



## Program/Speaker Evaluation

What are your professional credentials?

- MD/DO     
  PA/NP     
  Other \_\_\_\_\_

### Overall Thoughts on the Program

The program met my professional expectations and needs.

- Strongly Disagree   
  Disagree   
  Neutral   
  Agree   
  Strongly Agree

The program provided supporting materials or tools which are helpful to my practice.

- Strongly Disagree   
  Disagree   
  Neutral   
  Agree   
  Strongly Agree

The program included opportunities to learn interactively.

- Strongly Disagree   
  Disagree   
  Neutral   
  Agree   
  Strongly Agree

Which of the following professional organization core competencies have been addressed by this program?  
 (check all that apply)

- PATIENT CENTERED CARE:** *Identify, respect and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of health lifestyles, including a focus on population health.*
- EVIDENCE BASED PRACTICE:** *Integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.*
- QUALITY IMPROVEMENT:** *Identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.*
- INTERDISCIPLINARY TEAMS:** *Facilitating collaboration with other members of the health care team to ensure that care is coordinated, continuous, and reliable.*
- INFORMATICS:** *Utilizing information technology to improve communication and support decision-making systems.*
- MEDICAL KNOWLEDGE:** *Helping learners become aware of established or evolving clinical and research data and explaining how this information can be applied to the improvement of patient care.*
- PATIENT SAFETY**

**Based on your participation in this program, which of the following do you expect to improve?  
(check all that apply)**

- Knowledge (awareness, recollection, and understanding)
- Competence (ability to apply knowledge, skills, and judgment)
- Performance (what is actually being done in professional practice)
- Patient Outcomes
- None

**Based on your participation in this program, how do you plan to change your clinical practice?  
(check all that apply)**

- Develop/revise and implement new or revised protocols, processes, policies and procedures  
(please explain below)
- Apply new strategies to better manage my patients and develop more effective treatment plans  
(please explain below)
- N/A, the sessions validated my current practice
- Other (please explain below)

**If you need to explain any of your answers from the previous question—please do so here:**

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**Which of the following barriers do you expect to encounter in implementing these changes?  
(check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Resources/economic                      | <input type="checkbox"/> Policy issues within institution |
| <input type="checkbox"/> Resources/equipment                     | <input type="checkbox"/> Insurance/reimbursement          |
| <input type="checkbox"/> Resources/administrative support        | <input type="checkbox"/> Patient compliance               |
| <input type="checkbox"/> Lack of opportunity (patients)          | <input type="checkbox"/> None                             |
| <input type="checkbox"/> Lack of time to assess/counsel patients | <input type="checkbox"/> Other (please specify _____)     |

**Please suggest other topics that might be of interest to you:**

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**Additional comments and/or suggestions for improvement:**

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## Course Objectives

As a result of attending this program, I will be better able to:

**Text for first objective.**

- Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree

As a result of attending this program, I will be better able to:

**Text for first objective.**

- Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree

As a result of attending this program, I will be better able to:

**Text for first objective.**

- Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree

## Speaker Evaluation

**Speaker Name (Speaker topic)**

The speaker(s) demonstrated expertise and presented high quality scientific content based on the best available evidence.

- Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree

The scientific content was presented appropriately for the target audience and related to your current scope of practice.

- Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree

Do you feel this presentation was objective, fair and balanced?

- Yes     No

Was this presentation free of commercial bias or influence?

- Yes     No (please explain) \_\_\_\_\_

Please use this space if you need to explain any of your answers from the previous questions about this speaker or if you have any comments and/or suggestions for improvement for this speaker.

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