

>>INSERT SESSION TITLE HERE <<

FY12

>>INSERT DATE HERE<<

Considering Pertinence & Presentation (1 = poor 2 = fair 3 = good 4 = very good 5 = excellent)

What is your overall rating for the activity? 1 2 3 4 5

Comments on presenter(s)/discussion:

Is this activity format effective? Yes No

If no, please explain:

Was the activity fair, balanced and free of commercial bias? Yes No

If no, please explain:

	Poor		Excellent		
1. Opportunity for discussion with the presenter(s):	1	2	3	4	5
2. Overall evaluation of the presenter(s):	1	2	3	4	5

As a result of attending this activity, will you make changes in your practice which will positively impact patient clinical outcomes or patient satisfaction? Yes No

If yes, please list 1 or 2 proposed changes: _____

If no, why won't you make changes?

Content presented was not appropriate for my specialty.

I am not comfortable making the changes in my current practice.

Changes would be too financially costly at this time.

I am already following recommendations presented and/or information presented is in line with my current practice and is comparable.

Other, please explain: _____

This activity was:

Entirely within my scope of practice.

Somewhat within my scope of practice.

Not within my scope of practice, but will be helpful in the future.

Please list subject(s) in your specialty/practice where there is a gap in knowledge, competence or performance you would like to have addressed at future sessions:

Additional comments: