

POST CME PROGRAM EVALUATION FORM

Honorarium: Yes No Evaluation was completed by: Physician Non-Physician				
		Environment, Acoustics,		
		Lighting, AV Equipment		
		E G F P		
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ning and improve munication skills	ment	Professionalism System-based practice Medical Knowledge		
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	er on the followicer on the followicer on the followicer on Style Presentation Style E G F P It is program we will the following and improve munication skills our needs and expended today affect you much Mode Mode	er on the following areas: Exceller Presentation Instructional Style Methods/tools EGFP EGFP f this program were: Exceeded d improve the following competencies rning and improvement		

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*Based on your participation today, have you id information or techniques learned in this presen		menting new
Lack of experience Lack of resources Lack of time to assess/counsel patients'	Technical Skills Lack of consensus or profess Reimbursement/Insurance Is Patient compliance issues If Other – please specify	sues
YOU MUST ANSWER THE QUESTIONS AND SE . Medical Knowledge HOW:		ANGED YOUR
. Awareness of Practice Trends HOW:		
Practice Skills HOW:		
. Professional Competencies HOW:		
WAS PRESENTATION FREE OF COM	MERCIAL BIAS? Yes	No
WERE VERBAL OR WRITTEN DISCLOPRIOR TO THE PRESENTATION?	OSURES MADE TO THE A Yes	AUDIENCE No
TOPICS FOR FUTURE PROGRAMS		
Good Samaritan Hospital is accredited by The Medical Soci Continuing Medical Education for physicians	ety of the State of New York (MSSNY)	to provide
Good Samaritan Hospital designates this live activity for a Physicians should claim only the credit commensurate with	h the extent of their participation in th	
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The faculty participants do not have any financial arrangements products, research or services may be discussed in unlabeled uses of a product will be identified		
PARTICIPANT COMPLETING (PLEASE PRINT) NAME:	THE FORM SIGN AND DATE	_
DATE:		_ 016