

MUJCESOM, CME Evaluation/Credit Claim Form

For Credit Please COMPLETE and return to event Chairperson.

Your task: fill in the appropriate circle.

What is this event's date: mm/dd/year _____ Event time: _____

What is this event's title: (Pediatric Grand Rounds, Surgical M&M, etc.) _____

What is this event's lecture title: _____

Participant Data:

1. Your Name (Print) _____ Date (mm/dd/yy) _____ Degree _____
License #(s) _____ State(s) _____ Expires _____ Specialty _____
Street Address: _____ City _____ State _____ Zip _____
email _____ Telephone#s>> -Home: _____ Office: _____
Cell: _____ Fax: _____

- Physician
- Resident (PG1 - PG5)
- R.N.
- Dentist
- Basic Scientist
- Student
- Other _____

Learning Objectives - At the conclusion of this training participants should be able to:

- 2. Did the speaker present learning objectives for this lecture? Y N
- 3. What professional performance gap did the learning objectives address?
 Clinical Knowledge Clinical Competence Clinical Performance Patient Outcomes Other

Clinical Relevance Keep WRITTEN COMMENTS on the line

- 4. Do you feel that this lecture provided suggestions you can apply in your practice? Y N
- 5. Do you feel that the information presented is fairly balanced? Y N
- 6. Do you feel that the lecture provides an appropriate level of scientific rigor and clinically relevant information? ... Y N

Your CLINICAL PRACTICE: Please indicate how much effect this event has had on the following areas:

- 7. Do you feel that his information will improve your
 Clinical Knowledge Clinical Competence Clinical Performance Patient Outcomes Other
- 8. I plan to **Change** my clinical approach to this type patient based on the information provided (If your answer is NO, complete question 9)
 Yes No

If you answered Yes - List your proposed changes:

9. Reason or barrier for No Change in clinical practice

- Administrative-time and finances to leave practice for training
- Technological-limited access within the state to educational opportunities due to limited state resources
- Organizational-overworked and understaffed
- Patients-no coverage while away
- Other-limited financial incentives in state to support CME for primary care physicians



The Lecture Location

10. Audio Visual Equipment + Organization + Location

- Worst Poor Fair Good Excellent

11. Quality of Presentation + Time management

- Worst Poor Fair Good Excellent

12. Did any pharmaceutical representatives attend this activity?

- Yes No

Speaker Evaluation & DISCLOSURE-

13. What Disclosure information was presented for this speaker? (last 12 months)

- No disclosure or conflicts Pharmaceutical Advisory Board Product Research
 Pharmaceutical Employment Speakers Bureau Educational Material development
 Stock holdings

14. Effectiveness of this Speaker +Lecture Content & Quality?

- Worst Poor Fair Good Excellent

15. Speaker's Lecture Content & Quality?

- Worst Poor Fair Good Excellent

Validation of Clinical Content

16. Do you feel that the recommendations made involving clinical medicine are based on accepted clinical evidence?

- YES NO, Please Comment _____

17. Do you feel that any scientific research referred to is based on standards of experimental design, collection & analysis?

- YES NO, Please Comment _____

18. **Desired Clinical Outcome:** *Do you feel that you have a better understanding of this topic as it relates to your clinical practice?*

- Definitely No Probably No Don't Know Probably Yes Definitely Yes

19. **When attending CME meetings,** which education format do you most prefer?

- Basic lectures without Q&A Lectures with Q&A segment
 Case-based sessions Computer supported Interactive "hands-on" activities
 Informal discussions with colleagues Webinars

20. **What are your future educational needs?**