**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?**

|  |
| --- |
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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:

|  |
| --- |
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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?**

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

|  |
| --- |
|       |

1. **General comments:**

|  |
| --- |
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