

NASSAU UNIVERSITY MEDICAL CENTER (Appendix Ib)
 (or sponsoring organization)
CME PROGRAM EVALUATION SUMMARY

To: Susan Mitchell, CME Co-Coordinator
 Debra Benson, CME Co-Coordinator

FROM: _____
 _____ Program Director

TELEPHONE: -----

TITLE OF PROGRAM COMPLETED: _____ **DATE:** _____

Total credits given: _____ **Total in Attendance:** MD _____ RN _____ Resident _____ Other _____

Total Evaluation Forms submitted: _____ Grand Total in Attendance _____

Tabulate summary of evaluations as follows: indicate # of responses to course evaluation in appropriate boxes

PROGRAM (1= Not at all; 2= Only in part; 3= To a good extent; 4= Very much so)

	1	2	3	4
Were objectives met?				
The program addresses problems I face in my practice				

SPEAKER (1= Poor, 2= Fair, 3=Satisfactory, 4= Good, 5= Excellent, 6= Not applicable)

	1	2	3	4	5	6
Content of the talk was informative and interesting and presented in clear concise manner						
Speaker was thoroughly familiar with the subject.						
Quality of the audio/visual (sound and slide format) was						

Where appropriate, sum up the # of responses

1. Would you invite this speaker again? No Yes
2. Was program fair, objective and un-biased toward any product or commercial sponsor? No Yes
 - a. If No -Comments: (indicate # responses) 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____
3. This program affected: performance, patient outcome: 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____
4. Overall program was: _____Excellent, _____Good, _____Satisfactory, _____Fair, _____Poor
6. Did the participants wish to have this program repeated in the future? No Yes
7. Will you make any changes in practice: No Yes
 Comment on changes: _____
8. Improvement in competencies: _____#Pt care _____#Medical Knowledge _____# Practice based learning
 _____#Interpersonal communication _____#Professionalism _____#System-base practice
9. Indicate other special educational needs for topics for future program, identified by audience.

6. Please give an overall summary of your program on comments noted. _____

CME committee comments: _____ **Date:** _____
