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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**