**Instructions for RSS Coordinator:**

* Update content in indicated below in RED with your RSS detail.
* Use this template to tally up your evaluation scores/forms collected throughout the year.
* Using the Individually completed evaluation forms please tally results and fill in the blank squares with totals. Compile all written comments in the spaces provided.
* Return to the CME office when reporting is due (twice/year).

**RSS Evaluation Summary**

**RSS Title:**

**Reporting Period:**

**RSS Coordinator Name:**

1. **Primary professional credential or certification**

*Total # responses:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Physician | Allied Health Professional (e.g., NP, PA) | Nurse | Ph.D. | Psychologist | Other (specify): |
| \_\_\_\_%\_\_\_\_ # responses | \_\_\_\_%\_\_\_\_ # responses | \_\_\_\_%\_\_\_\_ # responses | \_\_\_\_%\_\_\_\_ # responses | \_\_\_\_%\_\_\_\_ # responses | \_\_\_\_%\_\_\_\_ # responses |

*(Please list all specified “other” credentials or certifications below)*

1. **Ratings for projected impact of this RSS on the following:**

*Total # responses:*

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

1. **Ratings for different aspects of this RSS:**

*Total # responses:*

|  | 1 | 2 | 3 | 4 | 5 |
| --- | --- | --- | --- | --- | --- |
| a. Learning objectives were met. | # responses | # responses | # responses | # responses | # responses |
| b. Overall quality activity. | # responses | # responses | # responses | # responses | # responses |
| c. Overall quality faculty. | # responses | # responses | # responses | # responses | # responses |
| d. Met my primary objective.  | # responses | # responses | # responses | # responses | # responses |
| e. Relevant to my practice. | # responses | # responses | # responses | # responses | # responses |
| f. Appropriate learning format. | # responses | # responses | # responses | # responses | # responses |
| g. Appropriate balance of learning. | # responses | # responses | # responses | # responses | # responses |

1. **Projected impact of this course on increasing your confidence in the subject matter of this RSS:**

*Total # responses:*

|  |  |
| --- | --- |
|  |  |
| No impact | # responses |
| Low impact | # responses |
| Moderate impact | # responses |
| High impact | # responses |
| Very high impact | # responses |
| N/A | # responses |

1. **Professional changes you intend to make as a result of participating in this RSS:**

*(Please list all responses below)*

1. **Projected level of confidence in implementing these changes:**

*Total # responses:*

|  |  |  |
| --- | --- | --- |
|  |  | Overall (Weighted Average) |
| No confidence | # responses |       |
| Low confidence | # responses |       |
| Moderate confidence | # responses |       |
| High confidence | # responses |       |
| Very high confidence  | # responses |       |
| N/A | # responses |       |

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

|  |  |
| --- | --- |
| **# responses** | Cost |
| **# responses** | Lack of time to assess/counsel patients |
| **# responses** | Lack of administrative support/resources |
| **# responses** | Competing Priorities |
| **# responses** | Insurance/Reimbursement issues |
| **# responses** | Culture / Workplace Environment |
| **# responses** | Institutional Barriers |
| **# responses** | Patient adherence issues |
| **# responses** | Lack of consensus or professional guidelines |
| **# responses** | Other (Please describe:) |

*(Please list all “Other” responses below)*

1. **Methods barriers will be addressed:**

*(Please list all responses below)*

1. **Commercial Bias:**

*Total # responses*

|  |  |
| --- | --- |
| **“YES”:** | **“NO”** |
| % | % |

*(Please list below all descriptions of commercial bias that was perceived)*

1. **Overall effectiveness in meeting cultural and linguistic competency requirements:**

*Total # responses*:

|  |  |
| --- | --- |
| **“YES”:** | **“NO”** |
| % | % |

*(Please list below all elements described as not having been adequately addressed)*

1. **General Comments:**

*(Please list all responses below)*