

SAMPLE EVALUATION, June 11, 2012

***To receive credit please enter the last four digits of your social security number as your identifier.**

**** Physicians, Pharmacists, and Nuclear Med. Tech's will only receive credit for talks attended and evaluated. Name must be given for these disciplines.**

Name:

***Select your professional category:**

- | | | |
|---|---|--|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> EMT | <input type="checkbox"/> Philosopher |
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> HIM | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> CLS | <input type="checkbox"/> LPN | <input type="checkbox"/> Physician* |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Nuclear Med. Tech * | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Radiation Therapist |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Other | <input type="checkbox"/> RN |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Pharmacist* | <input type="checkbox"/> Social Worker |

If Other (please specify)

***Employment/Practice Setting:**

- | | | |
|--|---|---|
| <input type="checkbox"/> Community Health Center | <input type="checkbox"/> Hospital | <input type="checkbox"/> Physician Clinic |
| <input type="checkbox"/> Dental Clinic | <input type="checkbox"/> K-12 Schools | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Dental School | <input type="checkbox"/> Medical School | <input type="checkbox"/> UMMC Faculty |
| <input type="checkbox"/> Health Dept. | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> UMMC Student |
| <input type="checkbox"/> Health Related School | <input type="checkbox"/> Nursing School | |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Other | |

If Other (please specify)

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*Employment is in:

Mississippi

Other State

Other State (please specify)

Instructions: This evaluation item has two-parts. First, we ask that you evaluate the presenter's knowledge, organization and effectiveness. Second, we ask that you evaluate the extent to which you will be able to perform the stated objective(s).

*New Horizons in Continuing Health Professional Education

	Very Much	Moderate	Minimal	Not at All	Not Attended
John Snow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obj.1: Discuss the importance of attending CHPE meetings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obj.2: Explain what is gained by its use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obj.3: Cite the different variations in continuing education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

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*Course Evaluation

	Very Much	Moderate	Minimal	Not at All	Not Attended
1. Was this meeting well organized?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. To what degree did this meeting enhance your current knowledge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. To what degree will you use knowledge from this meeting in your clinical practice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Did the content correspond to the specific objective(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Were the teaching methods and aids used effectively?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Were discussion periods sufficient for adequate exchange of information?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Were the physical facilities adequate and conducive to learning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*The general purpose of this meeting was to provide information on the importance of continuing health professional education.

	Excellent	Good	Adequate	Inadequate
Rate how the content related to the general purpose:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Did you detect commercial bias by any speaker?

- Yes
- No

If yes, which speaker (s)? What made you feel there was bias and did it affect your personal opinion?

*Length of Meeting

	Too Long	About Right	Too Short
Considering the content covered, the length of the meeting was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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*Rating of Speakers

	Excellent	Good	Adequate	Inadequate
What overall rating would you give the speakers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Rating of Meeting

	Excellent	Good	Adequate	Inadequate
What overall rating would you give the entire meeting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*As a result of attending this meeting is there anything you plan to change in your clinical practice?

- Yes
- No

If yes, please identify

Please offer your comments about this meeting:

Suggestions for future topics/speakers that would enhance your professional practice: