



CME EVALUATION FORM

Department: _____

Activity Title: _____

Activity Date: _____

1. Please indicate your profession: MD RN NP PA Resident Other: _____

2. Please rate the following speaker(s):

_____ Ineffective 1 2 3 4 5 Effective

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2. Educational/Learning Objective(s): At the conclusion of this lecture, the participant should be able to:

- 1) List Objective 1
- 2) List Objective 2
- 3) List Objective 3

3. How well did this activity meet the above objectives? Minimally 1 2 3 4 5 Completely

4. Was the presented information relevant to your practice? Limited 1 2 3 4 5 Very Beneficial

5. Do you intend to implement any of the above objectives? Yes No Already implementing Not applicable

6. To what degree was the appropriateness of the teaching strategy? Poor 1 2 3 4 5 Excellent

7. What is your overall evaluation of the activity? Poor 1 2 3 4 5 Excellent

8. What knowledge, competency or skill was learned or improved as a result of this activity?

- Patient management/treatment
- Practice Management
- Patient communication
- Other, explain _____

9. Based on what you have learned in this session, what changes will you make in your practice? Explain.

10. Do you foresee any barriers to implementation?

- | | | | |
|----------------------------|---------------------------------------|-----------------------------------|---|
| a. Insurance reimbursement | <input type="checkbox"/> None/minimal | <input type="checkbox"/> sizeable | <input type="checkbox"/> insurmountable |
| b. Cost effectiveness | <input type="checkbox"/> None/minimal | <input type="checkbox"/> sizeable | <input type="checkbox"/> insurmountable |
| c. Time management | <input type="checkbox"/> None/minimal | <input type="checkbox"/> sizeable | <input type="checkbox"/> insurmountable |
| d. Administrative support | <input type="checkbox"/> None/minimal | <input type="checkbox"/> sizeable | <input type="checkbox"/> insurmountable |
| e. Patient compliance | <input type="checkbox"/> None/minimal | <input type="checkbox"/> sizeable | <input type="checkbox"/> insurmountable |
| f. Other | <input type="checkbox"/> None/minimal | <input type="checkbox"/> sizeable | <input type="checkbox"/> insurmountable |

11. Knowledge of a particular CME Activity

- Knowledge level: Before CME Activity None Same High Very High
- After CME Activity None Same High Very High

12. Were all presentations fair, balanced and free of commercial bias? If not, please describe nature of bias.

13. Please list suggestions for future topics and/or conferences.

14. Specific comments and/or criticisms.