

Regularly Scheduled Conferences – Evaluation

Evaluations are very important to us and are required for continuing medical education accreditation. The planning, execution and continuous improvement of high quality continuing medical education activities are largely guided by input provided by activity participants. Your response to the following questions will help to ensure that future activities are informative and meet participants’ educational needs. Please leave this completed evaluation form with a staff member prior to your departure.

DEPARTMENT/ ORGANIZATION:

TITLE OF PRESENTATION:

PRESENTER:

DATE:

LOCATION:

Learner Assurance Statement

The University of Cincinnati College of Medicine is committed to resolving all conflict of interest issues which may arise as a result of prospective faculty members significant relationships with drug or device manufacturers. The University of Cincinnati is committed to retaining only those speakers with conflicts that can be reconciled with the goals and educational integrity of the activity.

In accordance with the ACCME Standards for Commercial Support everyone in a position to control content for this course is required disclose to participants the existence of any financial interest/and or relationship(s) (e.g., paid speaker, employee, paid consultant on a board and/or committee for a commercial company) that could potentially affect the objectivity of his/her presentation or whose products or services may be mentioned during their presentation. The following disclosure was made:

Insert planning committee/course director and speaker’s commercial relationships

Faculty are required to inform learners when they are discussing off-label, unapproved uses of devices and drugs. Devices and drugs that are still undergoing clinical trials will be identified as such and will not be portrayed as standard, accepted therapy. Physicians should consult full prescribing information before using any products mentioned in this educational activity.

Objectives: (List course objectives)

Please identify whether or not each learning objective was meet by choosing “Met” or “Not Met”

	Met	Not Met
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Quality of speaker presentation	Excellent	Good Fair Poor
Number of patients with this condition you see per week	0	1-5 6-15 16 or more
Presentation was free from commercial bias	Yes	No (if “no” why)?
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Presentation was evidence-based and balanced	Yes	No

1. As a result of what you have learned today, what is the likelihood that you will change your practice behaviors? Circle One

Very Likely

Likely

Somewhat Likely

Not Likely

Please list specific clinical behaviors that you plan to change and/or examples of how you will use the information presented in your clinical practice:

2. Topic suggestions for future CME programs: _____

3. Other comments: _____

Accreditation Statement

The University of Cincinnati designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should only claim credits commensurate with the extent of their participation in the activity. The University of Cincinnati is accredited by the Accreditation Council for continuing Medical Education to sponsor continuing medical education for physicians

Disclaimer Statement

The opinions expressed during the educational activity are those of the faculty and do not necessarily represent the views of the University of Cincinnati. The information is presented for the purpose of advancing the attendees' professional development.

Help Us to Continue to Improve the Learning Experience!

We will send a reminder of your planned changes in about six weeks and would appreciate your feedback regarding regarding success in making the changes or barriers to doing so. If you agree to this reminder and can reply by email, please add your name and email address below.

NAME: _____ Email: _____

We gratefully acknowledge _____ for their educational grant in support of this program (if applicable)