St. Joseph's Health
ST. JOSEPH'S UNIVERSITY MEDICAL CENTER

Conference Evaluation Form

Title: _____
Date:_____

Speakers:_____

1. Please rate the impact of the following objectives:

As a result of attending this activity, I am better able to:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Objective #1:	☐	☐	☐	☐	☐
Objective #2:	☐	☐	☐	☐	☐
Objective #3:	☐	☐	☐	☐	☐

2. Please rate the projected impact of this activity:

This activity:	Yes	No	No Change	If yes, please describe:
Increased my knowledge.	☐	☐	☐	
Increased my competence.	☐	☐	☐	
Improved my performance.	☐	☐	☐	
Will improve my patient outcomes.	☐	☐	☐	

**The Accreditation Council for CME requires us to analyze changes in learners' competence, performance, or patient outcomes.*

3. Please answer the following:

	Yes	No	Please explain:
Speaker(s) were knowledgeable regarding content.	☐	☐	
There was an opportunity to discuss practice-relevant issues with the speakers	☐	☐	
Presentation(s) were balanced, objective, and scientifically rigorous	☐	☐	
Content of this activity matched my current (or potential) scope of practice.	☐	☐	
Activity was scientifically sound.	☐	☐	
Activity was free of commercial bias or influence.	☐	☐	

4. Please identify how you will change your practice as a result of attending this activity (select all that apply).

☐ Change protocols, policies, and/or procedures
☐ Change the management and/or treatment of my patients
☐ Other change, please specify: _____
_____
☐ No changes--activity validated my current practice

5. Have you participated in activities on this topic in the past? ☐ Yes ☐ No

5a.. If yes, has it impacted your practice? ☐ Yes ☐ No Explain_____

6. Please indicate any barriers you perceive in implementing these changes.

Lack of:

- ☐ Finances
- ☐ Time
- ☐ Experience
- ☐ Opportunity (patients)
- ☐ Resources
- ☐ Administrative support
- ☐ Reimbursement/insurance
- ☐ Patient adherence
- ☐ Professional consensus or guidelines
- ☐ Other, please specify: _____
- ☐ No barrier

7. Will you address these barriers in order to implement changes in your competence, performance, and/or patients' outcomes? ☐ N/A

☐ Yes – Explain_____

_____

_____

☐No – Explain_____

_____

_____

8. Please indicate which of the following American Board of Medical Specialties/Institute of Medicine core competencies were addressed by this educational activity (select all that apply):

- ☐ Patient care or patient-centered care
- ☐ Interpersonal and communication skills
- ☐ Practice-based learning & improvement
- ☐ Professionalism
- ☐ System-based practice
- ☐ Interdisciplinary teams
- ☐ Quality improvement
- ☐ Utilize informatics
- ☐ Medical knowledge
- ☐ Employ evidence-based practice
- ☐ None of the above

9. How might the format of this activity be improved for the content presented (select all that apply)

- ☐ Add hands-on instructional component
- ☐ Include more case-based presentations
- ☐ Increase interactivity with attendees
- ☐ Add breakouts for subtopics
- ☐ Schedule more time for Q and A
- ☐ Other, describe:_____
- ☐ No changes needed: format was appropriate

10. Please describe any:

Exceptional presentations_____

_____

Presentations not meeting your needs/expectations:_____

_____

Clinical situations that you would like to see addressed in future educational activities:_____

_____

_____

_____

Please return completed evaluations to the appropriate representative.
Thank you.

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