

Please use the content below as a guideline in meeting the minimum accreditation requirements. It does not have to be in this format, as long as all content is included. Feel free to add additional questions to meet your organizations needs, but do not delete any of the required content. You can also customize the disciplines listed for your program needs.

Please respond to each of the following statements as it applies to this program. Please explain any ratings of “disagree” or “strongly disagree” and comment about any exceptional aspects under additional suggestions/comments.

SA=Strongly Agree A=Agree N=Neutral D=Disagree SD=Strongly Disagree NA= Not Attended, Not Applicable or Unable to Rate

___Physician ___Fellow/Resident/Student ___Nurse ___PA ___Pharmacist ___Other_____

<i>Presentation Title</i> Speaker name (Q 1-6 must be ask for each speaker)	SA	A	N	D	SD	NA
1. The activity met my educational needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Rate the speakers knowledge of subject matter/presentation effectiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Course objectives were met: <ul style="list-style-type: none"> • Describe • List • Discuss 	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
4. Adequate opportunity to ask questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Effectiveness of learning activities: <ul style="list-style-type: none"> • Case Studies • Questions/Answers • Panel Discussion • More can be added if needed 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Ability to avoid commercial bias or influence. If not, please describe _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<i>Please Rate Overall Conference below</i>	SA	A	N	D	SD	NA
7. Did the information presented reinforce and/or improve your current skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Did the information provide new ideas/information you expect to use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Please rate the projected impact of this educational activity on your competence, performance, and/or patient outcomes: <ul style="list-style-type: none"> • This activity increased my competence*. • This activity will improve my performance**. • This activity will improve my patient outcomes. <i>*Competence is defined as giving learner new abilities/strategies/knowledge with a strategy, or what a professional would do in practice if given the opportunity.</i> <i>**Performance is defined as helping the learner modify their practice.</i>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
10. Which of the nine Institute of Medicine and/or ACGME/ABMS competencies did you perceive as being represented by this activity? (Please check all that apply) ___Quality Improvement ___Use of Informatics ___Patient Centered Care ___Evidence and Practice-Based Learning and Improvement ___Professionalism ___Working in Interdisciplinary Teams ___Medical Knowledge ___Systems-Based Practice ___Interpersonal Communication Skills						

11. How will attending this program affect your current practice?

12. What will you do differently in your practice as a result of your attendance in this program?

13. What topics would you like to see covered at future programs? _____

14. What additional skills would you like to develop in the future? _____

15. What behaviors would you like to change? _____

16. Are there barriers that still need to be addressed? _____

Additional Suggestions/Comments:

SAMPLE