

Translation to Practice® CME: Part 2 Post-Activity Evaluation

Please send completed form to Judy Smith at the SUNY Upstate Department of Family Medicine to complete T2P exercise and receive CME certificate.

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Name: _____
Email: _____

1. What change did you make in your practice after attending the CME activity, "Innovations in Primary Care Practice Improvement Conference"?

2. Did you need additional information to implement this change?
 Yes No

If yes, where did you obtain this information? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Additional CME | <input type="checkbox"/> Non-peer reviewed journals |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Colleagues |
| <input type="checkbox"/> Practice | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Peer reviewed journals | <input type="checkbox"/> Peer reviewed Textbooks |
| <input type="checkbox"/> Patient Feedback | <input type="checkbox"/> Experts |

3. What barriers did you encounter in implementing the change you identified?

4. Were you able to overcome these barriers?
 Yes No

5. Describe how your thoughts and attitudes have changed as a result of the CME and your application of the learning into practice.

6. What steps have you taken to ensure the maintenance of these changes in your practice?

7. What additional questions still remain unanswered?
