

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

**CME PROGRAM EVALUATION SUMMARY**

To: Mary Harms Administrator, CME

FROM: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
Program Director

TITLE OF PROGRAM COMPLETED: \_\_\_\_\_ DATE: \_\_\_\_\_

Total credits given: \_\_\_\_\_ Total in Attendance: MD \_\_\_\_\_ RN \_\_\_\_\_ Resident \_\_\_\_\_ Others \_\_\_\_\_

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? # Yes \_\_\_\_ # No \_\_\_\_
2. Was program fair, objective and un-biased toward any product or commercial sponsor? # Yes \_\_\_\_ # No \_\_\_\_
3. If No -Comments: (indicate # responses) 1)\_\_\_\_ 2)\_\_\_\_ 3)\_\_\_\_ 4)\_\_\_\_ 5)\_\_\_\_ 6)\_\_\_\_
4. This program affected: performance, patient outcome: 1)\_\_\_\_ 2)\_\_\_\_ 3)\_\_\_\_ 4)\_\_\_\_ 5)\_\_\_\_ 6)\_\_\_\_ 7)\_\_\_\_
5. Overall program was: \_\_\_\_Excellent, \_\_\_\_Good, \_\_\_\_Satisfactory, \_\_\_\_Fair, \_\_\_\_Poor
6. Did the participants wish to have this program repeated in the future? # Yes \_\_\_\_ # No \_\_\_\_
7. Will you make any changes in practice: # Yes \_\_\_\_ # No \_\_\_\_  
Comment on changes: \_\_\_\_\_
8. Improvement in competencies: \_\_\_\_#Patient 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: \_\_\_\_\_