

Regularly Scheduled Sessions (RSS) Annual Evaluation Summary Form July 1, 2008 – June 30, 2009

Activity Name:

Course Director:

Learning Objectives (found on annual application)

- 1.
- 2.
- 3.

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

The activity met its published objectives	SD	D	U	A	SA
This activity has enhanced my professional effectiveness/patient care	SD	D	U	A	SA
The instructional quality was good.	SD	D	U	A	SA
Financial disclosures for all speakers were provided before the meeting began either in writing, orally, as a slide	SD	D	U	A	SA
There was no evidence of commercial bias present	SD	D	U	A	SA
The content was objective and balanced.	SD	D	U	A	SA
The content was evidence-based.	SD	D	U	A	SA
The type of evidence was identified.	SD	D	U	A	SA
The source of evidence was identified.	SD	D	U	A	SA
Will the information presented during this activity lead you to make change(s) in your current clinical practice?	___Yes	___No	___Not applicable		
Will the information presented during this activity lead you to make change(s) in your current research activities?	___Yes	___No	___Not applicable		
What additional topics or issues would you like discussed in future activities?					

Please add additional comments