

## Activity Evaluation

SleepMultiMedia 10.0

New York, 2016

Your frank and considered evaluation will be helpful in improving our CME activities. We urge you to rate the following areas and send it to the CME Department. Your assistance is greatly appreciated.

1. Activity Objectives—After attending this activity, I should be able to:		Agree	Disagree
1	Please rate this activity in meeting its stated learning objectives. Select the appropriate course for CME Credits (Basic, Intermediate or Advanced)		
	Objective 1:		
	<b>Basic:</b> 1) Describe the basic physiology of sleep.	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Intermediate:</b> 1) Describe the basic physiology of sleep in children.	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Advanced:</b> 1). Describe the neurophysiology of sleep, respiratory physiology of sleep, chronophysiology and sleep stage scoring.	<input type="checkbox"/>	<input type="checkbox"/>
	Objective 2:		
	<b>Basic:</b> 2) Understand the clinical features, pathophysiology and diagnosis of obstructive sleep apnea, narcolepsy and parasomnias. .	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Intermediate:</b> 2). Understand the clinical features, pathophysiology and diagnosis of pediatric sleep disorders, restless legs syndrome, hypersomnias, and sleep disorders in the aged.	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Advanced:</b> 2). Understand the clinical features, pathophysiology and diagnosis of epilepsy and sleep, sleep deprivation, and sleep disorders in women	<input type="checkbox"/>	<input type="checkbox"/>
	Objective 3:		
	<b>Basic:</b> 3) Evaluate the therapeutic options for the effective treatment of obstructive sleep apnea, narcolepsy and parasomnias.	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Intermediate:</b> 3) Evaluate the therapeutic options for the effective treatment of pediatric sleep disorders, restless legs syndrome, hypersomnias, and sleep disorders in the aged.	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Advanced:</b> 3) Evaluate the therapeutic options for the effective treatment of epilepsy and sleep, neurological disorders and sleep, sleep deprivation, orofacial management, and sleep disorders in women.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Will you make changes that will benefit patient care as a result of attending this course? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – <i>I do not work directly with patients</i>		
	Comments: _____ _____		

	Agree	Somewhat Agree	Somewhat Disagree	Disagree
3. <u>This activity should improve my:</u>				
<i>Medical Knowledge</i> —	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Procedure or Cognitive Skills</i> —	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Practice Behavior</i> —	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Patients' Clinical Outcomes</i> —	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>What percentage of the presentations was effective in teaching you something new that you will incorporate into your practice?</b>				
	<input type="checkbox"/> 90%	<input type="checkbox"/> 70%	<input type="checkbox"/> 50%	<input type="checkbox"/> 30% <input type="checkbox"/> 10%
5a. <b>Your Specialty:</b> _____		5b. <b>Years in Practice:</b> _____		
6. <b>What subject matter not presented in this activity do you think should be included in future activities?</b>				
_____				
_____				
_____				
7. <b>Was this CME activity “free of commercial bias for or against any product?”</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				

<b>OPTIONAL QUESTIONS</b>		Excellent	Good	Fair	Poor
8.	In comparison to other similar activities how would you rate this activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	How would you rate this activity in the quality of its organization and professional manner in which it was conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**PLEASE TAKE A MOMENT...  
HAND WASHING SAVES LIVES**

(  N/A)

1. I wash my hands before and after each patient encounter.

Always

Most of the time

Sometimes

Never

*If you did not answer "Always", please list any factors, in your opinion, acting as barriers:*

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2. As of today, I will wash my hands before and after each patient encounter.

Always

Most of the time

Sometimes

Never