

# Community Medical Center CME Post-Activity Evaluation

CME Activity: **Current Topics in Palliative Medicine**  
 Speaker(s) and Affiliation: **David I. Wollner, MD, Jersey City Medical Center**

**OBJECTIVES:** At the conclusion of this activity, the attendee should be able to:

1. Define Palliative Care
2. Discuss and analyze three ethical issues
3. Name three validated assessment tools

1. Do you **intend** to make changes or apply learnings to your practice as a result of this educational activity?

<b>Yes, I plan</b> to make changes <input type="checkbox"/>	<b>Yes,</b> I'm <b>considering</b> changes <input type="checkbox"/>	<b>No,</b> I <i>already</i> practice these recommendations <input type="checkbox"/>	<b>No,</b> I don't think this applies to my practice <input type="checkbox"/>
---	---	---	---

If **Yes**, describe two things you intend to try or do differently as a result of this educational activity:

If **No**, describe your perceived barriers to change:

2. Do you feel this educational activity will improve your  **clinical performance**  **competence** and/or  **patient outcomes**?

3. Identify the major strengths of this educational activity: *(check all that apply)*

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Speaker(s)                  | <input type="checkbox"/> Networking     | <input type="checkbox"/> AV/Support materials | <input type="checkbox"/> Facilities                        |
| <input type="checkbox"/> Discussion                  | <input type="checkbox"/> Demos/Hands-on | <input type="checkbox"/> Case Vignettes       | <input type="checkbox"/> Other: _____<br><i>(Describe)</i> |
| <input type="checkbox"/> Clinical Case Presentations |   |   |  |
| <input type="checkbox"/> Knowledge gained            |   |   |  |

4. Was this educational activity appropriate for your level of training?  Yes  No \_\_\_\_\_  
*(Describe)*

5. Was the educational format of this activity appropriate for the setting, objectives and desired results of the activity?  Yes  No \_\_\_\_\_  
*(Describe)*

6. Were the educational activity's objectives met?  Yes  No \_\_\_\_\_  
*(Describe)*

7. Did the speaker(s) provide objectives at the beginning of the program and demonstrate a thorough knowledge of the subject?  Yes  No \_\_\_\_\_  
*(Describe)*

8. Was this educational activity free of commercial bias?  Yes  No \_\_\_\_\_  
*(Describe)*

9. What **additional** education and training would be helpful to your practice? Suggestions for future programs:

\_\_\_\_\_

10. Additional Comments: \_\_\_\_\_

---

I claim 1 hour of this Continuing Medical Education Activity  
**Please print your name**  
**05 16 19**