

**Good Samaritan Hospital
Education Department
ACTIVITY EVALUATION**

Date: **February 3, 2012**

Speaker(s): **Ahmed Kutty, MD**

Topic / Title: **"Understanding Venous Insufficiency"**

- Program Objectives:
1. Identify indicators for venous insufficiency.
 2. Discuss assessment techniques
 3. Describe microvascular complications

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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Presentation

Stated educational objectives were met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The speaker(s) demonstrated mastery of the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Teaching methods and presentation skills were effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Content and Format

The content was evidence-based.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Presentation was given without commercial bias or influence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Information will improve my ability to treat and manage my patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The material presented is relevant to my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The educational format for this CME activity was appropriate for the content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Outcomes

Attending this CME activity increased/improved my:

Knowledge of the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Competence (the ability to apply the knowledge).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Performance (what is actually done in practice).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Patient outcomes (patient health status).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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This activity will have a positive impact on the quality of patient care and/or patient safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Commercial Support / Disclosure

The provider of the CME has disclosed in writing or verbally:

The conflict of interest or lack thereof declared by planners and speaker(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Commercial support or lack thereof was acknowledged accordingly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Name one thing you will change as a result of attending this CME program:

What barriers do you anticipate in implementing the above change?

Comments or suggestions:

Suggestions for future topics:
