

RSS: _____

FY21

Session Date: _____

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

1. What is your overall rating for the presenter(s)? 1 2 3 4 5

Comments on presenter(s)/discussion:

2. 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.

3. 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: _____

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

If no, please explain:

5. 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: