[Title of Activity]
ACTIVITY EVALUATION

Your evaluation of this educational activity is very important in the development of future activities.
Thank you for your participation.

Did this activity:	(1-Not at All, 2- Insufficiently, 3-Neutral, 4-Sufficiently, 5-Completely)				
Meet the stated learning objectives?	1	2	3	4	5
Address the competencies/attributes relevant to your specialty or role?	1	2	3	4	5
Equip you with new information to overcome barriers to treatment?	1	2	3	4	5
Offer knowledge/skills to collaborate with your team to provide patient centered care?	1	2	3	4	5
Prepare you to better communicate with other members of your multidisciplinary care team?	1	2	3	4	5

I expect my participation in this activity will improve my: (1-Not at All, 2- Insufficiently, 3-Neutral, 4-Sufficiently, 5-Completely)

Knowledge (the new information gained)	1	2	3	4	5
Competence (skills/abilities/strategies gained from the new information)	1	2	3	4	5
Performance (implementing the new skills/abilities/strategies)	1	2	3	4	5
Patient Outcomes (the potential effect from gained skills/abilities/strategies)	1	2	3	4	5

Please rate the following:	(1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree)				
I would recommend this activity to others.	1	2	3	4	5
The instructional effectiveness and expertise of the faculty were excellent.	1	2	3	4	5
The learning format was appropriate for this activity.	1	2	3	4	5

Based upon your participation in this activity, do you intend to change your practice behavior?

☐ Yes, I plan to implement changes in my practice based on the information presented.
☐ No, my current practice is consistent with the information presented.

If yes is selected, the following will appear:

☐ Patient Care (e.g., apply compassionate, appropriate, and effective treatment to patients)

☐ Medical Knowledge (e.g., apply the latest clinical knowledge to patient care)

☐ Practice-based learning and improvement (e.g., assimilate new scientific evidence into patient care)
☐ Interpersonal and communication skills (e.g., communicate effectively with patients, families, and colleagues)
☐ Professionalism (e.g., employ ethical principles and a commitment to professional responsibilities)
☐ Systems-based practice (e.g., call on system resources to provide care of optimal value)
☐ Work in interdisciplinary teams (e.g., collaborate in teams to ensure care is continuous and reliable)
☐ Employ evidence-based practice (e.g., integrate best research for optimum care)
☐ Apply quality improvement (e.g., identify errors and hazards in care)
☐ Utilize informatics (e.g., employ information technology to support decision making)
☐ Other (Please Specify.)

Are there any barriers or problems that might prevent you from implementing changes in your practice?

Please select all that apply:

☐ No barriers
☐ Lack of evidence based guidelines
☐ Lack of practice/patient based guidelines
☐ Organizational/institutional barriers
☐ Limited time
☐ Insurance/financial
☐ Increased workload
☐ Lack of patient adherence/compliance
☐ Other (please indicate below)

_____

_____

How would you improve this educational activity (Select all that apply)

☐ No improvements needed

☐ Provide better information in advance (ex. directions, activity overview, technical information, etc.)

☐ Reduce the amount of content covered

☐ Increase the amount of content covered

☐ Update the content covered

☐ Improve the instructional methods

☐ Make the content less difficult

☐ Make the content more difficult

☐ Slow down the pace of the activity

☐ Speed up the pace of the activity

☐ Allot more time for the activity

☐ Shorten the time allocated for the activity

☐ Offer the activity at a different:
  ☐ Time of the day: _____
  ☐ Time of the year: _____

☐ Other (please specify):

In order to improve your practice, what other specific CME topics would be of value to you?

_____

_____

How much of the content presented was new to you?

☐ 0-20%
☐ 21-40%

- [ ] 41-60%
- [ ] 61-80%
- [ ] 81-100%

How many years have you been in practice?

- [ ] 0-5 years
- [ ] 5-15 years
- [ ] 15-25 years
- [ ] 25-30 years
- [ ] 30+ years

How many patients do you see per week?
Please enter a numerical value.

_____

Was the activity fair, balanced, and free of commercial bias?

- [ ] Yes
- [ ] No

If No, please provide additional comment *(please be as specific as possible)*:

_____

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How did you hear about this educational activity?

- [ ] Mailing
- [ ] Colleague
- [ ] Email
- [ ] Internet Search
- [ ] Internet Ad/Social Media
- [ ] Previous Attendance
- [ ] If other, please specify:

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General Comments:

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