# **Standard CME Evaluation Template**

**Instructions**

Please use this form as the template for evaluating all CME Activities. Questions can be manipulated to best fit the evaluation vehicle (APEX, paper, etc). This flexibility is indicated in red text.

Yellow highlighted questions are optional and may not be applicable to all activities.

Starred (**\***) questions are required for all CME activities.

*If your activity does not have ABIM MOC credit, then you do NOT need to ask the ABIM related questions. If your activity does have ABIM MOC credit, you do need to gather that data and ask those questions.*

**Evaluation Template**

**\*I am completing this evaluation as a/an:**

Certified medical Director (CMD)

Attending Physician

Medical Director (non CMD)

Practitioner (APRN, NP, PA)

Academic Faculty

Resident/Fellow

Nurse (DON, RN, LPN)

Other, Please Explain

**How was registration for this CME activity paid for?**

I paid for it but was/will be reimbursed by my organization.

I paid for it.

My organization paid for it directly.

Other, Please Explain

**\*ABIM (American Board of Internal Medicine) 6 Digit ID #:** <Required if MOC; Remove if no MOC> \*You may solicit this information using a different method if that works better for your organization (e.g. post-test/quiz)

*(If you do not have one, please enter "NONE" in this field. Please note if "NONE" is entered, data regarding MOC points will NOT be transferred to ABIM)*

<open comment field>

**\*Date of Birth: (Required to have data transferred to ABIM)** <Required if MOC; Remove if no MOC> \*You may solicit this information using a different method if that works better for your organization (e.g. post-test/quiz)*Format: mm/dd/yyyy*<open comment field or date field>

**Please rate your satisfaction of the following (Annual Conference or Live Programming ONLY)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Completely Satisfied** | **Somewhat Satisfied** | **Neutral** | **Somewhat Dissatisfied** | **Completely Dissatisfied** |
| Overall experience |  |  |  |  |  |
| Selection and depth of program content |  |  |  |  |  |
| Planning and organization of program |  |  |  |  |  |
| Speakers |  |  |  |  |  |
| Usefulness of program materials |  |  |  |  |  |
| Networking opportunities |  |  |  |  |  |
| Virtual platform and course navigation  |  |  |  |  |  |

**If you were dissatisfied with any of the above elements, please tell us why.** <open comment field>

**\*Program Learning Objectives**

The following program learning objectives were adequately met:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| Learning objective 1 |  |  |  |  |  |
| Learning objective 2 |  |  |  |  |  |
| Learning objective 3 |  |  |  |  |  |
| Learning objective 4 |  |  |  |  |  |

**\*Indicate what best reflects your opinion of sessions and faculty.**

<Can be true or false> These statements can be added to or wording can be tweaked.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| <Insert Session Name> | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| <if more than one speaker on a session – make statements plural where appropriate> |  |  |  |  |  |
| The speaker(s) presented content in an effective manner. |  |  |  |  |  |
| The speaker(s) were knowledgeable and had relevant expertise. |  |  |  |  |  |
| Content was appropriate for your experience level. |  |  |  |  |  |
| Presentation style facilitated my learning. |  |  |  |  |  |
| Content pertained to my post-acute and long-term care practice. |  |  |  |  |  |
| Content provided practical approaches to implementation. |  |  |  |  |  |

**If you disagree with any of the above statements, please tell us why.** <open comment field>

**\*Was there evidence of commercial bias?**

*Commercial bias is defined as information presented in a manner that attempts to sway participants’ opinions in favor of a particular commercial product for the express purposes of furthering a commercial entity’s business.*

Yes

No

**\*If yes, please explain evidence of commercial bias:**

<open comment field><can be a branch question based on the answer “Yes” above if branch logic is available>

**\*Was there discussion of off-label substances or products or presentation of limited data without proper disclosure?**

Yes

No

**\*If yes, please explain:**

<open comment field><can be a branch question based on the answer “Yes” above if branch logic is available>

**\*Based on your participation in this activity, do you plan to implement any new strategies in your practice?**

Yes

No

**\*Please identify at least 1 strategy that you plan to implement in your practice based on the knowledge/competency gained from this activity.**

*(e.g. implement a QAPI program, identify knowledge gaps to educate the healthcare team, facilitate audits to ensure meds and supplements have true indications for use).*

<open comment field>

**\*Would you be willing to provide feedback in a future check-in to assess what changed in your practice as a result of this activity?**

Yes

No

**What issue(s)/problem(s) in your practice do you want the Society’s education to help you resolve?**

*(e.g. how to implement QAPI meetings).*

<open comment field, this is a good gap analysis/needs assessment question: Highly recommended>

**What strategies have you implemented to overcome the issue(s)/problem(s)?**

<open comment field, this is a good gap analysis/needs assessment question: Highly recommended>

**What barriers, if any, do you anticipate in your efforts to implement this knowledge and/or skills you have gained in this activity?**

Resources (staff, money, time)

Facility Leadership/Corporate/Management

Regulatory

Government

Family

Residents

None

Other, Please Explain

**Please list any topics you would like to see covered in future courses.**

<open comment field>

**Please provide any additional comments regarding your participation in this activity.**

<open comment field>