

## Review of Data Feedback Session: Evaluation Example Site X INSERT DATE

Degree						Specia	llty
Na	ame					(Option	al)
1.	How would you rate this educational activity overal	11?					
	(5 = excellent, 1 = poor, please circle one)		5	4	3	2	1
<ol> <li>3.</li> </ol>	In your opinion, did you perceive any commercial  ☐ Yes If yes, please explain: ☐ No  Do you feel each of the following objectives was me	·	f the pre	sentati	ions?		
•	Review data from Stage A of QI Initiative		□Yes	□No	□Partiall	y □N/	/A
•	Identify preliminary areas for improvement		□Yes	□No	□Partiall	y □N/	'A
•	Discuss reasons for gaps in practice identified through	n data pull	□Yes	□No	□Partiall	y □N/	/A
4.	Do you feel that the information presented at tavailable?  Yes If no, please explain: No	this activity	was bas	ed on	the best	eviden	ace
Ev	valuation of Data Pull Process						
5.	Please rate the usefulness of the data review:	5 Very Useful	4 3	2	1 Not Useful		



6.		<b>d you ha</b> Yes	ave a problem with any of the data presented?  If yes, please explain:
		No	
7.		you be popula Yes No	lieve your individual data was an accurate representation of your adolescent <i>patient tion</i> ?  If NO, please explain:
8.		you be Yes No	lieve your individual data is an accurate representation of your <i>performance?</i> If NO, please explain:
9.		you thi Yes No	ink that all measures chosen for the project are important?  If NO, please explain:
10.	Wł	nat do yo	ou believe is the goal of this project?
11.	<b>D</b> o	you fee Yes No	el this project will meet this goal?  If NO, please explain:

12. Based on the presentation, what area do you think needs the most improvement?



4. Please suggest topics fo	Please suggest topics for future activities.							
. Which of the following co	ompetency areas do you fee	el have been improved as a result of this						
tivity? (Mark all that apply	7)							
☐ Patient Care	☐ Professionalism	☐ Practice Based Learning						
☐ Medical Knowledge	☐ System Base Practice	☐ Communication Skills						
eneral Comments:								
hank you.								
Please return the comple	eted evaluation form at the co	onclusion of the session.						



## Adolescent Vaccines Performance Improvement Initiative: HPV 101 Site X INSERT DATE

Please return the completed evalua	ation form to the registration	desk at the conclu	usion of th	ne prog	ram. Thank	you.	
Name (optional)	Degree	Degree Spe		ecialty			
1. How would you rate this education (5 = excellent, 1 = poor, ple		5	4	3	2 1		
	= ··· /··/   /··/   ····· / · · · · · · ·						
<ul><li>Do you plan on making a</li><li>☐ Yes If yes, please o</li><li>☐ No</li></ul>	ny changes in your praction explain:	e as a result of t	his activ	ity?			
4. Do you feel each of the following	objectives was met?						
Describe the morbid	dity of HPV disease		□Yes	□No	□Partially	□N/A	
Review vaccine saf	Review vaccine safety and effectiveness data					□N/A	
	Review the effective communication techniques for discussing HPV vaccination with parents						
<ul><li>5. Do you feel that the information p</li><li>☐ Yes If no, please exp</li><li>☐ No</li></ul>		e best evidence a	available	?			
6. Which of the following competence all that apply)	cy areas do you feel have b	een improved as	a result	of this	activity? (	Check	
□ Patient Care	☐ Professionalism	☐ Practice Bas	sed Learn	ing			
☐ Medical Knowledge	☐ System Base Practice	☐ Communica	tion Skills				
7. In what topics would you like to re	eceive further education?						
General Comments:							



## Adolescent Vaccines Performance Improvement Initiative: Motivational Interviewing Site X INSERT DATE

F	lease return the completed evalua	tion form to the registration	desk at the conclu	ision of t	he prog	ram. Tha	ank you.			
Name	e (optional)	Degree	Spe	cialty _						
1. H	ow would you rate this educatio (5 = excellent, 1 = poor, ple		5	4	3	2	1			
2.	In your opinion, did you perceive any commercial bias in any of the presentations?  ☐ Yes If yes, please explain: ☐ No									
3.	Do you plan on making any changes in your practice as a result of this activity?  ☐ Yes If yes, please explain: ☐ No									
4. Do	you feel each of the following o	objectives was met?								
	Describe Motivational Interviewing					□Partia	lly □N/A			
	Review Principles of the Motivational Interviewing				□No	□Partia	lly □N/A			
	Review Essential Skills for Motivational Interviewing					□Partia	lly □N/A			
5. Do you feel that the information presented was based on the best evidence available?  Yes If no, please explain: No										
	nich of the following competency at apply)	/ areas do you feel have b	een improved as	a result	t of this	activity <sup>4</sup>	? (Check			
	☐ Patient Care	☐ Professionalism	☐ Practice Bas	ed Learr	ning					
	☐ Medical Knowledge	☐ System Base Practice	☐ Communicat	ion Skills	3					
7. ln	what topics would you like to red	ceive further education?								
Gene	ral Comments:									



## Adolescent Vaccines Performance Improvement Initiative: Creating Your Action Plan

Pl	lease return the completed evaluation form to the re	egistration o	desk at the d	onclu	sion of t	he prog	ram. Than	k you.	
Name (Optional)		Degree		Spec	cialty				
How would you rate this educational activity overa     (5 = excellent, 1 = poor, please circle one)				5	4	3	2	1	
2.	In your opinion, did you perceive any commercial bias in any of the presentations?  ☐ Yes If yes, please explain: ☐ No								
3.	Do you plan on making any changes in your practice as a result of this activity?  ☐ Yes If yes, please explain: ☐ No								
4. Do	you feel each of the following objectives was m	net?							
	Review HPV data & recommendations				□Yes	□No	□Partially	′ □N/A	
	Recognize common provider and patient/pare	ntal barrier	rs		□Yes	□No	□Partially	′ □N/A	
	Discuss practice opportunities for improvement			□Yes	□No	□Partially	′ □N/A		
Identify strategies to start 'testing' changes				□Yes	□No	□Partially	′ □N/A		
	Complete Action Plan				□Yes	□No	□Partially	′ □N/A	
	5. Do you feel that the information presented was based on the best evidence available?  ☐ Yes If no, please explain: ☐ No								
	ich of the following competency areas do you fe at apply)	eei nave bi	een improve	eu as	a resul	i oi iiis	activity?	Cneck	
	☐ Patient Care ☐ Professionalism ☐ Practice Bas				ed Learr	ning			
	☐ Medical Knowledge ☐ System Base	Practice	☐ Commu	unicati	on Skills	3			
7. Pl	ease suggest topics for future activities or educ	ational se	ssions in th	nis pro	ogram.				
Genei	ral Comments:								