

OMB Number: 0906-0084.

Program evaluation for Sample Session Title

Please fill in the following form to help us improve our educational activities. Your responses are anonymous.

Public Burden Statement: To help us plan for future conferences, please let us know about your overall experience by completing this brief conference evaluation. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0086 and is valid until 2/28/2027. This information collection is voluntary. Responses will be anonymous, and the data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average approximately 21 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.

Please rate the following aspects of this educational activity on a descending scale where 5 = excellent to 1 = poor.

	Rating	5	4	3	2	1
Overall quality of the educational activity:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching strategy employed:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance of the educational activity to your practice:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of the materials used in the activity:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpfulness of the information presented:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contributed to my knowledge, skills, and attitude to enhance the delivery of client care:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The intended result of this activity is to provide new knowledge to develop and enhance competencies that change performance and practices; and that impact and improve patient outcomes. Please rate the effectiveness of this activity to achieve these learning objectives on a descending scale where 5 = excellent to 1 = poor.

Learning Objective	5	4	3	2	1
EXAMPLE OBJECTIVE or OUTCOME 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EXAMPLE OBJECTIVE or OUTCOME 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EXAMPLE OBJECTIVE or OUTCOME 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate presenters for this educational activity using a descending scale where 5 = excellent to 1 = poor.

EXAMPLE SPEAKER 1

Evaluation Area	5	4	3	2	1
Presentation Style:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization and Clarity:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expertise:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrated Experiential Knowledge of the Topic:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance to Outcomes:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EXAMPLE SPEAKER 2

	Evaluation Area	5	4	3	2	1
Presentation Style:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization and Clarity:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expertise:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrated Experiential Knowledge of the Topic:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance to Outcomes:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EXAMPLE SPEAKER 3

	Evaluation Area	5	4	3	2	1
Presentation Style:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization and Clarity:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expertise:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrated Experiential Knowledge of the Topic:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance to Outcomes:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the following questions as they relate to the educational activity.

Based on your previous knowledge and experience, the level of this activity was: Too basic Appropriate Too complex

Do you feel that the activity was objective, balanced, and free of commercial bias? Yes No

Was disclosure (financial relationships, unapproved or unlabeled use of drugs or products) made available to you during the activity? Yes No

Was the activity supported by scientifically-rigorous or evidence-based data? Yes No

Did the activity meet your educational needs? Yes No

Please rate how much you agree that this educational activity has contributed to your professional effectiveness and ability to execute the following, using a descending scale where 5 = strongly agree to 1 = strongly disagree:

	Improvement Area	5	4	3	2	1
Treat and/or manage my clients:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate with clients:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manage my clinical practice and/or program:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

After completing this activity, do you intend changing any of Yes No

your patient care practices?

Do you see any barriers to implementing these changes? Yes No

Comments or suggestions for improvement:

AffinityCE is providing the Continuing Medical Education (CME) and Continuing Education Unit services during the 2022 National Ryan White Conference on Care and Treatment. AffinityCE, a Woman-Owned Small Business (WOSB), is a full-service, accredited CME company providing education and training for more than 35 health professions.