

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 Doe, MD | <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: