**Instructions for Meeting Coordinator:**

* Update content indicated below in RED with the activity detail before distributing to participants.
* You may choose a different format for this evaluation – as long as the content is not altered.
* Evaluations can be set up to be distributed electronically, as long as content remains the same and there is a mechanism to summarize the data received.
* All questions/responses from this template are required and content should not be modified.
* Additional questions may be added if desired, with approval from CME office.
* Remove these instructions before distributing.

**Overall Course Evaluation**

**Activity Title:**

**Activity Date:**

1. **Please select your primary professional title:**

Physician

Pharmacist

Physician Assistant

Nurse Practitioner

Nurse

Psychologist

Therapist/Counselor

Scientist/Researcher

Social Worker

Other (specify):

1. **Please select your age group:**

18-24 years

25-34 years

35-44 years

45-54 years

55-64 years

Age 65 or older

1. **The overall learning objectives for this activity were:** *(delete / add rows as needed below)*

* Insert objective here
* Insert objective here
* Insert objective here
* Insert objective here

**The course learning objectives were met.**

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

1. **Please rate the projected impact of this activity on the following:**

(1=No Impact, 5=Very High Impact)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| Increased Competence |  |  |  |  |  |
| Improved Performance |  |  |  |  |  |
| Improved Patient Outcomes |  |  |  |  |  |

1. **Please rate the impact of this course on increasing your confidence in the subject matter of this activity:**

No impact

Low impact

Moderate impact

High impact

Very high impact

N/A

1. **Please summarize professional changes that you intend to make as a result of participating in this activity:**

|  |
| --- |
|  |

1. **Please rate your confidence in implementing these changes:**

No Confidence

Low Confidence

Moderate Confidence

High Confidence

Very High Confidence

N/A

1. **Please identify any barriers you perceive in implementing these changes:**

*(select all that apply)*

Cost

Lack of time to assess / Counsel patients

Lack of administrative support / Resources

Competing Priorities

Insurance / Reimbursement issues

Culture / Workplace Environment

Institutional Barriers

Patient Adherence Issues

Lack of consensus or professional guidelines

Other (Please describe:)

1. **How will you address these barriers?**

|  |
| --- |
|  |

1. **This CME activity was free from commercial bias.**

**Yes / Agree  No / Disagree \*\***

*Commercial bias is defined as a personal judgment in favor of a specific product or service of a commercial interest. CME activities should be free from commercial bias and give a balanced view of therapeutic options.*

\*\*If No / Disagree, please provide details below:

|  |
| --- |
|  |

1. **Issues in cultural and linguistic competency adequately addressed in this activity.**

**Yes / Agree  No / Disagree**

*For example, differences in prevalence, diagnosis, treatment in diverse population; linguistic skills; pertinent cultural data.*

1. **Please rate the following aspects of this educational activity:**

(1=Strongly Disagree, 5=Strongly Agree)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **N/A** |
| The overall quality of this CME program was excellent. |  |  |  |  |  |  |
| The overall quality of the speakers/faculty was excellent. |  |  |  |  |  |  |
| This CME activity met my primary objective. |  |  |  |  |  |  |
| This CME activity was relevant to my practice/profession. |  |  |  |  |  |  |
| This CME activity was presented in the appropriate learning format. |  |  |  |  |  |  |
| This syllabus was clearly written and understandable. |  |  |  |  |  |  |
| The balance of active versus passive learning was appropriate. |  |  |  |  |  |  |
| The tuition for this CME activity was appropriate. |  |  |  |  |  |  |
| The quality of the meeting site was excellent. |  |  |  |  |  |  |
| Assistance received at the registration desk was excellent. |  |  |  |  |  |  |

1. **What influenced you to participate in this activity?**

Course Description

Faculty

Topics

Tuition / Fee

Location

Other (specify):

1. **How did you hear about this activity?**

Brochure

Email announcement

UC San Diego CME Website

Internet Search

Information at other UC San Diego CME Event

CME California

Referred by Colleague/Word of Mouth

Other (specify):

1. **How could this activity have been improved?**

|  |
| --- |
|  |

1. **Based on your educational needs, please provide suggestions for future program topics and formats:**

|  |
| --- |
|  |

1. **General comments:**

|  |
| --- |
|  |