# <<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?**
2. **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.**

**11. Weill Cornell Medicine and our CME program are committed to diversity, equity, inclusion, and belonging for all members of our community and the patients we care for.**

**Link:**<https://weill.cornell.edu/our-story/priority-highlights/diversity>

 Did you feel this activity aligned with WCM’s mission of diversity and inclusion?  [ ]  Yes [ ]  No

**Definitions:**

. **Biased**: A positive or negative inclination towards a person, group, or community.

. **Non-Inclusive**: An intentional or unintentional act that conveys that a person, group, or community is unwelcome, not considered, or not valued.

. **Offensive:** An act that can be perceived as hostile, discriminatory, or disrespectful towards a person, group, or community.

If you have any comments you are willing to share here, please do so.

Alternatively, if you would like to discuss any concerns, please email the Office of Staff Diversity and Inclusion (OSDI) at staffdiversityandinclusion@med.cornell.edu or you may confidentially call 646-962-6982.

1. **Other Comments/Concerns:**

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