

Activity Evaluation Form - UT Graduate School of Medicine

**Early Intervention: Closing the Gap on Heart Attack and Stroke Care
Wednesday, December 07, 2011**

Your Title:

MD / DO
 PA
 PharmD / DPh
 NP
 RN
 Therapist
 Other, please specify: _____

Your Specialty:

Family Medicine
 Internal Medicine
 Cardiology
 Emergency Medicine
 Pharmacy
 Other: _____

Please rate your answers to this statement: "After attending this conference I can ..."	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Analyze models of care for stroke and cardiac cases					
Formulate strategies to hasten intervention for MI and stroke					
Summarize pre-hospital and ED management of MI and stroke					
Assess cardiovascular risk in the community					
Plan effective education and screening in the rural setting					
Integrate innovations in the treatment of MI and stroke					
Optimize drug therapy for stroke patients					
Identify and prevent drug interactions in cardiac patients					

Please rate the projected impact of this activity on your knowledge, competence*, performance, and patient outcomes. *Competence is defined as the ability to apply knowledge, skills, and judgment in practice (knowing how to do something).

	Yes	No	No Change	If yes, please describe:
This activity increased my knowledge.				
This activity should increase my competence.				
This activity should improve my performance.				
This activity should improve my patient outcomes.				

Do you feel the activity was scientifically sound and free of commercial bias or influence?

Yes
 No, explain: _____

Were the speakers' associations with commercial companies (if any) and presentation of off-label drug use (if any) disclosed to you?

Yes
 No

Please indicate any barriers you perceive in implementing recommended changes to your practice(select all that apply).

<input type="checkbox"/> Cost	<input type="checkbox"/> Reimbursement/insurance issues
<input type="checkbox"/> Lack of experience	<input type="checkbox"/> Patient compliance issues
<input type="checkbox"/> Lack of opportunity (patients)	<input type="checkbox"/> Lack of consensus or professional guidelines
<input type="checkbox"/> Lack of resources (equipment)	<input type="checkbox"/> No barriers
<input type="checkbox"/> Lack of administrative support	<input type="checkbox"/> Other, specify: _____
<input type="checkbox"/> Lack of time to assess/counsel patients	

As a participant, how might the format of this activity be modified to ensure future activity satisfaction (select all that apply)?

<input type="checkbox"/> Schedule more time for Q and A	<input type="checkbox"/> Add a hands-on component
<input type="checkbox"/> Include more case-based presentations	<input type="checkbox"/> Format was appropriate, no changes needed
<input type="checkbox"/> Increase interactivity with attendees	<input type="checkbox"/> Other, describe: _____
<input type="checkbox"/> Add breakouts for subtopics	

What do you plan to change in your practice as a result of attending this activity? _____

Overall, do you feel this activity was helpful in your scope of practice?

- Yes
 No, please explain: _____

Overall, were the speakers knowledgeable?

- Yes
 No, please explain: _____

Was there an adequate opportunity to discuss practice-relevant issues with the speakers?

- Yes
 No
 No, and I needed more time to interact with the speakers.

Describe any presentations that were exceptional: _____

Describe any presentations that did not meet your needs or expectations _____

Please describe any clinical situations that you find difficult to manage or resolve or other topics that you would like to see addressed in future educational activities: _____

Comments about improving this activity and/or location: _____

How did you register for this activity?

- On-line
 Mail
 Fax
 Call in

Why did you choose to attend this activity (select all that apply)?:

- Reasonable registration fee
 Topics of interest
 Speakers of interest
 Needed credit
 Wednesday activity
 Other, please specify: _____

How did you receive information about this educational activity (select all that apply)?:

- Received brochure in the mail
 Received flier via e-mail
 Heard about it from a colleague
 Read about it on a medical or professional association website
 Other, please specify _____

Do you use social media, and if so, which one(s)?

- Do not use
 Facebook
 Twitter
 My Space
 LinkedIn
 Other Please specify _____