**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!**