

# SAMPLE ACTIVITY EVALUATION

Name of Activity (e.g. Medical Grand Rounds)

Dates of Activity Certification Period (e.g. Thursdays, Noon-1:00 pm, April 1, 2007-March 31, 2008)

Actual Date(s) of Evaluated Activity

## ACTIVITY OBJECTIVES:

- 1.
- 2.
- 3.

Directions: Please help us evaluate the effectiveness of this activity.

**SD=Strongly Disagree; D=Disagree; U=Unsure; A=Agree; SA=Strongly Agree**

1. The activity met its published objectives	SD	D	U	A	SA
2. This activity has enhanced my professional effectiveness/patient care	SD	D	U	A	SA
3. The instructional quality was good.	SD	D	U	A	SA
4. A written summary of the speakers' disclosures was provided before the meeting began.	SD	D	U	A	SA
5. There was no inappropriate commercial bias toward products of any company. (If there was, please describe under "comments" below.)	SD	D	U	A	SA
6. The content was objective and balanced.	SD	D	U	A	SA
7. The content was evidence-based.	SD	D	U	A	SA
8. The type of evidence was identified.	SD	D	U	A	SA
9. The source of evidence was identified.	SD	D	U	A	SA

## Comments:

What additional topics would you like discussed in future activities of this kind?