**COURSE TITLE**

**Course day, Course date**

**FACULTY EVALUATION**

Please evaluate today’s presentations by circling the appropriate rating; 5 = excellent, 1 = poor.

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| **Talk 1** **Talk 2****Talk 3****Talk 4****Talk 5****Talk 6***Please rate session attended:*2:15p.m.**Breakout 1****Breakout 2****Breakout 3**3:45 p.m.**Breakout 1****Breakout 2****Breakout 3** | Content was relevant to my practiceYes NoYes NoYes NoYes NoYes NoYes NoYes NoYes NoYes NoYes NoYes NoYes No | My knowledge of the topic has increased5 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 1 | Talk presented in clear/organized manner5 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 1 | Key points were summarized5 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 1 | Talk was evidence-based5 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 15 4 3 2 1 |

**Was the information/material presented at this CME activity free from commercial bias? Yes No**

**If no, please explain:**

**Did you learn new information and strategies that you can apply to your work or practice?  Yes No**

**If yes, please describe:**

**Please indicate any barriers you perceive in implementing the changes identified above:**

* No barriers Reimbursement/insurance issues
* Patient compliance issues Cost
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty \_\_\_\_\_\_\_\_\_\_ Type of practice: \_\_\_MD/DO \_\_\_\_NP \_\_\_PA \_\_\_\_RN \_\_\_\_Resident \_\_\_\_\_\_\_\_Other

Years in practice \_\_\_\_\_\_\_\_\_\_ Have you attended this conference previously? \_\_\_\_Yes \_\_\_\_No