### Example #1

**What is the underlying problem or issue (gap) in practice that you want to affect/change with this activity?**
A professional gap is the difference between what is currently being achieved compared to what should be happening using best/better practice(s) (i.e. What is the problem to be addressed?).

**Current Practice:**
Despite the publication of a previous version of the guideline in 1994, kernicterus continues to occur. The change to early discharge, often at <48 hours after birth, disrupted the previous patterns of care associated with a longer postpartum hospitalization.

**Best/Better Practice:**
The Ensuring Safe and Healthy Beginnings Program will address management of several issues that are critical to a seamless and safe transition from the birth hospital to home and family during the first week of age. This includes the implementation of the bilirubin guidelines.

**How do you know this issue (root cause) is relevant to the target audience (TA) and their practice (i.e. Why does the gap exist)?**
- Knowledge based-(TA does not know about it)
- Competence based-(TA does not have tools/strategies to implement knowledge)
- Performance based-(TA simply does not implement for some reason)

**Does this problem tie into a larger healthcare quality gap?**
Yes, Adherence by clinicians to the recommendations is expected to prevent most cases of kernicterus, the devastating, irreversible neurologic damage associated with excessive serum levels of bilirubin.

**What data sources were used to identify the professional practice gap and underlying needs of learners?**

**Please list sources (a minimum of two sources required):**
References must come from scientifically sound, evidence-based sources. Examples could include, but are limited to:

- Expert opinion
- Literature review
- National or local clinical quality, safety or performance data
- Learner survey data
- New guidelines
- External requirements or healthcare quality reports: National Committee for Quality Assurance (NCQA), Joint Commission on Accreditation of Healthcare (JCAHO), CMS, Professional Society, Licensure or MOC.
- Legislative, regulatory or organizational changes affecting patient care

### Example #2

**What is the underlying problem or issue (gap) in practice that you want to affect/change with this activity?**
A professional gap is the difference between what is currently being achieved compared to what should be happening using best/better practice(s) (i.e. What is the problem to be addressed?).

**Current Practice:**
The full benefits of stroke interventions are not realized at current levels of utilization, as nearly all evidence-based or guideline-endorsed stroke prevention services are underused.

**Best/Better Practice:**
Many interventions reduce stroke risk. Clinicians who are more educated on the various stroke interventions would lead to a decrease in the number of patients disabled by stroke.

**How do you know this issue (root cause) is relevant to the target audience (TA) and their practice (i.e. Why does the gap exist)?**
- Knowledge based-(TA does not know about it)
- Competence based-(TA does not have tools/strategies to implement knowledge)
- Performance based-(TA simply does not implement for some reason)
| **Does this problem tie into a larger healthcare quality gap?**<sup>(C21)</sup> | **If “yes,” please specify:**  
Yes, risk factor identification and modification in all patients at risk for stroke will help reduce the number of patients affected by stroke. |
|---|---|
| **What data sources were used to identify the professional practice gap and underlying needs of learners?** | **Please list sources (a minimum of two sources required):**  
References must come from scientifically sound, evidence-based sources. Examples could include, but are limited to:  
- Expert opinion  
- Literature review  
- National or local clinical quality, safety or performance data  
- Learner survey data  
- New guidelines  
- External requirements or healthcare quality reports: National Committee for Quality Assurance (NCQA), Joint Commission on Accreditation of Healthcare (JCAHO), CMS, Professional Society, Licensure or MOC.  
- Legislative, regulatory or organizational changes affecting patient care |
## Taxonomy of Objectives

### Educational Aspects

The following verbs have been found to be effective in formulating educational objectives:

