**CME EVALUATION FORM**

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| **Activity Title:** | **Fitzgerald Lecture: Health Equity &**  **Spirituality – A Call to Serve** | **Activity Date:** | **October 29, 2021** |

**1.** **How would you rate this educational activity overall?** (5 = excellent, 1 = poor, please circle one)

**5 4 3 2 1**

**2. Do you feel the activity was scientifically sound and free of commercial bias or influence?**

  ***If No, please explain:***

**3. Which of the following Accreditation Council for Graduate Medical Education (ACGME) & Institute of Medicine Core Competency areas do you feel have been improved as a result of this activity? (Mark all that apply)**

Patientcareorpatient-centeredcare Medical Knowledge Practice-based learning and improvement

Interpersonal and communication skills  Professionalism System-Based Practice

Work in interdisciplinary teams Employ evidence-based medicine Apply quality improvement

Utilize Informatics  None of the above

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**5. Please identify how you will change your practice as a result of attending this activity (Mark all that apply)**

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**6. Suggested Topics for Future Meetings:**

**7. What was your greatest take-away from the program?**

**8. How did you hear about this program?**

**9. Please rate the speaker and whether the learning objectives were met.**

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| **Rate Each Speaker** | **Circle Answer**  **5=Excellent 4=Good**  **3=Fair 2=Poor** | **Comments on Speakers** |
| ***Dr. Michael Moxley*** | **5 4 3 2** |  |
| ***Dr. Thaddeus Bell*** | **5 4 3 2** |  |
| ***Rev. Regina Moore*** | **5 4 3 2** |  |
| ***Chaplin Alex Treyz*** | **5 4 3 2** |  |
| **Rabbi Yossi Refson** | **5 4 3 2** |  |

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| **Learning Objectives** | **Check Answer** |
| 1. **Understanding the effect of these disparities in the Charleston community.** |  |
| 1. **Identify the factors leading to disparities in health care.** |  |
| 1. **Recognize examples of successful increased in diversity.** |  |
| 1. **Recognize value of competency skills in relation to providing respectful, culturally humble care.** |  |
| 1. **Recognize the evidence linking positive patient satisfaction and outcomes when addressing a patient’s spiritual needs.** |  |

**Please complete the below information to attest and receive CME credit**

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| --- | --- | --- |
| **I attest to having completed \_\_\_\_\_ hour(s) of this CME Activity (Max 2 hours)** | | |
| **Circle your professional title:** | **MD/DO AHP Other** | |
| **Please sign and complete the attestation below:** | | |
| **Print Name Clearly** | **Signature** | **Print Email Clearly** |
|  |  |  |

**To receive your certificate, please complete this form and return to the CME Office (**[**Kara.Melin@RSFH.com**](mailto:Kara.Melin@RSFH.com)**) by November 12, 2021. You’ll receive a certificate via email. Thank you!**