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| **OVERALL EVALUATION SUMMARY** | | | | | | | |
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| **CE File #:** | |  |  | **Activity Name/Date:** | |  | |
| **Based on collected evaluation forms, committee deliberations, and other feedback:** | | | | | | | |
| **1.** | **This activity has been successful at closing identified gaps in the professional knowledge of the intended audience. Please describe in detail:** | | | | | | |
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| **2.** | **This activity has been successful in closing identified gaps in the professional competence of the intended audience. Please describe in detail:** | | | | | | |
| **3.** | **This activity has been successful in producing changes in the practices of the intended audience.**  **Please describe in detail:** | | | | | | |
| **4.** | **This activity focused on content that matches the learners’ current or potential scope of practice.**  **Please describe in detail:** | | | | | | |
| **5.** | **The educational formats of this activity were appropriate for the setting, objectives, and desired results of this activity. Describe in detail:** | | | | | | |
| **6.** | **Which core competencies have been addressed by this activity during the past year? (check all that apply)** | | | | | | |
|  | Provide patient-centered care  Work in interdisciplinary teams  Employ evidence-based practice  Apply quality improvement  Utilize informatics | | | | Values/Ethics for Interprofessional Practice  Roles/Responsibilities  Interprofessional Communication  Teams and Teamwork | | Patient Care and Procedural Skills  Medical Knowledge  Practice based learning and improvement  Interpersonal and communication skills  Professionalism  Systems-based practice |
| **7.** | **This activity has been free of commercial bias. Describe in detail if bias existed:** | | | | | | |
| **8.** | **How will the activity be revised if it is offered again? Please describe:** | | | | | | |

**Last Updated: Jan 2018**