

Course Evaluation

Please answer the following questions regarding the CONFERENCE NAME you attended on CONFERENCE DATE(S). All answers in this portion of the survey are anonymous.

1. The provider of the activity has disclosed in writing or verbally the conflict of interest or lack thereof declared by the activity director(s), planning committee(s), speaker(s), author(s), or anyone in the position to control content.

- Yes
- No

3. To what extent did this educational activity meet your needs and interests?

- Not at all To some extent Very Much

4. How was the ratio of presentation to discussion?

- Too much presentation Okay Too much discussion

5. Name one or two ways you will apply this information in your professional role or work activities.

General Conference Evaluation

7. Please answer the following questions.

	Not at All	Slightly	Moderately	Very	Extremely
To what degree was this program scientifically balanced?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what degree was this program free from commercial bias?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please identify any speaker or topics for a future program and the area of expertise of the speaker.

9. Please add additional comments that would help the Planning Committee improve this program.

10. What is the professional designation that most closely identifies your role? Please choose only ONE.

- MD/DO
- PhD/EdD
- PA
- NP
- RN
- LPN
- RD
- SW
- Other

When you click "Next" below, you will be directed to the Personal Learning Plan® (PLP) that was introduced in the pre-conference e-mail you received. By completing the PLP, you will be helping to fulfill Dartmouth's accreditation requirements to link your learning to your professional development, practice changes or improvements in patient outcomes.

You will be asked to provide your full name and preferred e-mail address so that we can send you a brief outcome measures survey in 3-4 months. Data from all PLP responses will be de-identified and aggregated for accreditation reporting purposes.

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Please note...responses in this section will not be linked to the evaluation you just completed when the information is analyzed for the planning committee.

*** 11. First Name**

*** 12. Last Name**

*** 13. Preferred Email Address**

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14. Learning Goal: Write a statement that describes what you want to learn or change related to a topic covered in this session or conference. Aim for a goal that is actionable, measurable, relevant and achievable within a reasonable time frame (i.e. 3-4 months).



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15. Consider factors that may affect the likelihood of your success in meeting your goal. Please use the scale of 1-10, 1 being least important, 10 being most important.

	1	2	3	4	5	6	7	8	9	10
How important is it for you to achieve your goal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How confident are you that you can achieve your goal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you rated either question as a 6 or below, consider revising your goal or choosing a different goal.

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16. Learning activities/strategies to accomplish the goal: What will you do? Aim to define two strategies that are specific and measurable (e.g. "locate and read three recent reviews on treatment of diabetes" versus "read updates on diabetes").

- a.
- b.

17. Timeline: Define a timeline for your strategy. When do you plan to start, assess, and finish the process? (Please use format: mm/dd/yyyy)

- a. Start Process Date
- b. Assess Process Date
- c. Finish Process Date

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18. Measures to know if the goal is accomplished: How will you know that you've reached your goal? What will you measure and how will you measure it (e.g. monitor 20 statin prescriptions given during a two week period)?

a. What will you measure?

b. How will you measure it?

19. Resources to help accomplish your goal: What resources do you have or need to achieve the above? Are there staff who could help collect measures? Could you arrange with another participant or colleague to review your progress?

a. Resources I have

b. Resources I need

Thank You!

Thank you for completing this Evaluation.

-The Planning Committee