



Westchester Medical Center Health Network

POST CME PROGRAM EVALUATION FORM

Activity:

Speaker:

Date:

Honorarium: Yes _____ No _____

Evaluation was completed by: Physician _____ Non-Physician _____

Please rate the speaker on the following areas: Excellent (E) Good (G) Fair (F) Poor (P)

Presentation Content	Presentation Style	Instructional Methods/tools	Environment, Acoustics, Lighting, AV Equipment
E G F P	E G F P	E G F P	E G F P

The stated objectives of this program were: Exceeded _____ Met _____ Not Met _____

Objectives Listed Here

Did the content covered improve the following competencies? (Check all that apply)

Patient Care

Professionalism

Practice-based learning and improvement

System-based practice

Interpersonal communication skills

Medical Knowledge

Did the content meet your needs and expectations? Yes _____ No _____ If you answer yes, please specify _____

Will the knowledge gained today affect your practice?

Very much _____ Moderately _____ Minimally _____ None _____

TO RECEIVE CME CREDITS - YOU MUST COMPLETE AND ANSWER ALL QUESTIONS

BEFORE THE PRESENTATION ANSWER THE FOLLOWING QUESTIONS

1) How do you evaluate and treat (problem X) now?

AFTER THE PRESENTATION ANSWER THE FOLLOWING QUESTIONS

1) After attending this presentation how would you initially evaluate and treat the (problem)?
