

CME SUMMARY FORM

Title: _____

Date: _____

1. Please summarize the impact of the following objectives:

| <i>As a result of attending this activity, I am better able to:</i> | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-------------------|----------|---------|-------|----------------|
| <Objective 1> | | | | | |
| <Objective 2> | | | | | |
| <Objective 3> | | | | | |

2. Please summarize the projected impact of this activity:

| <i>This activity:</i> | Yes | No | No Change | Please explain: |
|-----------------------------------|-----|----|-----------|-----------------|
| 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 summarize the following:

| | Yes | No | Please explain: |
|---|-----|----|-----------------|
| Speaker(s) were knowledgeable regarding content. | | | |
| There was an opportunity to discuss practice-relevant issues with the speaker(s). | | | |
| 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.

- 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. Participated in activities on this topic in the past?

- Yes
- No

5a. If yes, has it impacted your practice?

- Yes
- No

Please explain: _____

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

Lack of:

- Finances
- Experience
- Opportunity (patients)
- Resources
- Administrative support
- 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
- No

Explain: please list _____

Explain: please list _____

8. Please indicate which of the following American Board of Medical Specialties/Institute

- 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?

- 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: _____

Presentation not meeting your needs/expectations: _____

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

