

## Follow up Evaluation

### Name of the Activity

Date & Location

In an effort to determine the educational benefits and professional impact of the CME activity, we ask if you would kindly answer the questions below, based on your actual experience since the conference. *Did the activity clarify or reinforce principles and concepts underlying current handling of patients? How did this activity change your current practice? What was the impact of the activity on your performance and patient care?*

EGEND: (Great Extent) \_\_5 \_\_4 \_\_3 \_\_2 \_\_1 (Not at all)

*1 is lowest with 5 being the highest*

1. Did the knowledge acquired at these activities improve your performance, practice and or the quality of your patient care?

5	4	3	2	1

Comments:

2. Have you implemented changes into your practice as a result of attending these activities?

5	4	3	2	1

Comments:

3. This activity was valuable in re-affirming my competency in the covered topics

5	4	3	2	1

Comments:

4. Have you experienced any improvement in performance in your practice as a result of this educational activity? If yes, please explain.

Yes	No

If YES, please explain: *(Explain how you experienced performance changes in your practice, what are you doing differently now than what you were doing before, what competence, performance, patient outcome has occurred as a result of the educational activity)?*

5. Have you encountered any barriers to incorporating what you have learned into your practice; procedural, organizational, financial, cultural, etc?

5	4	3	2	1

Comments: