

Appendix- F:

Nagaland Medical Council:

CME Evaluation Form

Name of CME/Workshop Programme –

Date -

Location /Venue -

Organized by -

Sponsored by -

Organizing Secretary –

Number of Sessions - Total Session Hours –
Total CME Credit Hours – ()

| Sl.No | Presenters Name | Topic |
|--------------|------------------------|--------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |

Objectives: (*Statement of objectives*)

The attendee should come away with an understanding of.....

Evaluation: – Please circle the number which most closely represents your view on each of the following.

1. The presentation met the programme objectives (above).

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

2. The quality of the Speaker(s).

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

3. Practical value of the subject matter.

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

4. Content of the topics.

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

5. Participatory interaction by members in the programme.

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

6. Physical arrangements – audiovisuals and venue arrangements.

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

7. Attendance in the programme.

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

8. I have the following recommendations for improvement of the program:

.....

.....

.....

My overall impression of the programme:

| | | | | |
|------|--------------|------|-----------|-----------|
| Poor | Satisfactory | Good | Very Good | Excellent |
| 1 | 2 | 3 | 4 | 5 |

Please attach:

1. Copy of Attendance sheet.
2. Programme sheet

Observer's Signature:

Name :

Date :