Course Evaluation
Please answer the following questions regarding the CONFERENCE NAME you attended on CONFERENCE DATE(S). All answers in this portion of the survey are anonymous.
1. The provider of the activity has disclosed in writing or verbally the conflict of interest or lack thereof declared by the activity director(s), planning committee(s), speaker(s), author (s), or anyone in the position to control content.
© Yes
© No

## Learning Objectives

## 2. To what degree are you able to meet the learning objectives of this activity?

	Not at All	Slightly	Moderately	Very	Extremely	N/A
a. Objective 1	0	0	0	0	0	0
b. Objective 2	0	0	0	$\circ$	$\circ$	0
c. Objective 3	0	0	0	0	0	0

3. To what extent did this	s educational activity meet	your needs and interests?
○ Not at all	C To some extent	O Very Much
4. How was the ratio of p	oresentation to discussion?	
○ Too much presentation	C Okay	C Too much discussion
	s you will apply this informa	ation in your professional role or work
activities.	Y	

## 6. Please rate Faculty Name (Session Title).

	Disagree strongly	Disagree	Neither agree or disagree	Agree	Agree strongly	N/A
The presenter was knowledgeable on the subject matter.	0	0	0	0	0	0
The presenter assisted in linking concepts to actual interpersonal situations.	0	O	0	0	0	0
The supporting materials (i.e., slides, handouts, worksheets) will be of help to me.	0	0	0	0	O	0

. Please answer the following quest	Not at All	Slightly	Moderately	Vory	Extramal
To what degree was this program scientifically balanced?	Not at All	Slightly	Moderately	Very	Extremely ©
To what degree was this program free from commercial bias?	0	O	O	0	0
3. Please identify any speaker or topi	cs for a fut	ure progra	ım and the aı	ea of exp	ertise of
	<b>A</b>				
9. Please add additional comments th	— <i>—</i> nat would b	nelp the Pl	anning Comr	nittee imi	orove this
program.			<b>g</b>		
	_				
	~				
	ion that me	ost closely	ı identifies ye	our role? I	Please
choose only ONE.	ion that me	ost closely	ı identifies yo	our role?	Please
C MD/DO	ion that me	ost closely	ı identifies ye	our role?	Please
C PhD/EdD	ion that me	ost closely	identifies ye	our role? I	Please
Choose only ONE.  MD/DO  PhD/EdD  PA	ion that mo	ost closely	identifies y	our role?	Please
Choose only ONE.  MD/DO PhD/EdD PA NP	ion that mo	ost closely	identifies y	our role? i	Please
Choose only ONE.  MD/DO  PhD/EdD  PA  NP  RN	ion that mo	ost closely	identifies y	our role? I	Please
Choose only ONE.  O MD/DO O PhD/EdD O PA O NP O RN O LPN	ion that mo	ost closely	identifies y	our role? I	Please
Choose only ONE.  O MD/DO O PhD/EdD O PA O NP O RN	ion that mo	ost closely	identifies y	our role? I	Please

en you click "Next" below, you will be directed to the Personal Learning Plan <sup>©</sup> (PLP) that was introduced in the pre-conference e-meived. By completing the PLP, you will be helping to fulfill Dartmouth's accreditation requirements to link your learning to your essional development, practice changes or improvements in patient outcomes.	nail you
will be asked to provide your full name and preferred e-mail address so that we can send you a brief outcome measures survey in this. Data from all PLP responses will be de-indentified and aggregated for accreditation reporting purposes.	in 3-4

Personal Learning Plan <sup>©</sup>
©Center for Continuing Education in the Health Sciences and the Office of Community-Based Education and Research at Dartmouth-Hitchcock
Please noteresponses in this section will not be linked to the evaluation you just completed when the information is analyzed for the planning committee.
*11. First Name
*12. Last Name
X42 Drofowed Empil Address
*13. Preferred Email Address

Personal Learning Plan <sup>©</sup>
©Center for Continuing Education in the Health Sciences and the Office of Community-Based Education and Research at Dartmouth-Hitchcock  14. Learning Goal: Write a statement that describes what you want to learn or change related to a topic covered in this session or conference. Aim for a goal that is actionable,
measurable, relevant and achievable within a reasonable time frame (i.e. 3-4 months).

