**  **(4)** | **Strongly Agree**  **(5)** |
| The speaker's delivery of the content was clear and well organized. |  |  |  |  |  |
| The speaker provided information that I will be able to use in my practice. |  |  |  |  |  |

1. **Please rate the impact of the following objectives:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *As a result of attending this activity, I am better able to:* | **Strongly Disagree**  **(1)** | **Disagree**  **(2)** | **Neutral**  **(3)** | **Agree**  **(4)** | **Strongly Agree**  **(5)** |
| <objective 1> |  |  |  |  |  |
| <objective 2> |  |  |  |  |  |
| <objective 3> |  |  |  |  |  |

**8. How likely are you to change or implement a patient management strategy in your practice or engage in some other change in your professional work?**

Highly Likely  Somewhat Likely  Not Likely

**9. Now that you have participated in this CME/CE activity, please take a moment to consider making changes in your practice as a result. The categories listed below represent potential areas of improvement.**

**Commitment to Change Areas (select all that apply)**

|  |  |
| --- | --- |
| Diagnosis and Screening | Safety |
| Treatment | Teamwork-Roles and Responsibilities |
| Clinical-Patient or Interprofessional Communication | Patient Education |
| Quality Improvement | Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | None |

1. **List the specific, measurable change(s) you plan to make:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Not at all likely Neither likely nor unlikely Extremely likely

**1 2 3 4 5 6 7 8 9 10**

1. **Please indicate barriers, if any, in implementing these changes.**

|  |  |
| --- | --- |
| None | Team structure |
| Clinical knowledge/skill/expertise | Patient characteristics/factors |
| Peer influence | Patient adherence |
| Cultural competence | Work overload |
| Recall, confidence, clinical inertia | Referral process |
| Motivation | Culture of Safety |
| Fear, legal concerns | Practice process |
| Roles and responsibilities | Cost/funding |
| Communication | Not enough time |
| Competence | Lack of opportunity |
| Shared values and trust | Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **What might you do to address barriers you encounter?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Suggestions for future activities/topics:**

In order to design future education that can help improve practice, we need to better understand your clinical challenges. Please respond to the following questions:

**In what clinical areas do you feel the least prepared or most uncomfortable?**

**What patient problems or systems issues would benefit from more education or follow up?**

15. COMMENTS:

Please return completed evaluations to the conference registration desk.

Thank you for completing this evaluation form. We consider all responses as we strive to provide the best possible educational experience.