

Activity Evaluation

Sleep Multimedia Version 12.0

Release Date: December 2020

Your frank and considered evaluation will be helpful in improving our CME activities. We urge you to complete this questionnaire as soon as possible.

Excellent

Good

Average

Fair

Poor

1. Please rate this activity in meeting its stated learning objectives.

Objective 1:

Basic: 1) Describe the basic physiology of sleep.

Intermediate: 1) Describe the basic physiology of sleep in children.

Advanced: 1). Describe the neurophysiology of sleep, respiratory physiology of sleep, chronophysiology and sleep stage scoring.

Objective 2:

Basic: 2) Understand the clinical features, pathophysiology and diagnosis of obstructive sleep apnea, narcolepsy and parasomnias. .

Intermediate: 2). Understand the clinical features, pathophysiology and diagnosis of pediatric sleep disorders, restless legs syndrome, hypersomnias, and sleep disorders in the aged.

Advanced: 2). Understand the clinical features, pathophysiology and diagnosis of epilepsy and sleep, sleep deprivation, and sleep disorders in women.

Objective 3:

Basic: 3) Evaluate the therapeutic options for the effective treatment of obstructive sleep apnea, narcolepsy and parasomnias.

Intermediate: 3) Evaluate the therapeutic options for the effective treatment of pediatric sleep disorders, restless legs syndrome, hypersomnias, and sleep disorders in the aged.

Advanced: 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.


2. CME activities must be “free of commercial bias for or against any product.” In this regard, how would you rate this activity?

3. How would you rate this activity in comparison to other activities?

4. What percentage of the presentations was effective in teaching you or your team something new you can apply in your practice?

90% 70% 50% 30% 10%

		Yes	No
5.	Will you or your team make changes that will benefit patient care as a result of information received in this activity? If yes, please describe.	<input type="checkbox"/>	<input type="checkbox"/>
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6.  **& PLEASE TAKE A MOMENT...**

HAND WASHING SAVES LIVES (N/A)

a. 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:

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

Always Most of the time Sometimes Never

7. This activity provided information that I can use to (please check all that apply)

- Increase my Competence/Skills
- Modify the way I Perform in Practice
- Improve Patient Outcomes

8. **COMMITMENT TO CHANGE:**
 Please write down up to three (3) changes in your practice that you and your team intend to implement after you attend this activity.

REQUEST FOR CREDIT

Name: _____	Degree: _____
Organization: _____	Specialty: _____
Address: _____	
City: _____	State: _____ Zip: _____
Telephone: _____	Fax: _____
E-mail: _____	Date: _____

Please email completed learning assessment, evaluation and payment information to cme@montefiore.org. Thank you.