### THOSE THAT COMMUNICATE KNOWLEDGE:

<table>
<thead>
<tr>
<th>Information</th>
<th>Comprehension</th>
<th>Application</th>
<th>Analysis</th>
<th>Synthesis</th>
<th>Evaluation</th>
<th>THOSE THAT IMPART SKILLS</th>
<th>THOSE THAT CONVEY ATTITUDES</th>
</tr>
</thead>
<tbody>
<tr>
<td>cite</td>
<td>assess</td>
<td>apply</td>
<td>analyze</td>
<td>arrange</td>
<td>appraise</td>
<td>demonstrate</td>
<td>acquire</td>
</tr>
<tr>
<td>count</td>
<td>contrast</td>
<td>calculate</td>
<td>appraise</td>
<td>assemble</td>
<td>assess</td>
<td>diagram</td>
<td>empathize</td>
</tr>
<tr>
<td>define</td>
<td>distinguish</td>
<td>choose</td>
<td>contract</td>
<td>collect</td>
<td>choose</td>
<td>diagram</td>
<td>internalize</td>
</tr>
<tr>
<td>describe</td>
<td>interpolate</td>
<td>complete</td>
<td>contrast</td>
<td>combine</td>
<td>compare</td>
<td>evaluate</td>
<td>hold</td>
</tr>
<tr>
<td>draw</td>
<td>restate</td>
<td>develop</td>
<td>differentiate</td>
<td>compose</td>
<td></td>
<td>rank</td>
<td>integrate</td>
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<tr>
<td>list</td>
<td>restate</td>
<td></td>
<td>detect</td>
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<td></td>
<td>rate</td>
<td>measure</td>
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<tr>
<td>name</td>
<td>locate</td>
<td></td>
<td>deduce</td>
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<td></td>
<td>rate</td>
<td>measure</td>
</tr>
<tr>
<td>point</td>
<td>extrapolate</td>
<td></td>
<td>deduce</td>
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<td>select</td>
<td>measure</td>
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<tr>
<td>record</td>
<td>relate</td>
<td></td>
<td>differeniate</td>
<td></td>
<td></td>
<td>select</td>
<td>measure</td>
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<tr>
<td>summarize</td>
<td>sketch</td>
<td></td>
<td>distinguish</td>
<td></td>
<td></td>
<td>select</td>
<td>measure</td>
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<td>tabulate</td>
<td></td>
<td></td>
<td>measure</td>
<td></td>
<td></td>
<td>select</td>
<td>measure</td>
</tr>
</tbody>
</table>

### THOSE THAT IMPART SKILLS:

| demonstrate          | empathize           | internalize      | operate          | record         |
| diagnose             | hold                | listen           | pass             | visualize      |
| diagram              | integrate           | massage          | percuss           | write          |

### THOSE THAT CONVEY ATTITUDES:

| acquire              | exemplify           | plan             | reflect          | transfer       |
| consider             | modify              | realize          | revise           | transfer       |
THESE VERBS ARE BETTER AVOIDED:

Those that are often used but are open to many interpretations:

- appreciate
- believe
- have faith in
- know
- learn
- understand

WRITING OBJECTIVES FOR EACH ACTIVITY:

Use performance verbs: those which allow measurable outcome and thus can then be used in the evaluation process.

Avoid words or phrases such as think, understand, know, appreciate, learn, comprehend, remember, perceive, be aware of, be familiar with, grasp the significance. **These are not measurable actions.**

EXAMPLE OBJECTIVES

At the end of this lecture series, the physician will be able to discuss the differential diagnosis of the clinical diagnosis presented recognize the therapeutic options available to treat this diagnosis list several laboratory assays to assist with the specific diagnosis identify the role associate providers play in the care of the patient examine an alternate approach to the patient with these symptoms

At the end of the topic journal club, the physician will be able to: critique the material and methods of the article presented determine how the topic relates to clinical practice evaluate the conclusions of the article judge the credibility of the article according to the data presented summarize the conclusions.

EXAMPLE PERFORMANCE VERBS

- recall
- define
- select
- list
- conclude
- discuss
- analyze
- design
- interpret
- describe
- explain
- apply
- organize
- identify
- state
- relate
- assess
- recommend
- propose
- construct
- measure
- summarize
- demonstrate
- evaluate
- justify
Definition of Meeting Types

**Clinic:** Usually face to face small groups, but may have several general sessions where staff provide most of the training resources to train in one particular subject.

**Conference:** Usually general sessions and face to face groups with high participation to plan, get facts, solve organization and member problems.

**Course:** A live CME activity where the learner participates in a person and which is planned on a one-by-one basis and designated for credit as a single activity (annual meeting, conference, seminar, etc).

**Enduring Material:** An activity that endures over time, including print, audio, video, and Internet materials, such as monographs, podcasts, CD-ROMS, DVDs, archived webinars, as well as other web-based activities.

**Grand Rounds:** Usually a series of lecture/case presentation/in-house conference geared towards residents, which are held either on a weekly or monthly basis. All grand rounds cannot exceed more than two hours maximum.

**Journal Club:** A certified AMA PRA Category 1 Credit™ article, within a peer-reviewed, professional journal.

**Symposium:** A panel discussion by experts in a given field before a large audience.
ACGME/ABMS General Competencies

1. **Patient Care**: the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. **Medical Knowledge**: the ability to demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
3. **Practice-based Learning and Improvement**: the ability to investigate and evaluate one’s care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
4. **Interpersonal and Communication Skills**: the ability to demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
5. **Professionalism**: the ability to demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
6. **Systems-based Practice**: the ability to demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Institute of Medicine (IOM) Competencies

1. **Provide patient-centered care (PCC)**: Identify, respect and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.
2. **Work in interdisciplinary teams (IT)**: Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.
3. **Employ evidence-based practice (EBP)**: Integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.
4. **Apply quality improvement (QI)**: Identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; design and test interventions to change processes and systems of care, with the objective of improving quality.
5. **Utilize informatics**: Communicate, manage knowledge, mitigate error, and support decision making using information technology.
The Charles Drew University of Medicine and Science CME providers will identify, review and resolve all conflicts of interest that speakers, authors or planners disclose prior to an education activity being delivered to learners. Individuals who refuse to disclose relevant financial relationships will be disqualified from the development, management, presentation or evaluation of CME activities.