Senter for Continuing Education in the Health Sciences and the Office of Community-Based Education and Research at Dartmouth-Hitchcook  5. Consider factors that may affect the likelihood of your success in meeting your goal.  lease use the scale of 1-10, 1 being least important, 10 being most important.  1 2 3 4 5 6 7 8 9 10  low important is it for you  1 2 3 4 5 6 7 8 9 10  low confident are you that  1 2 0 0 0 0 0 0 0 0 0 0 0  1 2 0 0 0 0 0 0 0 0 0 0  1 2 0 0 0 0 0 0 0 0 0  1 2 0 0 0 0 0 0 0 0 0  1 2 0 0 0 0 0 0 0 0 0  1 3 0 0 0 0 0 0 0 0 0 0 0  1 4 0 0 0 0 0 0 0 0 0 0 0 0 0  1 5 0 0 0 0 0 0 0 0 0 0 0 0 0  1 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0  1 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  1 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  1 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  2 0 0 0 0	5. Consider factors to lease use the scale of the scale o	hat may a of 1-10, 1	offect the being lea	e likeliho est impo 4 ©	ood of yourtant, 10	our suc 0 being 6 0	rcess in most in	meetin mportan 8	g your ( it.	goal.
lease use the scale of 1-10, 1 being least important, 10 being most important.  1 2 3 4 5 6 7 8 9 10  low important is it for you o o o o o o o o o o o o o o o o o o	lease use the scale of the scal	of 1-10, 1   1 2	being lea 3 0	est impo 4 ©	rtant, 10 5 0	6 O being	most in	mportan 8 O	9 ©	10
1 2 3 4 5 6 7 8 9 10  low important is it for you C C C C C C C C C C C C C C C C C C C	low <i>important</i> is it for you o achieve your goal? low <i>confident</i> are you that ou can achieve your goal?	1 2	3 O	4 ©	5 ©	6 ©	7 ©	8	9	0
low <i>important</i> is it for you C C C C C C C C C C C C C C C C C C C	low <i>important</i> is it for you o achieve your goal? low <i>confident</i> are you that ou can achieve your goal?		0	© ©	0	0	0	0	O	0
ou can achieve your goal?	ou can achieve your goal?							O	C	0
you rated either question as a 6 or below, consider revising your goal or choosing a different goal.	ou rated either question as a 6	or below, con	sider revising	j your goal o	or choosing :	a different (	goal.			

Personal Learning Plan <sup>©</sup>	
©Center for Continuing Education in the Health Sciences and the Office of Community-Based Education and Re	esearch at Dartmouth-Hitchcock
16. <u>Learning activities/strategies to accomplish the goal:</u> What will you two strategies that are specific and measurable (e.g. "locate and read on treatment of diabetes" versus "read updates on diabetes").	
a.	
47. Timeline: Define a timeline for your strategy. When do you plan to	otart access and
17. <u>Timeline:</u> Define a timeline for your strategy. When do you plan to finish the process? (Please use format: mm/dd/yyyy)	start, assess, and
a. Start Process Date	
b. Assess Process Date	
c. Finish Process Date	

enter for Continuing	Education in the Health Sciences and the Office of Community-Based Education and Research at Dartmouth-Hitchcock
. <u>Measures t</u>	o know if the goal is accomplished: How will you know that you've reached
ur goal? Wha	at will you measure and how will you measure it (e.g. monitor 20 statin
escriptions (	given during a two week period)?
Vhat will you asure?	
low will you asure it?	
. <u>Resources</u>	to help accomplish your goal: What resources do you have or need to
hieve the ab	ove? Are there staff who could help collect measures? Could you arrange
th another p	articipant or colleague to review your progress?
Resources I have	
Resources I need	

Thank You!
Thank you for completing this Evaluation.
-The Planning Committee