University of Florida Continuing Medical Education University of Florida, Department of Psychiatry
FRC on Wednesdays: Addiction Medicine Conference

EVALUATION FORM Section #8290 WEB ONLY

Program: "Neurobehavioral Dysfunction in Early Abstinence and the Recovery Process"
Date: September 13, 2017
Speaker: Sara Jo Nixon, PhD

Your comments are very important to us!
Please complete this evaluation so that we may provide more quality programs in the future.

The therapeutic recommendations presented in this activity did not encourage inappropriate or excessive use of products/devices. **Agree Disagree**

The information presented in this activity did not serve to advance a proprietary interest of any commercial entity.
Agree Disagree

Expected Clinical Outcomes

1. Will information gained from this program result in enhancing optimal patient care? **Yes No**
2. If yes, please list change(s) you intend to make in your practice as a result of this program.

3. Please rate your confidence in implementing these changes.
☐ **High confidence** ☐ **Moderate confidence** ☐ **Low/No confidence** ☐ **N/A**

4. Please identify any barriers you perceive in implementing these changes (select all that apply).
☐ **Cost**
☐ **Lack of time to assess/counsel patients**
☐ **Lack of administrative support/resources**
☐ **Insurance/reimbursement issues**
☐ **Patient compliance issues**
☐ **Lack of consensus of professional guidelines**

5. How will you address these barriers to implement changes in knowledge and behavior?

Basic Program Evaluation

5 =
7. The material was presented at an appropriate level. 5 4 3 2 1
7. I have gained knowledge that will improve patient care. 5 4 3 2 1
8. The program met my expectations in accomplishing the stated educational objectives. 5 4 3 2 1
9. Your overall rating of the quality of the education offered at this program. 5 4 3 2 1

10. Additional Comments/Explanations:

11. How can this program be improved? (Please list both strengths and weaknesses.

12. Based on your educational needs, please provide us with suggestions for future program topics and formats:

Thank you for your feedback!

Updated 9/5/17 This form MUST be completed and return by 5pm the day of the presentation to:Attn: Debra Krawczykiewicz debra@ufl.edu or 352-265-7983 (fax)