Conflicts of Interest may be resolved by 1) altering the financial relationship with the commercial interest, 2) altering the individual’s control over CME content about the products or services of the commercial interest, and/or 3) validation the activity content through independent peer review. Persons in a position to control the content of CME must attest to content objectivity.

Identified conflicts of interest will be disclosed to CME participants. Activities will be evaluated by participants and peer reviewers to determine if the content was free of commercial bias and met acceptable scientific standards.

Procedures for Managing Conflict of Interest (COI)

I. Disclosure and Resolution

The Charles Drew University of Medicine and Science will identify relevant financial relationships prior to awarding AMA category 1 credit for CME activities. All persons in a position to influence or control CME content (course directors, planning program committee members, speakers, authors, and staff) will complete a standardized disclosure form. Information about funding will be requested to identify CME activities at higher risk for commercial bias.

The disclosure form will request relevant financial relationships. If a COI is identified, one of the mechanisms below will be used to resolve it.

1) Altering financial relationships. Individuals may change their relationship with commercial interests (e.g., discontinue contracted services). Thereby eliminating any bias into the CME content.

2) Altering control over content. An individual’s control of CME content can be altered in several ways to remove the opportunity to affect content related to the products and services of a commercial interest. These include the following:

   a. Choosing someone else to control that part of the content. If a proposed presenter or planner has a conflict of interest related to the content, someone else who does not have a relationship to the commercial interests related to the content may present or plan this part of the content.

   b. Change the focus of the CME activity so that the content is not the basis of the conflict of interest.

   c. Change the content of the person’s assignment so that it is no longer about products or services of the commercial interest.

      i. For example, an individual with a conflict of interest regarding products for treatment of a condition could address the pathophysiology or diagnosis of the condition, rather than therapeutics.

PROCEDURES FOR MANAGING COI - Continued

   d. Limit the content to a report without recommendations. If an individual has been funded by a commercial company to perform research, the individual’s presentation may be limited to the data and results of the research. Someone else can be assigned to address broader implications and recommendations.

   e. Limit the sources for recommendations. Rather than having a person with a conflict of interest present personal recommendations or personally select the evidence to be presented, limit the role of the person to reporting recommendations based on formal structured reviews of the literature with the inclusion and exclusion criteria stated (‘evidence-based’).
i. For example, the individual could present summaries from the systematic reviews of the Cochrane Collaboration.

3) **Independent Content Validation** – Conflict of Interest may be resolved if the CME material is peer reviewed and:

   a. All the recommendations involving **clinical medicine** are based on evidence that is accepted within the profession of medicine as adequate justification for contraindications in the care of patients.

   b. All **scientific research** referred to, reported or used in the CME activity in support or justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection and analysis.

   c. **Generic and trade names**: Presentations must give a balanced view of therapeutic options. Faculty use of generic names will contribute to this impartiality. If trade names are used those of several companies should be used rather than only that of a single supporting company.

   d. **Unlabeled uses of products**: When an unlabeled use of a commercial product or an investigational use not yet approved for any purpose is discussed during an educational activity, the accredited provider shall require the speaker to disclose that the product is not labeled for the use under discussion or that the product is still investigational.

The declaration on the disclosure form will request that the person involved in the CME activity affirm their commitment, via signature, to provide balance, independence, objectivity, and scientific rigor in any and all Charles Drew University of Medicine and Science CME activities.

II. **Review and Resolution**

   Identified conflicts of interest will be reviewed by the CME Office, Associate Dean for Academic Affairs, Course Director, planning committee, CME Advisory committee, and/or individual medical departments, as appropriate. Additional information on the CME activity may be collected for review. If a COI cannot be resolved through the mechanisms in 2.A, B, and C above, AMA category 1 credit will not be approved.

III. **Oversight**

   i. The COI and the mechanism for resolution will be disclosed to the CME activity participants. Activities will be evaluated by participants and peer reviewers to determine if the content was free of commercial bias and met acceptable scientific standard
STANDARDS FOR COMMERCIAL SUPPORT

Standards to Ensure the Independence of CME Activities
The Standards for Commercial Support

Standards to Ensure Independence in CME Activities

STANDARD 1: Independence

1.1 A CME provider must ensure that the following decisions were made free of the control of a commercial interest. The ACCME defines a “commercial interest” as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

(a) Identification of CME needs;
(b) Determination of educational objectives;
(c) Selection and presentation of content;
(d) Selection of all persons and organizations that will be in a position to control the content of the CME;
(e) Selection of educational methods;
(f) Evaluation of the activity.

