# <<INSERT ACTIVITY TITLE>>

# <<INSERT ACTIVITY DATE>>

Weill Cornell Medical College is committed to excellence in continuing education. Your opinions are critical to us in this effort. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please reflect carefully and complete this evaluation form.

1. **Please indicate your profession:**  MD/DO  NP/RN  PA  Other:
2. **Please indicate the extent to which you believe this activity will enhance your performance as a physician in the following areas of medical competence (*where applicable*):**

**1 = NOT AT ALL 5 = SIGNIFICANT**

1. Medical Knowledge (e.g. Biomedical, clinical, epidemiological,  **1 2 3 4 5**

and social sciences): *1 = not at all 5 = significant* or

**List at least 1 area of enhanced knowledge gained from this series**: **N/A**

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1. Diagnostic and Treatment Strategies/Quality Improvement (e.g. New **1 2 3 4 5**

evidence, identification of opportunities for clinical improvement, *1 = not at all 5 = significant* evidence-based practice recommendations): or **N/A**

**List at least 1 diagnostic or treatment strategy you are likely to**

**implement in your practice.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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C. Professionalism and Effectiveness with Patients and Care Teams **1 2 3 4 5**

(e.g. Interpersonal skills, identification of different patient values *1 = not at all 5 = significant*

and needs, medical informatics). or

**N/A**

**List at least 1 overall patient care and management strategy you are**

**likely to implement in your practice:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Do you feel the activity was free of commercial bias\* or influence?  Yes  No**

**If no, please describe your concerns and identify the presenter(s) and presentation title(s):**

*\**Commercial bias is defined as a subjective evaluation, promotion, or criticism of a product or service based primarily on a current or potential financial interest.*.*

1. **Do you feel the activity was scientifically sound, evidence-based, objective, and balanced?  Yes  No**

**If no, please describe your concerns and identify the presenter(s) and presentation title(s):**

1. Weill Cornell Medical College has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program. **Do you feel this activity succeeded in fulfilling our CME Mission and resulted in changes in:**

a. Competence  **Yes**  **No**

b. Performance  **Yes**  **No**

c. Patient Outcomes  **Yes**  **No**

1. **Please indicate any barriers you perceive in changing your practice in response to this educational experience.**

No barriers

Cost

Lack of experience

Lack of opportunity (patients)

Lack of resources (equipment)

Lack of administrative support

Lack of time to assess/counsel patients

Reimbursement/insurance issues

Patient compliance issues

Lack of consensus or professional guidelines

Other, please specify:

1. **How will you address these barriers in order to implement these changes in your practice?**

1. **Was the format of this activity appropriate to the content presented?**  Yes  Somewhat  No

If **No or Somewhat**, how might the format be improved? Check all that apply:

Include more case-based presentations  Add a hands-on instructional component

Increase interactivity with attendees  Schedule more time for Q and A

Add breakouts for Subtopics  Other, describe:

1. **What else could improve this activity?**
2. **Based on your educational needs and/or perceived practice gaps in your specialty, please list any topics you would like to see addressed in future educational activities.**
3. **Other Comments/Concerns:**

**Thank you for participation in this Weill Cornell Medicine CME Activity.**