



# REQUIRED CME PROGRAM EVALUATION QUESTIONS

SA=Strongly Agree, A=Agree, D=Disagree, SD=Strongly Disagree, N/A

SA    A    D    SD    N/A

<b>1. Activity content fulfilled the goals/objectives</b>				
<b>2. Speaker and Planning Committee financial conflicts of interest and resolutions were disclosed before the program began (slide, handout and/or verbal disclosure).</b>				
<b>3. The activity was presented objectively and was free of commercial bias.</b>				

**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: \_\_\_\_\_  
 \_\_\_\_\_

Name \_\_\_\_\_ Title/Discipline \_\_\_\_\_ Date \_\_\_\_\_  
MD/DO/NP/PA/Other

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