

SCVMC DEPARTMENT OF _____ CME ACTIVITY PROGRAM EVALUATION

Your comments are essential for improving the effectiveness of SCVMC continuing medical education activities. Please complete this questionnaire and return it at the end of the activity.

TITLE: _____ DATE: _____

SPEAKER: _____

REVIEWER: _____

Educational Objectives:

- 1.
- 2.
- 3.

Please indicate how well this activity addressed the educational objectives:

Education Objective	Poor	Fair	Good	Very Good	Excellent
# 1	1	2	3	4	5
# 2	1	2	3	4	5
# 3	1	2	3	4	5

1. Please rate the effectiveness of the presentation (as above scoring): 1 2 3 4 5

2. Please rate the impact of the above learning objectives on your professional **competence** 1 2 3 4 5

3. Please rate the impact of the above learning objectives on your professional **performance** : 1 2 3 4 5

4. Please rate the impact of the above learning objectives on your **patient care outcomes** : 1 2 3 4 5

5. A verbal or written statement regarding conflict of interest was made: ☐ YES ☐ NO

6. Do you feel that the speaker had any bias (commercial or other) that is relevant to this CME activity: ☐ YES ☐ NO

7. Estimate the likelihood that you will make changes in the care and management of your patients as result of this activity:

Not at all	Somewhat Likely	Highly Likely	Definitely
1	2	3	4

8. Please **list at least 1 specific change** in patient care you intend to make after participating in this activity?

9. Issues in Cultural and Linguistic Competency (e.g. differences in prevalence, diagnosis, treatment in diverse population; linguistic skills; pertinent cultural date) were adequately addressed in this activity: ☐ YES ☐ NO

Please explain: _____

10. After attending this presentation, please suggest **two topics** for future educational activities:

Thank you for taking the time to complete this form!