

Activity Evaluation Form - UT Graduate School of Medicine  
**Ninth Annual Diabetes Regional Conference: Providing Patient-Centered Care**  
 Saturday, March 16, 2013

**Your Title:**

MD / DO  
 PA  
 PharmD / DPh  
 NP  
 RN  
 RD  
 Other, please specify: \_\_\_\_\_

**Your Specialty:**

Family Medicine  
 Internal Medicine  
 Pharmacy  
 Other: \_\_\_\_\_

**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

<b>Please rate your answers to this statement: "After attending this conference I can ..."</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
Describe the Patient Centered Medical Home model					
Explain the benefits of the Patient Centered Medical Home Model to the management of patients with diabetes mellitus (DM)					
Identify diabetes management problems and develop a strategy to overcome complications.					
Describe recent advancements in treatment and prevention of Type 1 DM.					
Differentiate drug-therapy options for the management of hyperglycemia in patients with Type 2 DM					
Formulate a plan for weight management in patients with DM.					
Describe a patient centered approach to the determination of glycemic goals for the management of hyperglycemia in Type 2 DM.					
Select appropriate drug therapy for management of hyperglycemia in patients with Type 2 DM based on patient specific factors.					

**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).

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

**Please indicate any barriers you perceive in implementing recommended changes to your practice (select**

<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	

**OVER**

**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		

**Do you plan to change your practice as a result of attending this activity?**

Yes, please describe \_\_\_\_\_  
 No

**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: \_\_\_\_\_

**Exceptional presentations:**

<input type="checkbox"/>	Kevin Peterson, MD - <i>Patient Centered Medical Homes</i>	<input type="checkbox"/>	Michaelle Farland, PharmD - <i>Clinical Pearls</i>
<input type="checkbox"/>	Ask the Experts: Q&A Session	<input type="checkbox"/>	Betsy Bohannon, RD - <i>Weight Management</i>
<input type="checkbox"/>	Amit Vora, MD - <i>Hyperglycemia</i>	<input type="checkbox"/>	John Eaddy, MD - <i>Type 1 Diabetes</i>

**Comments:** \_\_\_\_\_

**Average presentations:**

<input type="checkbox"/>	Kevin Peterson, MD - <i>Patient Centered Medical Homes</i>	<input type="checkbox"/>	Michaelle Farland, PharmD - <i>Clinical Pearls</i>
<input type="checkbox"/>	Ask the Experts: Q&A Session	<input type="checkbox"/>	Betsy Bohannon, RD - <i>Weight Management</i>
<input type="checkbox"/>	Amit Vora, MD - <i>Hyperglycemia</i>	<input type="checkbox"/>	John Eaddy, MD - <i>Type 1 Diabetes</i>

**Comments:** \_\_\_\_\_

**Which topic(s) presented at this year's conference did you find most helpful to your practice?**

<input type="checkbox"/>	Patient Centered Medical Homes	<input type="checkbox"/>	Diabetes and Weight Management
<input type="checkbox"/>	Management of Hyperglycemia	<input type="checkbox"/>	Type 1 Diabetes
<input type="checkbox"/>	Medication-related Clinical Pearls		

**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  
 On site

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

Reasonable registration fee  
 Topics of interest  
 Speakers of interest  
 Needed credit  
 Saturday 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 \_\_\_\_\_