

YOUR NAME: (Please Print) _____

IN ORDER TO ASSESS THIS ACTIVITY, WE ASK THAT YOU COMPLETE THE EVALUATION FORM BELOW

EVALUATIONS WILL REMAIN CONFIDENTIAL SO PLEASE EVALUATE SPEAKER HONESTLY

PEDIATRIC CONFERENCE EVALUATION

| | |
|---------------------|--|
| DATE: | |
| SPEAKER: | |
| TITLE/TOPIC: | |

| | | | | |
|----------------------|---|-------------------------------------|--|--------------------------------|
| PLEASE CHECK: | Faculty (Full time or Associate) <input type="checkbox"/> | Housestaff <input type="checkbox"/> | Medical Student <input type="checkbox"/> | Other <input type="checkbox"/> |
|----------------------|---|-------------------------------------|--|--------------------------------|

1. Overall Activity Rating: Poor **1** Fair **2** Good **3** Very Good **4** Excellent **5**

2. Were the educational objectives met:

| | | | | | | |
|--|------------|---|---|---|---|---|
| a) Explain new techniques relevant to the topic | Not at all | 1 | 2 | 3 | 4 | 5 |
| b) Recognize relevant research and quality care issues | Not at all | 1 | 2 | 3 | 4 | 5 |
| c) Discuss basic and updated information | Not at all | 1 | 2 | 3 | 4 | 5 |
| d) Discuss the pathogenesis of the disease state represented by the conference | Not at all | 1 | 2 | 3 | 4 | 5 |

3. Please rate the speaker(s) on their presentation skills, knowledge of content, and degree to which presentation was balanced, objective and scientifically rigorous.

Poor

Good

Excellent

4. Where do you have problems in your practice? _____

5. Please give an example of what you will do differently in your practice as a result of participating in this activity (i.e., creation/revision of protocols, policies and procedures; changes in management and treatment; etc.): _____

6. To what extent did the information improve your level of understanding of the subject matter?

Not at all

Somewhat

Significantly

7. To what extent did the speaker provide current relevant and accurate information?

Not at all

Somewhat

Significantly

8. Did you perceive any commercial bias relative to specific products presented in this educational activity? No Yes
If Yes please explain: _____

9. Please list suggestions for future CME/CE programs: _____

10. Was disclosure made prior to the activity? No Yes

If yes, how? Verbal Powerpoint Handouts

11. Comments: _____

ACCREDITATION: The University of Arizona College of Medicine at the Arizona Health Sciences Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Arizona College of Medicine at the Arizona Health Sciences Center designates this educational activity for a maximum of 1.0 AMA/PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

DISCLOSURE: University of Arizona College of Medicine at the Arizona Health Sciences Center adheres to the ACCME standards regarding industry support of CME and disclosure of faculty and commercial support relationships, if any, will be made known at the conference.