|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SA**=Strongly Agree, **A**=Agree, **D**=Disagree, **SD**=Strongly Disagree, **N/A** | **SA** | **A** | **D** | SD | N/A |
| **1. Activity content fulfilled the goals/objectives** |  |  |  |  |  |
| **2. Speaker and Planning Committee financial conflicts of interest and mitigation were disclosed before the program began (slide, handout and/or verbal disclosure).** |  |  |  |  |  |
| **3. The activity was presented objectively and was free of commercial bias.** |  |  |  |  |  |

***For questions 4 – 11, please mark your response(s):***

4. Today’s program format was conducive to learning. □ Yes □ No

If no, please provide alternative format suggestions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. This activity will assist in the improvement of my (mark all that apply):

* Competence (will turn the knowledge I gained into a strategy; I have a plan to implement what I learned)
* Performance (will take what I learned and put it into practice) (i.e.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Patient outcomes (what I learned will positively affect my patient outcomes) (i.e.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

6. Which ONE of the following best describes the impact of this activity on your performance?

* This education affirms what I am already doing.
* This activity will not change my behavior because I do not agree with the information presented.
* I need more information before I can change my practice behavior.
* I will immediately implement the information into my practice.

7. Which of the following actions will you take as a result of participating in this educational activity (mark all that apply):

* Discuss new information with other professionals.
* Participate in another activity on this topic
* Broaden my outlook
* Change my practice/approach
* Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None

8. Indicate any barriers that might prevent you from applying this knowledge (mark all that apply):

* Cost
* Lack of experience
* Lack of opportunity
* Lack of time
* Lack of resources
* Reimbursement/insurance issues
* Patient adherence/compliance
* No barriers
* Other, please specify

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. What additional information could you use to better implement what you’ve learned?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Additional suggestions or comments about this activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Suggestions for future educational topics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title/Discipline \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***MD/DO/NP/PA/Other***

***Organization/Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Updated: Jan 2021