

Sample Activity Evaluation

Please complete activity evaluation survey for the following activity:

Activity Title: UTEP PharmD curriculum Overview and updates

Presenter: Jeri Sias, PharmD, MPH Date: 8:00 AM - 9:00 AM, 9/11/21

ACPE UAN: xxxx-0000-21-001-L04-P

Contact Hours: 1.0

Please respond to the survey statements below using the following scale:

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

First Name

Last Name

NABP#

DOB

The activity met my educational needs.

| | 1-Strongly Disagree | 2-Disagree | 3-Neutral | 4-Agree | 5-Strongly Agree |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Response | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Achievement of stated learning objectives:

| | 1-Strongly Disagree | 2-Disagree | 3-Neutral | 4-Agree | 5-Strongly Agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Recognize national standards in pharmacy education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name a unique aspect of the UTEP School of Pharmacy curriculum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Identify one way to build on the curriculum during experiential education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

The speaker was organized in his/her presentation.

| | | | | | |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1-Strongly Disagree | 2-Disagree | 3-Neutral | 4-Agree | 5-Strongly Agree |
| Response | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The speaker was effective in his/her presentation.

| | | | | | |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1-Strongly Disagree | 2-Disagree | 3-Neutral | 4-Agree | 5-Strongly Agree |
| Response | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The educational materials were useful.

| | | | | | |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1-Strongly Disagree | 2-Disagree | 3-Neutral | 4-Agree | 5-Strongly Agree |
| Response | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The activity learning strategies (questions, cases, discussion) were appropriate and effective.

| | | | | | |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1-Strongly Disagree | 2-Disagree | 3-Neutral | 4-Agree | 5-Strongly Agree |
| Response | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The learning assessment activity was appropriate and useful for gauging audience knowledge retention/understanding.

| | | | | | |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1-Strongly Disagree | 2-Disagree | 3-Neutral | 4-Agree | 5-Strongly Agree |
| Response | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The program was presented in a fair and unbiased manner. If not, please describe below.....

| | | | | | |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1-Strongly Disagree | 2-Disagree | 3-Neutral | 4-Agree | 5-Strongly Agree |
| Response | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Comments

Sample Event Evaluation

Please tell us how you learned about the UTEP SoP 2021 3rd Biennial Preceptor Education Conference?

1. Email Invitation
2. UTEP SoP Website
3. Fellow Colleague
4. Your Employer
5. Other

Event Organization: Please tell us how much you agree or disagree with the following statements regarding the Preceptor CE Event Organization. 1= Strongly disagree, 5=Strongly agree.

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| The conference time and date was convenient considering my work schedule. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The conference registration process was clearly communicated and easy to complete. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The Zoom platform login instructions were clearly communicated within the conference confirmation email. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Participation and communication within the Zoom platform was accessible and encouraged. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Conference Topics: Please tell us how much you agree or disagree with the following statements regarding the Preceptor CE Event Topics. 1= Strongly disagree, 5=Strongly agree.

| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| The conference topics were diverse. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The conference topics were relevant and beneficial to my ability to preceptor future students. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Was the total duration of the Preceptor CE Conference (6 Sessions)?

1. Too short...
2. Just long enough...
3. Too long....

For the next Preceptor CE event I would prefer (or feel comfortable) to attend...

1. In Person
2. Virtually
3. Hybrid (option for both)

We welcome your suggestions for future topics below.