SCVMC DEPARTMENT OF _ **CME ACTIVITY PROGRAM EVALUATION**

Your comments are <u>essential</u> for improving the effectiveness of SCVMC continuing medical education activities. Please complete this questionnaire and return it at the end of the activity.

Educational Objectives: (list at least 3) 1. 2. 3. 1. Prior to this activity, a disclosure (verbal or by slide) of any Financial Relationship was made with nothing to disclose? \(\text{Y to the learning objectives of this activity on your professional Competence: (new abilities/skills/strategies)} \) 2. Please rate the impact of the learning objectives of this activity on your professional Performance: (improvement in practice) 4. Please rate the impact of the learning objectives of this activity on your Patient Care Outcomes: (help improve patient outcomes) 5. Based on the content of the activity, please indicate the area you will make a change. Please circle one area and provide specifics in the comment section below. Circle one that Applies: *Competence *Patient Care Outcomes Comment(s) 6. Please suggest any topics for future educational activities:	Educational Objectives: (list at least 3) 1. 2. 3. 1. Prior to this activity, a disclosure (verbal or by slide) of any Financial Relationship was made with nothing to disclose? \(\text{Yes} \) Yes \(\text{No}\) 1	ACTIVITY TITLE:		DATE:				
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Thank you for taking the time to complete this form!