

CloudCME Evaluation Menu

Updated June 10th, 2020

Standard Questions

Overall Rating of this CE Activity

	Scale: 5 = Strongly Agree 4 = Agree 3 = Neutral 2 = Disagree 1 = Strongly Disagree N/A = Not Applicable/No Response
This CE Activity ...	
Contributed to my professional growth.	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> N/A
Covered content useful to my practice.	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> N/A
Was relevant to my current scope of practice.	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> N/A
Was engaging and interactive	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> N/A

What changes do you intend to implement in your practice as a result of your participation in this CE activity?

Free Response Question

Was the information/material presented at this CE activity balanced and free from commercial bias? If no, please explain.

- Yes
- No – Explain:

Free Response Question

Rate the following statement:

This CE activity improved my knowledge, attitudes, and skills that support my inter professional healthcare team and our delivery of patient care.

1 2 3 4 5
Strongly Disagree Neither Disagree/Agree Strongly Agree

What attitudes, strategies, or skills did you take away from this CE activity related to interprofessional collaborative practice (when multiple health workers from different professional backgrounds work to deliver the highest quality of care)?

Free Response Question

On a scale from 0-10, with 0 being “not at all” and 10 being “highly likely”, how likely are you to recommend future Stanford CE activities to a friend or colleague?

0 1 3 4 5 6 7 8 9 10

Do you have specific suggestions as to how this CE activity might be improved?

Free Response Question

What specific topics in this subject area would you like us to cover in future programs?

Free Response Question

	Scale: 5 = Strongly Agree 4 = Agree 3 = Neutral 2 = Disagree 1= Strongly Disagree
At the end of this CE Activity I was able to...	
Learning Objective #1	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1
Learning Objective #2	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1
Learning Objective #3	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1
Learning Objective #4	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1

Optional Questions

Rate the following faculty on the criteria below.

Scale:

5 = Extremely Satisfied

4 = Satisfied

3 = Neither Satisfied/Dissatisfied

2 = Dissatisfied

1 = Extremely Dissatisfied

Faculty Name	Faculty Preparedness	Faculty Engagement	Content Clarity	Overall Quality of Instruction
First, Last	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> N/A	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> N/A	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> N/A	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> N/A
First, Last	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> N/A	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> N/A	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> N/A	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> N/A
First, Last	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> N/A	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> N/A	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> N/A	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> N/A
First, Last	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> N/A	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> N/A	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> N/A	<input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1 <input type="radio"/> N/A

Will the materials be useful as reference tools?

- Yes
- No

Did the materials facilitate your learning?

- Yes
- No

Did you encounter any technical issues participating in this CE Activity? (Select all that apply)

- I did not encounter any technical issues
- Issues accessing/entering the online portion of this CE Activity
- Connectivity issues
- Audio issues
- Video issues
- Other-Explain:

Free Response Question

Commitment to Change

Now that you have participated in this CE activity, please take a moment to consider making changes in your practice as a result.

Based on what I learned from this CE activity, I plan implementing changes in my practice to the following (Select all that apply):

- Diagnosis and Screening
- Treatment
- Clinician-Patient or Interprofessional Communication
- Quality Improvement
- Safety
- Teamwork-Roles and Responsibilities
- Patient Education
- Other

List the specific, measurable change(s) you plan to implement.

On a scale from 1-5, how confident are you will implement this change?

Free Response Question

Please remind me of this commitment in:

- 1 month
- 2 months
- 3 months

Commitment to Change Follow Up Survey

Have you been able to implement your change(s) listed above?

- Yes
- No

Briefly describe the outcomes of implementing your change(s) in terms of how it impacted your practice, team, or patient outcomes.

Free Response Question

1. Provider:

- Clinical knowledge/skill/expertise
- Peer influence
- Cultural competence
- Recall, confidence, clinical inertia
- Motivation
- Fear, legal concerns

2. Team:

- Roles and responsibilities
- Communication
- Competence
- Shared values and trust
- Team structure

3. Patient:

- Patient characteristics/factors
- Patient adherence

4. System/Organization:

- Workload
- Lack of support from administration
- Referral process
- Culture of safety
- Practice process
- Cost/funding

5. Other:

- Other
- Not enough time
- Lack of opportunity

What might you do to address barriers you encountered? Please indicate your next steps.

Free Response Question

Please remind me of this commitment in:

- 1 month
- 2 months
- 3 months