

**University of Florida Continuing Medical Education
EVALUATION FORM**

Program Title: GME Seminar Series - Negotiating with your Chair for GME

Date: October 14, 2015

Your comments are very important to us! Please complete this evaluation so that we may provide more quality programs in the future.

Expected Clinical Outcomes

1. Will information gained from this program result in enhancing medical education? Yes No

2. If yes, please list change(s) you intend to make in your practice as a result of this program.

3. Please rate your confidence in implementing these changes.

High confidence Moderate confidence Low/No confidence N/A

4. Please identify any barriers you perceive in implementing these changes (select all that apply)

Cost Insurance/reimbursement issues
 Lack of time to assess/counsel Compliance issues
 Lack of administrative support/resources Lack of consensus of professional guidelines

5. How will you address these barriers to implement changes in knowledge and behavior?

Basic Program Evaluation

5 = Excellent / 4 = Good / 3 = Average / 2 = Fair / 1 = Poor

6. The material was presented at an appropriate level.	5	4	3	2	1
7. I have gained knowledge that will improve medical education.	5	4	3	2	1
8. The program met my expectations in accomplishing the stated educational objectives.	5	4	3	2	1
9. The program content was objective, balanced, and free from commercial bias or influence.	5	4	3	2	1
10. Your overall rating of the quality of the education offered at this program.	5	4	3	2	1

11. Additional Comments/Explanations:

12. How can this program be improved? (Please list both strengths and weaknesses.)

13. Based on your educational needs, please provide us with suggestions for future program topics and formats: