

Thank you for participating in this Summit. The Office of STEMIO Education would like to know if this was a valuable learning experience for you, and would appreciate your responses to the following questions.

Title of Activity _____

Date _____

	1=Poor	2=Below Average	3=Average	4=Above Average	5=Outstanding
1. Presenter: _____					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
2. Presenter: _____					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
3. Presenter: _____					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
4. Presenter: _____					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
5. Presenter: _____					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
6. Presenter: _____					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
7. Presenter: _____					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
8. Presenter: _____					
To what extent was the presenter knowledgeable, organized and effective in his/her presentation?	1	2	3	4	5
2. Indicate the reason you came to the meeting:	Please check all that applied				
to develop clinical skills	<input type="checkbox"/>				
to develop interpretive and diagnostic skills	<input type="checkbox"/>				
to acquire new information on the subject	<input type="checkbox"/>				
to review the subject	<input type="checkbox"/>				
to meet CME requirements	<input type="checkbox"/>				
3. How might the format of this activity be improved in order to be most appropriate for the content presented? select all that apply					
Format was appropriate; no changes needed	<input type="checkbox"/>	Add a hands-on instructional component	<input type="checkbox"/>		
Include more case-based presentations	<input type="checkbox"/>	Schedule more time for Q and A	<input type="checkbox"/>		
Increase interactivity with attendees	<input type="checkbox"/>	Other, describe	<input type="checkbox"/>		
Add breakouts for subtopics	<input type="checkbox"/>				

4. Please rate the overall aspects of this educational activity on the basis of:					
	1=Poor	2=Below Average	3=Average	4=Above	5=Outstanding
Educational content	1	2	3	4	5
Relevance to practice	1	2	3	4	5
Questions and discussions	1	2	3	4	5
Oral presentations	1	2	3	4	5
Quality of presenters	1	2	3	4	5
Selection of topics	1	2	3	4	5
Overall quality of activity	1	2	3	4	5
5. Did you have the opportunity to discuss practice-relevant issues with the speakers?					
YES <input type="checkbox"/>			NO <input type="checkbox"/>		
6. How will you change your practice as a result of attending this activity? Select all that apply					
<input type="checkbox"/> Create/revise protocols, policies, and/or procedures		<input type="checkbox"/> This activity validated my current practice			
<input type="checkbox"/> Change the management and/or treatment of my patients		<input type="checkbox"/> I will not make any changes to my practice			
<input type="checkbox"/> Other, please specify:					
7. Any perceived barriers in making changes identified?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
If yes, please indicate:					
8. Has this activity met your identified needs and professional practice gaps?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
9. Please rate the overall impact of this activity objectives on:					
	Not Applicable	No Impact	Moderate Impact	High Impact	
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Was there any apparent conflict of interest shown by the speaker(s)? If yes, please explain below:			YES <input type="checkbox"/>		NO <input type="checkbox"/>
10. How did you obtain information on this program? Circle	Online	Email	Mailed brochure	Word of mouth	Other
11. What influenced you to attend this meeting?	Course description	List of faculty	List of topics	Fee	Host site
12. Based on your needs, provide suggestions for future program topics/formats:					
General Comments:					
E-mail address to participate in an outcome-measured post evaluation activity:					
Specialty :	<input type="checkbox"/> MD/DO	<input type="checkbox"/> NP/RN	<input type="checkbox"/> PA	<input type="checkbox"/> Student	<input type="checkbox"/> Other health professional