

Participant Name: _____

iTEAM™ ICH Critical Pathways e-Newsletter
From Workshop Exercise to Workplace Experience

Participation Date: _____

NCME is committed to excellence in continuing education. Your opinions are critical to us in this effort. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please reflect carefully and complete this evaluation form. *Please note: a CME certificate is issued only upon receipt of your completed evaluation form.* To receive a copy of the CME certificate, please complete the evaluation form and mail it to NCME (Attn.: CME Department), One Harmon Plaza, Secaucus, NJ 07094, or fax it to (201) 867-2149.

Please answer the following questions by circling or checking the appropriate rating:

Effectiveness in Meeting Identified Needs

Please review the educational need as identified below and indicate if this activity was successful in fulfilling this need. To aid in the implementation of critical pathways and to assure best practices for patients with intracerebral hemorrhage (ICH), hospital teams should be aware of the latest developments in the general management and in the acute treatment of patients with ICH. Stroke Care Networks with critical pathways in place have clearly demonstrated improvement in the adoption of evidence-based care and outcomes.

- Yes, the activity was able to fulfill the identified educational need
- No, the activity was not able to fulfill the educational need as identified above

Please explain your response briefly

Rating scale: 5 = Outstanding; 4 = Good; 3 = Satisfactory; 2 = Fair; 1 = Poor

Effectiveness of the Faculty

Knowledge of subject matter	Appropriateness of teaching strategies	Was the presentation free of bias?
5 4 3 2 1	5 4 3 2 1	<input type="checkbox"/> Yes <input type="checkbox"/> No

Learning Objectives

Learning Objective	Teaching Effectiveness <i>Degree to which this presentation provided you with knowledge or skills to implement in your practice</i>				
Summarize data from trials presented at the International Stroke Conference 2007 and evaluate their potential application in clinical practice	5	4	3	2	1
Build on the experience of peers in implementing and improving critical pathways for ICH	5	4	3	2	1

Learning Contract

State one practice change you are committed to make based on these objectives.

How certain are you that you will make this change?

1% - 20% 21% - 40% 41% - 60% 61% - 80% 81% - 99% 100%

- You have permission to contact me in approximately three months to determine if I was able to implement changes in my practice as a result of this CME activity. (Contact me by: e-mail fax)

Future Educational Needs

Please list any other topics that would be of interest to you for future educational activities:

Credit Verification

If you wish to receive credit for this activity, please fill in your name and address and return this form to the NCME (Attn.: CME Department), One Harmon Plaza, Secaucus, NJ 07094, or fax it to (201) 867-2149.

- I participated in the entire activity and claim 1 credit.
- I participated in only part of the activity and only claim partial credit based on ____ hours of instruction (eg, .25, .5, .75).

I certify the above is true and correct. _____
Signature

PLEASE PRINT CLEARLY

Name: _____
First Name MI Last Name Degree

Specialty

Address: _____
Street Address Room/Suite

City State ZIP

Phone No: _____ Fax No: _____

E-mail Address: _____ Last 4 digits of your Social Security No.* _____
*Required for processing.

PLEASE NOTE: The information obtained here will **not** be distributed to faculty or sold to any other commercial entity.

Activity: 03001-520-001