**AM, Thursday**

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| **Commitment to Change (Use the back of the sheet if you need more space.)** |
| After attending the Thursday morning session of the CME Conference, what best practices did you gain that you can apply into your professional life or medical practice? |
| How can you build on your previous experience to improve your technique and patient care? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Outcomes and Content** | **Completely Disagree** | **Disagree** | **Neutral** | **Agree** | **Completely Agree** |
| Using the learning objectives, add statements of the knowledge and skills they should gain after attending. | 1 | 2 | 3 | 4 | 5 |
| For example:  I understand the indications, dosing, and treatment monitoring of medical cannabis in clinical practice. | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |

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| **Written Comments (Use the back of the sheet if you need more space.)** |
| What did you find most valuable or interesting about this morning session? |
| What, if anything, would you like to see changed about this morning? |

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| --- | --- | --- | --- | --- | --- |
| **Instructors presented material clearly and provided valuable information.** (Share feedback on the backside.) | **Completely Disagree** | **Disagree** | **Neutral** | **Agree** | **Completely Agree** |
| Add the instructors | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |

**PM, Thursday**

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| **Commitment to Change (Use the back of the sheet if you need more space.)** |
| After attending the Thursday afternoon session of the CME Conference, what best practices did you gain that you can apply into your professional life or medical practice? |
| How can you build on your previous experience to improve patient care? |

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| --- | --- | --- | --- | --- | --- |
| **Outcomes and Content** | **Completely Disagree** | **Disagree** | **Neutral** | **Agree** | **Completely Agree** |
| Using the learning objectives, add statements of the knowledge and skills they should gain after attending. | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |

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| **Written Comments (Use the back of the sheet if you need more space.)** |
| What did you find most valuable or interesting about this afternoon session? |
| What, if anything, would you like to see changed about this afternoon? |

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| --- | --- | --- | --- | --- | --- |
| **Instructors presented material clearly and provided valuable information.** (Share feedback on the backside.) | **Completely Disagree** | **Disagree** | **Neutral** | **Agree** | **Completely Agree** |
| Add each of the instructors | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |

**AM, Friday**

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| **Commitment to Change (Use the back of the sheet if you need more space.)** |
| After attending the Friday morning session of the UOMA CME Conference, what best practices did you gain that you can apply into your professional life or medical practice? |
| How can you build on your previous experience to improve patient care? |

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| --- | --- | --- | --- | --- | --- |
| **Outcomes and Content** | **Completely Disagree** | **Disagree** | **Neutral** | **Agree** | **Completely Agree** |
| Using the learning objectives, add statements of the knowledge and skills they should gain after attending. | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |

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| --- | --- | --- | --- | --- | --- |
| **Written Comments (Use the back of the sheet if you need more space.)** | | | | | |
| What did you find most valuable or interesting about this morning session? | | | | | |
| What, if anything, would you like to see changed about this morning? | | | | | |
| **Instructors presented material clearly and provided valuable information.** (Share feedback on the backside.) | **Completely Disagree** | **Disagree** | **Neutral** | **Agree** | **Completely Agree** | |
| Add each of the instructors. | 1 | 2 | 3 | 4 | 5 | |
|  | 1 | 2 | 3 | 4 | 5 | |
|  | 1 | 2 | 3 | 4 | 5 | |
|  | 1 | 2 | 3 | 4 | 5 | |
|  | 1 | 2 | 3 | 4 | 5 | |

**PM, Friday**

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| **Commitment to Change (Use the back of the sheet if you need more space.)** |
| After attending the Friday afternoon session of the UOMA CME Conference, what best practices did you gain that you can apply into your professional life or medical practice? |
| How can you build on your previous experience to improve patient care? |

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| --- | --- | --- | --- | --- | --- |
| **Outcomes and Content** | **Completely Disagree** | **Disagree** | **Neutral** | **Agree** | **Completely Agree** |
| Using the learning objectives, add statements of the knowledge and skills they should gain after attending. | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |

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| **Written Comments (Use the back of the sheet if you need more space.)** |
| What did you find most valuable or interesting about this afternoon session? |
| What, if anything, would you like to see changed about this afternoon? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Instructors presented material clearly and provided valuable information.** (Share feedback on the backside.) | **Completely Disagree** | **Disagree** | **Neutral** | **Agree** | **Completely Agree** |
| Add each of the instructors. | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |

**AM, saturday**

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| **Commitment to Change (Use the back of the sheet if you need more space.)** |
| After attending the Saturday morning session of the UOMA CME Conference, what best practices did you gain that you can apply into your professional life or medical practice? |
| How can you build on your previous experience to improve patient care? |

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| --- | --- | --- | --- | --- | --- |
| **Outcomes and Content** | **Completely Disagree** | **Disagree** | **Neutral** | **Agree** | **Completely Agree** |
| Using the learning objectives, add statements of the knowledge and skills they should gain after attending. | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |

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| **Written Comments (Use the back of the sheet if you need more space.)** |
| What did you find most valuable or interesting about this morning session? |
| What, if anything, would you like to see changed about this morning? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Instructors presented material clearly and provided valuable information.** (Share feedback on the backside, if desired.) | **Completely Disagree** | **Disagree** | **Neutral** | **Agree** | **Completely Agree** |
| Add each of the instructors. | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |

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| **Overall Conference Evaluation** | **Completely Disagree** | **Disagree** | **Neutral** | **Agree** | **Completely Agree** | |
| The conference was a productive use of my time. | 1 | 2 | 3 | 4 | 5 | |
| I would recommend this conference to other physicians. | 1 | 2 | 3 | 4 | 5 | |
| The conference was free from commercial bias. | 1 | 2 | 3 | 4 | 5 | |
| The course venue provided a comfortable learning environment. | 1 | 2 | 3 | 4 | 5 | |
| **Written Comments (Use the back of the sheet if you need more space.)** | | | | | |
| What did you find most valuable or interesting about this conference? | | | | | |
| What, if anything, would you like to see changed about this conference? | | | | | |