



## Self-Study Module: "Cultural Humility – Part 2"

To obtain CME for this activity, return this evaluation to the CME Coordinator, Medical Staff Office or fax to (220) 564-4012.

<b>Objectives:</b>	Objectives were met for this activity, and this activity has enhanced my overall knowledge or abilities. <input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <i>For activity objectives, check CME activity flyer.</i>
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### Please rate this conference.

- Excellent - The speaker, topic and presentation were superior. The presenter demonstrated substantive knowledge of the topic
- Good - Speaker was knowledgeable, presentation was satisfactory.
- Fair – Speaker and presentation were average.
- Poor – Speaker and presentation were unsatisfactory. If selected, please explain: \_\_\_\_\_

Was this activity engaging and interactive?  Yes  No

Are the written materials helpful, and will they be useful references in the future?  Yes  No

### This CE Activity.... (Check all that apply)

- Met my learning needs.       Was relevant to my current scope of practice.       Contributed to my professional growth.
- Helped me learn skills and concepts that will allow me to be effective and strategic in my practice.
- Allowed me to increase my connections with peers.       Provided me with new ideas and resources.

### Identify any specific changes that you plan to implement in your professional practice as a result of information you obtained as an attendee of this CME activity:

- None - Retired from Practice       Patient Work-up       Treatment Plans       Patient Education
- Other (specify) \_\_\_\_\_

### Please check all that apply.

Activity changed, enhanced, or improved my:	<input type="checkbox"/> Knowledge <input type="checkbox"/> Competency <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes
	<input type="checkbox"/> Communication skills <input type="checkbox"/> Practice-based systems <input type="checkbox"/> System-based practices

Activity was <b>FREE</b> from commercial bias or influence	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Activity was evidence-based	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**List one concept you learned and tell us how you will utilize this to improve your practice.**

**What are the impediments to change?**

- Cost       Insurance/reimbursement issues       Lack time to assess/counsel patients.
- Patient compliance issues       Lack of administrative support/resources
- Lack of consensus of professional guidelines       Other (please specify) \_\_\_\_\_

Comments:	Topic or Conference Suggestion(s):
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### Attestation:

By signing this form, I attest that I have completed the participant requirements for this CME activity. Any patient/case information will be kept confidential.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician    Non-Physician: \_\_\_\_\_

**Number of AMA PRA Category 1 Credits™ Claimed:** \_\_\_\_\_

I would like a certificate for my completion of this activity.