CME EVALUATION FORM

Saint Louis University School of Medicine

**Activity Title**

**Activity Date**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Presentation title**  **Presenter: First Last, Degree** | | | | | | | | |
| Content was Valuable  1-Not at All 2-A Little 3-Neutral 4-Somewhat 5-To a Great Extent | | | | | | | | |
| Presenter’s Level of Knowledge & Expertise | Poor | | Fair | | Good | | Excellent | |
| Presenter’s Effectiveness/Teaching Ability | Poor | | Fair | | Good | | Excellent | |
| Comments | | | | | | | | |
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**I was adequately informed of presenter conflicts of interest:** Yes No

**Please indicate if this activity was free from commercial bias:** Yes No

**If you checked no, please indicate topics that were not free from commercial bias:**

As a result of attending the CME activity, I declare**:**

**I learned a great deal of information from this live activity**:

1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree

**I will take actions in the following areas (check all that apply):**

* Learning more about ***specific topic/techniques taught***
* Collaboration/Networking

**I expect my practice strategies to change as a result of what I learned in this activity (check one)**

1-Not at All 2-A Little 3-Neutral 4-Somewhat 5-To a Great Extent

**If possible, please give a brief description on how you will change your practice to improve patient outcomes:**.

**If you are not considering any practice or service changes, please indicate why:**

* Confirmed my current practices
* Not convinced any change is warranted
* Content not relevant to my practice
* Significant barriers to changing my practice (please specify):

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* Other (please specify):

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**To what extent were the educational objectives met?**

*(MUST add in the Objectives that were listed on the promotional material)*

**Objective 1**

1-Not at All 2-A Little 3-Neutral 4-Somewhat 5-To a Great Extent

**Objective 2**

1-Not at All 2-A Little 3-Neutral 4-Somewhat 5-To a Great Extent

**I would like to attend a future CME activity that addresses the following:**

**What was the most important/impressive feature of this program to you?**

**What was the least important/impressive feature of this program for you?**

**What topics would you like to have presented in the future?**

**Additional Comments:**