



LOMA LINDA UNIVERSITY
School of Medicine

Continuing Medical Education

Evaluation Questionnaire

Conference Title							
Date(s)							
Location							
TYPE Speaker Name, Degree	Evaluation Criteria	E Excellent	VG Very Good	G Good	F Fair	P Poor	By the end of this lecture, participants will be able to...
Lecture Title	Presentation & Effectiveness						Type Learning Objectives
	Course Objectives Met						
	Content Relevance						
	Overall Opinion						
TYPE Speaker Name, Degree	Evaluation Criteria	E Excellent	VG Very Good	G Good	F Fair	P Poor	By the end of this lecture, participants will be able to...
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	Content Relevance						
	Overall Opinion						



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CME EVALUATION / NEEDS ASSESSMENT

Revised Aug. 2016

Conference Title

Will you be able to be more effective/efficient in your professional responsibilities as a result of this conference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Do you feel that the quality of patient care will be improved as a result of this conference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Please circle which changes you will make in the way you deliver patient care (indirectly or directly) as a result of this program: (Add 1-3 objectives) 1) 2) 3)			
Were the conference lectures evidenced-based and free of commercial bias?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
What were the strengths of this conference			
Suggestions for improvement?			
Suggested future topics?			