Post-Activity Learner Evaluation Sample A

Given to learners immediately following an activity

NOTE: COPE Administrators and Providers are not required or expected to use this document; it only serves as an example.

[INSERT ADMINISTRATOR OR PROVIDER NAME HERE]
[INSERT ACTIVITY TITLE HERE]

Based on what you learned in the CE Activity [INSERT ACTIVITY TITLE HERE]:

1. Summarize what you learned.

2. As a result of the education, you plan to (circle all that apply)
   a. Seek additional reading related to the education
   b. Share the information/collaborate with colleagues
   c. Research supplementary information to support your learning
   d. Alter the methods in which you care for patients

3. Describe your motivation for implementing the change.

4. By implementing this change, I believe that the following will be improved (circle all that apply)
   a. Knowledge
   b. Performance
   c. Competence
   d. Patient Care
**Post-Activity Learner Evaluation Sample B**  
**Given to learners immediately following an activity**

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[INSERT ADMINISTRATOR OR PROVIDER NAME HERE]  
[INSERT ACTIVITY TITLE HERE]

As a result of this CE activity,

1. I have developed new strategies to address the issues that were discussed.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>N/A</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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</table>

Comments:

2. My ability and skills have been improved.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
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<th>Agree</th>
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</tr>
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</table>

Comments:

3. I have identified changes I will implement in my practice.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Disagree</th>
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Comments:

4. I will significantly change the way I will treat and care for my patients.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Disagree</th>
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Comments:

5. I expect positive changes in my patient outcomes.

<table>
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<th>Agree</th>
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Comments:
Post-Activity Learner Evaluation Sample C

Given to learners 3-4 weeks following an activity

NOTE: COPE Administrators and Providers are not required or expected to use this document; it only serves as an example.

1. What change did you make in your practice after attending the CME activity?

2. Did you need additional information to implement this change?
   a) Yes
   b) No

3. If yes, where did you obtain this information? (circle all that apply)
   a) Additional CME
   b) Internet
   c) Practice
   d) Peer reviewed journals
   e) Patient feedback
   f) Non-peer reviewed journals
   g) Colleagues
   h) Hospital
   i) Peer reviewed textbooks
   j) Experts

4. What barriers did you encounter in implementing the change you identified?

5. Were you able to overcome these barriers?
   a) Yes
   b) No

6. Describe how your thoughts and attitudes changed as a result of the CE activity and your application of the learning into practice.

7. What steps have you taken to ensure the maintenance of these changes in your practice?

8. What additional questions still remain unanswered?
Post-Activity Learner Evaluation Sample D  
*Given to learners 3-4 weeks following an activity*

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Directions: Please circle your response to the following questions.

1. My ability to recognize and address xxxxx has improved based upon the content of the xxxxx activity. 
   a) Yes  
   b) No

2. My knowledge regarding xxxxx has increased based upon the content of the xxxxx activity.  
   a) Yes  
   b) No

3. My strategies toward xxxxx have been modified based upon the content of the xxxxx activity.  
   a) Yes  
   b) No

4. Did you implement any changes into your practice/patient care based upon the content of the xxxxx activity?  
   a) Yes  
   b) No
   
   Comment:

5. Did you run into any barriers while trying to implement changes in your practice/patient care?  
   a) Yes  
   b) No  
   
   Please Explain:

6. Please list other current knowledge gaps that you would like addressed at future CE activities.