

Seminar Evaluation Form

CMEs are given in cooperation with The Scottsdale Institute for Health and Medicine.

This activity is sponsored by:
The University of Arizona College of Medicine
at the Arizona Health Sciences Center



SEMINAR EVALUATION

In an effort to continuously improve CME programming, please provide an assessment of this seminar. Your feedback is important for planning and development of future seminars.

Please fill out Questions 1 and 2 prior to participating in the course and fill out the remainder of the questions after completing the course.

- 1. Which course did you attend?**
- 2. What would you like to learn from this presentation?**

COURSE CONTENT

- 1. What is your overall rating of this course?**

Poor 1 2 3 4 5 Excellent

- 2. Please rate the extent the following educational objectives were met:**

- a. Recognize the Concepts of mindfulness**

Poor 1 2 3 4 5 Excellent

- b. Measure the connection between, and employing the skills of, mindfulness, stress reduction, and health**

Poor 1 2 3 4 5 Excellent

- c. Measure the connection between, and employing the skills of, mindfulness, stress reduction, and health**

Poor 1 2 3 4 5 Excellent

- 3. Do you feel the practice of Mindfulness will improve patient care?**

Yes ___ No ___

Explain: _____

4. Did you detect any bias toward any product or company? Yes ___ No ___

If Yes, please explain: _____

5. One of the purposes of CME is ultimately to improve patient care. Rate how the activity will benefit you and ultimately improve patient care.

Very Little 1 2 3 4 5 Very Much

Explain: _____

6. To what extent do you think you will apply the information learned in this seminar to your practice?

Very Little 1 2 3 4 5 Very Much

Explain: _____

INSTRUCTOR EFFECTIVENESS - Please rate the faculty in this seminar

Overall rating of instructor's effectiveness

Poor 1 2 3 4 5 Excellent

Comparison of instructor to other CME instructors

Poor 1 2 3 4 5 Excellent

What did you particularly like or find beneficial about the facilitator's style?

Comments: _____

Please give an example of what you will do differently in your practice as a result of participating in this seminar:

SUGGESTIONS for future seminars:

COMMENTS:

OPTIONAL: If you found Mindfulness of value, may we contact you for an Outcomes Study Survey in the near future?

Yes ___ No ___

Name _____

Phone _____

Email _____