**ACTIVITY EVALUATION**

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| --- | --- |
| Date: |       |
| Speaker(s): |       |
| Topic / Title: |       |
| Program Objectives: |       |
|  |
|  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| **Presentation** |
| Stated educational objectives were met. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| The speaker(s) demonstrated mastery of the subject. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Teaching methods and presentation skills were effective. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |
| **Content and Format** |
| The content was evidence-based. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Presentation was given without commercial bias or influence. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Information will improve my ability to treat and manage my patients. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| The educational format for this CME activity was appropriate for the content. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |
| **Outcomes***Attending this CME activity increased/improved my:* |
| Knowledge of the subject. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Competence (the ability to apply the knowledge). | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Performance (what is actually done in practice). | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Patient outcomes (patient health status). | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| This activity will have a positive impact on the quality of patient care and/or patient safety. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |
| **Commercial Support / Disclosure** *The provider of the CME has disclosed in writing or verbally:* |
| The conflict of interest or lack thereof declared by planners and speaker(s)?  | [ ]  Yes [ ]  No |
| Commercial support or lack thereof was acknowledged accordingly.  | [ ]  Yes [ ]  No |
| Name one thing you will change as a result of attending this CME program: |
|       |
|       |
| What barriers do you anticipate in implementing the above change?  |
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|       |
| Comments or suggestions:  |
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| Suggestions for future topics:  |
|       |
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