

## CLINICAL EDUCATION EVALUATION

**Original Live Presentation Date: Date: June 17- 21, 2013 @ 12:30 – 1:00**

**Title:** Out Patient Grand Rounds / Beta Blockers in LVSD Patients

**Location(s):** San Ramon, Concord (2700 Grant St), Walnut Creek (Ball Auditorium), & Brentwood

**Presenter:** Dr. Neal White, Medical Director, Hear Failure Program, JMH

**Objectives:** Upon completion of the program, the participant will be able to: Differentiate between older and newer treatment options for the management of heart disease in complex patients. Formulate treatment plans for the management of complex patients on the basis of patient- and disease-related factors. Apply best practice strategies to overcome co-morbidities in complex patients. Utilize Patient Centered Care skill to teach patients and their family heart disease self-care strategies in a manner they will understand and will adhere to

**Target audience:** This activity is intended for Primary Care Physicians.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
1. The program fulfilled its educational objectives.	4	3	2	1
2. The session's content matched my scope of care.	4	3	2	1
3. The presentation was unbiased.	4	3	2	1
4. Ample time was provided for discussion and interaction with the speaker(s.)	4	3	2	1
5. Based on your participation in this CME activity, which new strategies do you now plan to use in your practice with new and/or renewed competence?				

1. I will \_\_\_\_\_

2. I will \_\_\_\_\_

(Use other side if you need more space to write)

6. Please relate a circumstance when information you received from a previous Clinical Conference has helped you in your practice: \_\_\_\_\_

(Use other side if you need more space to write)

7. May we contact you in the future to ask if this activity helped you in your practice?     YES     NO

8. Additional comment about this conference or any comment/suggestion regarding JMH CME Program? \_\_\_\_\_

(Use other side if you need more space to write)

_____ <b>Physician Name &amp; Dictation# (please print):</b>
Location (check one): <input type="checkbox"/> SR, <input type="checkbox"/> 2700, <input type="checkbox"/> WC, <input type="checkbox"/> BW
_____ <b>Date</b>

Please complete and return this evaluation form in order to receive a maximum of .5 AMA PRA Category 1 Credit™ for this session

Non-Physician Name (please print): _____ _____ <div style="text-align: right;">JMH Employee#</div>
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**ENDURING MATERIAL:** Check Box & Please fax completed evaluation to Medical Staff Office @ 925-674-2357

