

University of Pittsburgh School of Medicine
Center for Continuing Education In the Health Sciences
Formal Course Evaluation
Course Name: Let's Talk – Immunization
Course Date: May 13, 2008

PENNSYLVANIA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS

CME/CEU Credits for Teleconferences

Special instructions for filling out and returning the evaluation forms:

1. Be sure to print all information **clearly**.
2. In order to get CME/CEU credit from the University of Pittsburgh, you **MUST** fill in your name, degree, and the last 5 digits of your social security number at the bottom of the 2nd page of the evaluation form.
3. Please follow the instructions for answering the questions on the evaluation form. Fill in the circle completely. A “√” or an “x” **will not be recognized by the form scanner**. You may use a pen or a pencil.
4. **ALL EVALUATIONS MUST BE RECEIVED NO LATER THAN TWO (2) WEEKS FROM THE DATE OF THE TELECONFERENCE. ANY RECEIVED AFTER THAT TIME WILL NOT BE ELIGIBLE FOR CME/CEU.**
5. **Mail completed forms to:**
Immunization Education Program
PA Chapter, American Academy of Pediatrics
Rose Tree Corporate Center II
Suite 3007
1400 N. Providence Rd
Media, PA 19063
Attn: Sharon Shepherd

Thank you.

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**Please use the scale to the right in answering these questions.
Fill in the circle completely.
You may use pen or pencil to fill in the circles.**

	Very Low	Low	Moderate	High	Very High
1. To what extent were the objectives of the educational activity achieved?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. To what extent were you satisfied with the overall quality of the educational activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. To what extent was the content of the program relevant to your practice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. To what extent did the program enhance your knowledge of the subject area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. To what extent did the program change the way you think about clinical care/professional responsibilities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. To what extent will you make a change in your practice/professional responsibilities as a result of your participation in this educational activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Which of the following best describes the impact of this activity on your performance? Please use the scale below in answering this question.					
<input type="radio"/> This program will not change my behavior because I am currently conducting my professional responsibilities in a manner consistent with the information presented in this educational activity.					
<input type="radio"/> This activity will not change my behavior because I do not agree with the information presented.					
<input type="radio"/> I need more information before I can change my practice behavior.					
<input type="radio"/> I will immediately implement the information into my practice.					
8. What action(s) will you take as a result of participating in this activity? Please use the scale below in answering this question.					
<input type="radio"/> None.					
<input type="radio"/> Discuss new information with other professionals.					
<input type="radio"/> Discuss with industry representative.					
<input type="radio"/> Participate in another educational activity.					
9. To what extent did the activity present scientifically rigorous, unbiased and balanced information?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. To what extent were the speakers' presentations free of commercial bias?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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11. Please indicate your degree:
- MD/DO
 - Physician Assistant
 - Nurse
 - Nurse Practitioner
 - Other _____
12. Were there any particular presentations that were irrelevant to your practice? If yes, why?
13. What types of information should be used to determine topics for this program if repeated?
14. Would you prefer a different learning format (i.e., self-study, electronic/Internet, discussions, skills training)?
15. List the 2 or 3 best speakers and explain why you feel they did a good job.
16. List the 2 or 3 least preferred speakers and discuss how you feel they could improve their presentation.
17. In the event that a speaker exhibited commercial bias, please describe the specifics.
18. Do you have any other comments or suggestions for improving this education activity? Please discuss.

PLEASE PRINT LEGIBLY – NAME, DEGREE AND LAST 5 DIGITS OF SS# IS REQUIRED FOR CME/CEU FROM UNIV OF PITTSBURGH:

Name _____ Degree _____

Social Security # (last 5 digits only) X X X - X__ - __ _ _ _

Address _____

City _____ State _____ Zip code _____

Phone _____ Fax _____ E-mail _____