1.2 A commercial interest cannot take the role of non-accredited partner in a joint sponsorship relationship.

STANDARD 2: Resolution of Personal Conflicts of Interest

2.1 The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed all relevant financial relationships with any commercial interest to the provider. The ACCME defines “relevant” financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

2.2 An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

2.3 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

STANDARD 3: Appropriate Use of Commercial Support

3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.

3.2 A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.

3.3 All commercial support associated with a CME activity must be given with the full knowledge and approval of the provider.

Written agreement documenting terms of support

3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider’s educational partner or a joint sponsor.

3.5 The written agreement must specify the commercial interest that is the source of commercial support.

3.6 Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Expenditures for an individual providing CME

3.7 The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.

3.8 The provider, the joint sponsor, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider’s written policies and procedures.

3.9 No other payment shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.

3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for learners

3.11 Social events or meals at CME activities cannot compete with or take precedence over the educational events.
3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CME activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, joint sponsor or educational partner.

Accountability

3.13 The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

STANDARD 4. Appropriate Management of Associated Commercial Promotion

4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.

- For **print**, advertisements and promotional materials will not be interleaved within the pages of the CME content. Advertisements and promotional materials may face the first or last pages of printed CME content as long as these materials are not related to the CME content they face and are not paid for by the commercial supporters of the CME activity.
- For **computer based**, advertisements and promotional materials will not be visible on the screen at the same time as the CME content and not interleaved between computer Windows or screens of the CME content.
- For **audio and video recording**, advertisements and promotional materials will not be included within the CME. There will be no ‘commercial breaks.’
- For **live, face-to-face CME**, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.

4.3 Educational materials that are part of a CME activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.

4.4 Print or electronic information distributed about the non-CME elements of a CME activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product-promotion material or product-specific advertisement.

4.5 A provider cannot use a commercial interest as the agent providing a CME activity to learners, e.g., distribution of self-study CME activities or arranging for electronic access to CME activities.

STANDARD 5. Content and Format without Commercial Bias

5.1 The content or format of a CME activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CME educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

STANDARD 6. Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CME content

6.1 An individual must disclose to learners any relevant financial relationship(s), to include the following information:

- The name of the individual;
- The name of the commercial interest(s);
- The nature of the relationship the person has with each commercial interest.

6.2 For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

Commercial support for the CME activity.

6.3 The source of all support from commercial interests must be disclosed to learners. When commercial support is ‘in-kind’ the nature of the support must be disclosed to learners.

6.4 ‘Disclosure’ must never include the use of a trade name or a product-group message.

Timing of disclosure

6.5 A provider must disclose the above information to learners prior to the beginning of the educational activity.
Program Evaluation

SECTION I: Please evaluate this program based on the following questions:

<table>
<thead>
<tr>
<th>Upon completion of this activity, participants will be able to:</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Overall objective 1 (can be pulled from initial CME application)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>2. Overall objective 2 (If Applicable)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>3. Overall Objective 3 (If Applicable)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Overall Objective 4 (If Applicable)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>5. Overall objective 5 (If Applicable)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Please indicate the extent of your agreement with the following statements:

<table>
<thead>
<tr>
<th>1. The faculty for this activity was effective.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-</td>
<td></td>
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</tbody>
</table>

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<thead>
<tr>
<th>2. The teaching and learning methods were effective.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

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<tr>
<th>3. The learning assessment used for this activity was appropriate.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-</td>
<td></td>
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</tbody>
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<tr>
<th>4. This activity was relevant to my practice.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>5. This information will be useful to me.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-</td>
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</table>

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<thead>
<tr>
<th>6. This information was new to me.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>3</td>
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</table>

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<tr>
<th>7. There was adequate time allowed for questions and answers.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</table>

As a result of attending this activity, will you make changes to your practice?  □ YES  □ NO
If "yes," please specify what changes you will make:

If "no," please indicate why not, noting any potential barriers to change or implementation of strategies discussed.

Was this activity biased? Why?

Case-Based Questions
   Case Based Question 1
   Case Based Question 2 (if applicable)
   Case Based Question 3 (if applicable)

What changes would you recommend for this activity?

What future topics would be of interest to you?

Additional COMMENTS:

Please check one of the following:

☐ MD ☐ DO ☐ PhD ☐ Faculty ☐ Staff ☐ Student ☐ Fellow ☐ Resident ☐ Other________________________