

SCVMC DEPARTMENT OF _____
CME ACTIVITY PROGRAM EVALUATION

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

ACTIVITY TITLE: _____ DATE: _____
 SPEAKER: _____
 REVIEWER: _____

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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	1	2	3	4	5
2. Please rate the impact of the learning objectives of this activity on your professional Competence: (new abilities/skills/strategies)					
3. 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. <i>Circle one that Applies: *Competence *Performance *Patient Care Outcomes</i> Comment(s)					
6. Please suggest any topics for future educational activities:					

Thank you for taking the time to complete this form!