

CTAAP 2008 Teleconference Series

Evaluation Form
Infant Oral Health and How to Use Fluoride Varnish
(And How to Successfully Code and Bill for Services!)

January 29th, 2008

An evaluation form must be completed by each individual physician requesting CME credit or by each nurse requesting credit for continuing education requirements.

Name: _____

IF REQUESTING, CME credit or CEU Credit, your degree:

MD/DO_____ APRN_____ PA_____ RN_____ LPN_____ MA_____

Facility/Practice: _____

Address: _____

Overall Activity Questions:

1. Indicate how well this CME activity met each of the stated learning objectives by checking the box that best describes your answer.

| Learning Objective | Did Not Meet at all | Mostly Unmet | Neither Unmet nor Met | Mostly Met | Completely Met |
|---|----------------------------|--------------------------|------------------------------|--------------------------|--------------------------|
| a. Recognize dental decay and its sequellae | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Understand the etiology of dental decay | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Be able to screen children for dental decay | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Be able to educate parents about how to prevent dental decay | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Be able to understand when and how to use fluoride varnish to prevent dental decay | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Know when to refer children to the dentist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

g. Please provide comments in support of your ratings from question 1.

Participant Name: _____

2. Please rate your agreement with the following statements...

| Activity Item | Strongly Disagree | Disagree | Neither Disagree nor Agree | Agree | Strongly Agree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| a. This was a quality CME activity. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. This CME activity will favorably influence my ability to practice medicine (including my role as a leader, teacher, or researcher). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The program clearly indicated whether or not this CME activity received commercial support. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I observed no overall commercial bias in this educational session. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I would definitely recommend this CME activity to my colleagues. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

f. Please provide comments in support of your ratings from question 2, including the name of any speakers whom you believe revealed commercial bias.

3a. Did the CME program communicate any conflict of interest or lack thereof?

Yes..... **PROCEED TO QUESTION 3b**

No..... **SKIP TO QUESTION 4**

I do not recall... **SKIP TO QUESTION 4**

3b. If you answered "YES" to 3a, how was the conflict of interest communicated?

Promotional materials... Sign-in sheet... Introductory remarks.....

Handouts..... I do not recall... Other (please specify): _____

4. What did you find most helpful about this session?

5. What would you recommend we change about this session?

Participant Name: _____

Questions Regarding Speaker:

6. Please rate the speaker's presentation using a scale of 1 to 5. Write in the number that best corresponds to your assessment of the speaker.

| | | | | |
|-----------------|-----------------|----------------------------------|-----------------|----------------------|
| 1 = Poor | 2 = Fair | 3 = Neither Fair nor Good | 4 = Good | 5 = Excellent |
|-----------------|-----------------|----------------------------------|-----------------|----------------------|

| Speaker Characteristic | Dr. Joanna Douglass |
|--|----------------------------|
| a. Stated learning objectives | |
| b. Demonstrated thorough knowledge | |
| c. Clear and organized | |
| d. Stimulated enthusiasm | |
| e. Appropriate level of detail | |
| f. Effective presentation style | |
| g. Interactive session | |
| h. Established rapport with audience | |
| i. Invited questions and participation | |

7. Please provide any comments in support of your ratings from question 6.

8. Suggestions for future topics: _____

Please complete this form and e-mail it to tracey.ctaap@gmail.com or fax it to Tracey McDougall, CTAAP at 860-727-9863 by February 2nd, 2009. Questions: e-mail tracey.ctaap@gmail.com or telephone 860-977-3430.