



**EVALUATION FORM**

**The Triological Society  
122nd Annual Meeting  
May 3-4, 2019 | Austin, Texas**

**TO RECEIVE A CME CERTIFICATE - PLEASE BRING THIS COMPLETED FORM TO:**

On-site: present to Triological Society staff member

Email: [beth@triological.org](mailto:beth@triological.org) • Fax: 531-355-8905

Mail: Triological Society • 13930 Gold Circle Suite 103 • Omaha, NE 68144

<b>NAME</b> <i>(PLEASE PRINT)</i>		<b>ARE YOU A MEMBER OF THE AMERICAN COLLEGE OF SURGEONS?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>EMAIL ADDRESS</b>		<b>ACS MEMBERSHIP ID (required)</b> <i>Credits will not post to your ACS MyCME webpage if ID not provided</i>	
<b>NUMBER OF YEARS IN PRACTICE (OPTIONAL)</b>		<b>SPECIALTY (OPTIONAL)</b>	

**AMA PRA Category 1 Credits™**

The American College of Surgeons designates this live activity for a maximum of **10 AMA PRA Category 1 Credits™**.  
*Physicians should claim only the credit commensurate with the extent of their participation in the activity.*

As a participant of this educational activity, I am claiming \_\_\_\_\_ hours of CME Credit.

**\*NOTE: 15 MINUTES OF SESSION ATTENDANCE = 0.25 AMA PRA CATEGORY 1 CREDITS™**

**Please check the appropriate box.**

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
1. Overall, how would you rate this educational activity?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
	<b>STRONGLY AGREE</b>	<b>AGREE</b>	<b>NEUTRAL</b>	<b>DISAGREE</b>	<b>STRONGLY DISAGREE</b>
2. Program topics and content met the stated objectives.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
3. Content was relevant to my educational needs.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
4. Educational format was conducive to learning.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
5. This activity has improved my competence.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
6. This activity will improve my performance.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
7. This activity will enhance my communication skills.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
8. This activity will improve patient outcomes.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
9. This activity will improve processes of care and/or healthcare system performance.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
10. Program was free of commercial bias.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

11. Please explain any specific instance(s) of bias or conflict of interest.

**BOTH SIDES MUST BE COMPLETED TO RECEIVE CME CREDITS**

12. How could this educational activity have been enhanced?

13. List a minimum of two things you are going to change as a result of what you have learned.

1.  
\_\_\_\_\_

2.

14. Describe the barriers anticipated when implementing the above changes.

15. Do you have any suggestions for future topics?

16. What "hot topics" and/or panel presentations would you like to see at future meetings?

17. Did you visit the poster area? Yes  No
- Did you attend the "Meet the Authors" poster reception? Yes  No
- Was this of benefit to you and why/why not? Yes  No

Comments/suggestions

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
18. How would you rate the Audiovisual Services?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
AV Comments?					
19. If you stayed at the JW Marriott, how would you rate the hotel?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
20. If you did not stay at the JW Marriott, we would appreciate your reasons for not staying at the hotel.					

21. Would you attend a future meeting in Austin? Yes  No

22. Additional Comments