**RSS YEARLY EVALUATION**

**<RSS Title>**

**January 1, 2012 – December 1, 2012**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Please indicate your profession:** | | | | | | | | | | | | | | | | | |
|  | MD/DO | | | | PharmD/RPh | | | NP | | | PA | RN | | | | Other: |  | |
|  | | | | | | | | | | | | | | | | | | |
| **2.** | **This series has increased, improved or positively impacted my (select all that apply):** | | | | | | | | | | | | | | | | | |
|  | Knowledge | | | | | Competence | | | Performance | | | | Patient Outcome | | | | | No Change |
|  | | | | | | | | | | | | | | | | | | |
| **3.** | | **Do you feel the series is scientifically sound and free of commercial bias\* or influence?** | | | | | | | | | | | | | | | | |
|  | | *\* Commercial bias is defined as a personal judgment in favor of a specific product or service of a commercial interest.* | | | | | | | | | | | | | | | | |
|  | | Yes | | No, please explain: | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **4.** | | **Please indicate which of the following American Board of Medical Specialties/Institute of Medicine core competencies have been addressed by this series (select all that apply):** | | | | | | | | | | | | | | | | |
|  | | Employ Evidence Based Practice | | | | | | | | | | | Professionalism | | | | | |
|  | | Interpersonal & Communication Skills | | | | | | | | | | | Quality Improvement | | | | | |
|  | | Interdisciplinary Teams | | | | | | | | | | | System Based Practice | | | | | |
|  | | Medical Knowledge | | | | | | | | | | | Utilize Informatics | | | | | |
|  | | Patient Care or Patient-Centered Care | | | | | | | | | | | None of the Above | | | | | |
|  | | Practice Based Learning & Improvement | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **5.** | | **Based on lectures you’ve attended since January 1st, how will you change your practice as a result of attending this series (select all that apply)?** | | | | | | | | | | | | | | | | |
|  | | Change the management and/or treatment of my patients (please explain): | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | |
|  | | Create/revise protocols, policies and/or procedures (please explain): | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | |
|  | | This activity validated my current practice. | | | | | | | | | | | | | | | | |
|  | | I will not make any changes to my practice. | | | | | | | | | | | | | | | | |
|  | | Other (please explain): | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **6.** | | **Please indicate any barriers you perceive in implementing these changes.** | | | | | | | | | | | | | | | | |
|  | | Cost | | | | | | | | | | | | | Lack of Administrative Support | | | |
|  | | Lack of Consensus or Professional Guidelines | | | | | | | | | | | | | Lack of Experience | | | |
|  | | Lack of Opportunity (Patients) | | | | | | | | | | | | | Lack of Resources (Equipment) | | | |
|  | | Lack of Time to Assess/Counsel Patients | | | | | | | | | | | | | Patient Compliance Issues | | | |
|  | | Reimbursement/Insurance Issues | | | | | | | | | | | | | No Barriers | | | |
|  | | Other (please explain): | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **7.** | | **How will you address these barriers to implement changes in knowledge and/or behavior?** | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **8.** | | **How might the format of this series be improved in order to be most appropriate for the content presented (select all that apply)?** | | | | | | | | | | | | | | | | |
|  | | Add a Hands-On Instructional Component | | | | | | | | | | | | Add Breakouts for Subtopics | | | | |
|  | | Format is Appropriate; No Changes Needed | | | | | | | | | | | | Include More Case-Based Presentations | | | | |
|  | | Increase Interactivity with Attendees | | | | | | | | | | | | Schedule More Time for Q&A | | | | |
|  | | Other (please explain): | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **9.** | | **What could improve this series?** | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **10.** | | **Based on your educational needs, please list any topics you would like to see addressed in future educational activities.** | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **11.** | | **Other Comments.** | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |

**Please return completed evaluation forms to the appropriate representative.**

**Thank you!**