

### ACTIVITY EVALUATION FORM

### FOR REGULARLY SCHEDULED SERIES (RSS)

**Course Director’s/Moderator’s Disclosures:**

**Presenter’s Disclosures:**

## Activity Title

**This activity is made possible in part by an educational grant from**  \_

Date:

Presenter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This activity has been planned and implemented in accordance with the requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Albert Einstein College of Medicine and St. Barnabas Hospital. Albert Einstein College of Medicine is accredited by the ACCME to provide continuing medical education for physicians

Albert Einstein College of Medicine designates this live activity for ***a maximum of 1 AMA PRA Category 1 Credit(s)TM*.** Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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Title:

Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The staff of CCME of Albert Einstein College of Medicine has no conflicts of interest with commercial interests related directly or indirectly to this educational activity.**

Your Name***: Please print***

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Last First Degree

1) Did the learning objectives meet the overall purpose of the activity? 🖵 Yes 🖵 No

2) Of the patients you will see in the next week, what percentage will benefit from the information you learned today?

 🖵100% 🖵 90% 🖵 70% 🖵 50% 🖵 30% 🖵 10% 🖵0%

3) Based on the above percentage, what did you learn?

4) After attending this lecture, will you make any changes in your practice? 🖵 Yes 🖵 No

 If yes, what specific changes will you make in your practice to improve patient care?

5) What specific barriers exist that will prevent you from making changes in your practice?

6) CME presentations must be “free of commercial bias for or against any product.” In this regard, how

would you rate this presentation? 🖵 Superior 🖵 Excellent 🖵 Satisfactory 🖵 Unsatisfactory

##### EVALUATION OF THE PRESENTER

**Grade the speaker’s presentation in the five areas indicated. Please use the following grading scale:**

**1 = Excellent 2 = Good 3 = Fair 4 = Poor 5 = Unsatisfactory**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ability to Communicate** | **How Well Was Topic Covered?** | **Opportunity for Q&A Discussions** | **Objectivity, Balance & Scientific Rigor** | **Relevance to Your Practice** |
|  |  |  |  |  |
| **Presentation addressed gaps in changing:** 🖵 Competence 🖵 Performance 🖵 Patient Outcomes |

**REMEMBER: HANDWASHING SAVES LIVES** RSS Attendance and Evaluation Form