



EVALUATION FORM

Southern California Chapter 2024 Annual Scientific Meeting January 19-21, 2024 | Santa Barbara, California

TO RECEIVE A CME CERTIFICATE: Please bring this completed form to the registration desk at the end of the meeting or scan and email to socalsurgeons@gmail.com. **Note: The deadline to complete this evaluation and claim credit is March 31, 2024!**

HOURS OF OPERATION: 7:00 am – 4:00 pm January 19-20, 2024 and 7:00 am – 12:00 pm January 21, 2024

| | | | |
|---|--|--|--|
| NAME <i>(PLEASE PRINT)</i> | | ARE YOU A MEMBER OF THE AMERICAN COLLEGE OF SURGEONS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| EMAIL ADDRESS | | ACS MEMBERSHIP ID (required) <i>Credits will not post to your ACS transcript inside the MyCME portal if ID is not provided</i> | |
| NUMBER OF YEARS IN PRACTICE (OPTIONAL) | | STATE(S) YOU ARE LICENSED | |

AMA PRA Category 1 Credits™

The American College of Surgeons designates this live activity for a maximum of **19** AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Of the AMA PRA Category 1 Credits™ listed above, a maximum of **9.50** credits meets the requirements for Self-Assessment.

**The content of this activity may meet certain mandates of regulatory bodies. Please note that ACS has not and does not verify the content for such mandates with any regulatory body. Individual physicians are responsible for verifying the content satisfies such requirements.*

Learning Objectives:

This program is designed for practicing surgeons involved in the care of patients. It's meant to provide an update regarding treatment in general and subspecialty surgical practice and to provide a means for surgical students and researchers to report their research results.

At the end of this program, physicians will be able to:

- Assess the latest research and be able to incorporate changes to strategies to improve patient care.
- Discuss and debate latest developments and improvements in surgical practice and be able to determine appropriate applications.
- Describe the most up to date research on alternative surgical approaches to common treatment practices and apply as appropriate.

As a participant of this educational activity, I am claiming _____ hours of CME Credit.

This activity has an optional Self-Assessment Component. In order to earn Self-Assessment Credit, you must pass the post-test with a score of 75% or higher. The deadline to complete the Self-Assessment quizzes is February 1, 2024.

***NOTE: 15 MINUTES OF SESSION ATTENDANCE = 0.25 AMA PRA CATEGORY 1 CREDITS™**

☑ Please check the appropriate box.

| | EXCELLENT | VERY GOOD | GOOD | FAIR | POOR |
|---|------------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Overall, how would you rate this educational activity? | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| | STRONGLY AGREE | AGREE | NEUTRAL | DISAGREE | STRONGLY DISAGREE |
| 2. Program topics and content met the stated objectives. | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 3. Content was relevant to my educational needs. | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 4. Educational format was conducive to learning. | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 5. This activity has improved my competence. | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 6. This activity will improve my performance. | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 7. This activity will enhance my communication skills. | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 8. This activity will improve patient outcomes. | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 9. This activity will improve processes of care and/or healthcare system performance. | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 10. Program was free of commercial bias. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

If "no", please explain instances of commercial bias:

11. How could this educational activity be enhanced?

12. List a minimum of two things you are going to change as a result of what you have learned.

1. _____

2. _____

13. Describe the barriers anticipated when implementing the above changes.

14. Do you have any suggestions for future topics?

15. Additional Comments