**ATTACHED IS AN EVALUATION SUMMARY FORM FOR COMPLETION AFTER YOUR SERIES IS COMPLETED (FOLLOW YOUR APPLICATION-CALENDAR YEAR OR ACADEMIC YEAR).**

**PLEASE TOTAL THE EVALUATION SUMMARY FORMS FROM EACH SESSION OF THE SERIES AND TALLY BY:**

**-All Physicians (Including all Residents)**

* **COMPLETE ALL SHADED AREAS.**
* **INCLUDE ALL COMMENTS UNDER QUESTION # 8 REGARDING CHANGES IN PARCTICE.**

**PLEASE COMPLETE ALL SHADED AREAS**

OFFICE OF CONTINUING EDUCATION

STONY BROOK SCHOOL OF MEDICINE/HEALTH SCIENCES CENTER

STATE UNIVERSITY OF NEW YORK AT STONY BROOK

***EVALUATION SUMMARY FORM-FULL SERIES***

|  |  |
| --- | --- |
| **EVALUATION OF PROGRAM:** |  |
| **SERIES TIMEFRAME:** |  |
| **Total # All Physicians (Including all Residents)** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Very Well** | **Adequately** | **Poorly** | **No Response** |
| 1. | The program addresses problems I face in my practice |  |  |  |  |
| 2. | This program met its objective |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** | **No Response** |
| 3. | The presentation was |  |  |  |  |  |  |
| 4. | The discussion was |  |  |  |  |  |  |
| 5. | The illustrative/audio visual materials were |  |  |  |  |  |  |

6. Presentation was free of commercial bias (if no, specify):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| a. |  | | Yes |  | No response |
| b. |  | **NO**, *If no, commercial bias indicated by* | | | |
|  |  | Unbalanced view of therapeutic options | | | |
|  |  | Failure to use generic names | | | |
|  |  | Use of single brand name vs. several | | | |
|  |  | Illustrative material (e.g. audio-visual) reflects company product promotion | | | |
|  |  | Failure to disclose that product recommended for off label use or still investigational | | | |
|  |  | Other/specify: | | | |

7. THIS PROGRAM: (*please check all that apply*)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Will alter my practice performance. |  | Will result in better patient outcomes. |
|  | Won't alter my performance, but convinced me I'm doing the right thing. |  | Did not satisfy my expectation. |
|  | Will be relevant to my practice. |  | Satisfied my expectation. |
|  | Will not be relevant to my practice. |  |  |

8. Will you make any changes in practice as a result of this CME activity?       **YES**       **NO**

If yes, please describe a specific change you will make:

9. The content covered will improve my following competencies: (check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Patient care. |  | Interpersonal communication skills. |
|  | Medical knowledge |  | Professionalism. |
|  | Practice-based learning and Improvement |  | Systems-based practice. |