

## CME Mandatory Evaluation Questions

These questions must be included in your learner evaluation. Ask your CME course contact for more information about Qualtrics surveys, templates and evaluation options.

	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>N/A</i>
1. The course objectives were met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. As a result of participating in this activity, I am confident I will improve my knowledge, competence, performance and/or patient outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Please answer the following question only if the course content relates directly to your current area of practice: "The content will be useful in my practice."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. What areas of practice will you change as a result of attending this course? (Select all that apply):	<input type="checkbox"/>	<input type="checkbox"/> Patient assessment <input type="checkbox"/> Patient treatment planning or care delivery <input type="checkbox"/> Patient education <input type="checkbox"/> Protocols, policies and/or procedures <input type="checkbox"/> Team-based care and/or team science <input type="checkbox"/> Team communication <input type="checkbox"/> Communication skills <input type="checkbox"/> Research and/or scholarly work <input type="checkbox"/> Quality Improvement <input type="checkbox"/> No change — validates current practice <input type="checkbox"/> Other: _____			
5. With respect to Implicit Bias and Cultural and Linguistic Competency, what areas of practice will you change as a result of attending this course? (Select all that apply.)	<input type="checkbox"/>	<input type="checkbox"/> Patient assessment <input type="checkbox"/> Patient treatment planning or care delivery <input type="checkbox"/> Patient education <input type="checkbox"/> Protocols, policies and/or procedures <input type="checkbox"/> Team-based care and/or team science <input type="checkbox"/> Communication skills <input type="checkbox"/> Research and/or scholarly work <input type="checkbox"/> Quality Improvement <input type="checkbox"/> Other: _____			
	<i>Yes</i>				<i>No</i>
6. The course objectives related to Implicit Bias and Cultural Linguistic Competency were met	<input type="checkbox"/>				<input type="checkbox"/>

7. The educational delivery method selected was effective (e.g., online, simulation, Lecture, table top exercises, hybrid/blended model, etc.)

Yes     No

Comments regarding educational delivery method: \_\_\_\_\_

8. This activity was free of commercial bias. If no, please comment.

Yes     No, please comment: \_\_\_\_\_

9. Faculty disclosures were made. If no, please comment.

Yes     No, please comment: \_\_\_\_\_