

**NASSAU UNIVERSITY MEDICAL CENTER (Form Ia)**  
(or sponsoring organization: \_\_\_\_\_)

**CME COURSE EVALUATION**

**PLEASE FILL OUT AND HAND IN AT END OF SESSION**

**PROGRAM TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SPEAKER:** \_\_\_\_\_

Please indicate your title and specialty (by checking on the line and circle or fill in where appropriate).

\_\_\_\_\_ **Attending** (MD/DO/DPM/DDS/DMD)

\_\_\_\_\_ **Resident** (Pediatric/Internal Medicine/Family Practice/OB-Gyn/Dental/DO/Other)

\_\_\_\_\_ **PA/NP/RN/LPN/PCA/RT** \_\_\_\_\_ **Student** (Medical/Nursing/Respiratory/Lab Tech) \_\_\_\_\_ **Other** (i.e. social worker)

**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						

Would you invite this speaker again?      Yes      No

Today's session(s) and presenter(s) was free from discussion of any commercial product or service:      Yes      No

If **NO** (check all that apply) 1)  Unbalanced view of therapeutic options 2)  Failure to use generic names

3)  Use of single brand name vs. several 4)  company product promotion was seen

5)  Failure to disclose product recommended for off label use or still investigational

Disclosure statements were made:      by the speaker/moderator prior to the activity      in printed material.

This program: (check all that apply)

1)  Will alter my practice performance

5)  Will result in better patient outcomes

2)  Won't alter my performance, but convinced me I'm doing the right thing 6)  Did not satisfy my expectation

3)  Will be relevant to my practice

7)  Satisfied my expectation

4)  Will not be relevant to my practice

List three things that you have learned from this program: \_\_\_\_\_

\_\_\_\_\_

The overall program was:      Excellent      Good      Satisfactory      Fair      Poor

Would you like to see this session repeated next year?      Yes      No

Will you make any changes in practice as a result of the CME activity?      Yes      No

If Yes, please describe a specific change you will make \_\_\_\_\_

Content covered will improve my competencies in: (check all that apply)

1)  Patient care     2)  Medical knowledge     3)  Practice-based learning and improvement

4)  Interpersonal communication skills     5)  Professionalism     6)  System-based practice

List suggested topics/speakers for future programs: \_\_\_\_\_

\_\_\_\_\_

Name: (Optional) \_\_\_\_\_