**ACTIVITY EVALUATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | | | | | | |
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|  | | | | | | | |
| 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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