

ACTIVITY OUTCOMES SUMMARY ANALYSIS

Regular Scheduled Series

To maintain accreditation the SMCS CME Program must evaluate the effectiveness of its CME activities in meeting identified education needs, which include an evaluation of change in the learner. This is accomplished through an analysis of the outcomes measurement of the CME activity. The analysis is to be completed by the Planning Committee and submitted to the Education Team.

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| Activity Title: |  |
| Activity Date: |  |
| Date Analysis Submitted to Education Team: |  |

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| **As a result of attending this CME activity, which of the following do you plan to implement and/or change in your practice (check all that apply)** | **Definitely** | **Maybe** | **No or No Change Need** |
| ***Section 1 – Learning Objectives from Day of Activity Evaluation*** |  |  |  |
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| ***Section 2 – Learning Objectives from Follow-Up Evaluation*** |  |  |  |
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**Changes in Competence Evaluated?** 🞏 **Yes** 🞏 **No**

**(refer to Day of Activity Evaluation Form)**

**Changes in Performance Evaluated?** 🞏 **Yes** 🞏 **No**

**(refer to Follow-Up Evaluation Form)**

**Changes in Patient Outcome Evaluated?** 🞏 **Yes**  🞏 **No** (if available, but not required)

**List additional improvements or changes you plan to make to your CME program and activities as a result of attending this workshop:**

**List any barriers that you must overcome to implement your planned improved or changes:**

**What topics would you like covered at future activities?**

**Was there evidence of commercial bias in this presentation? 🞏 No 🞏 Yes** If Yes, obtain further detail from attendees and explain.

**DATE REVIEWED BY EDUCATION TEAM:   
Comments:**