

**Review of Data Feedback Session: Evaluation  
Example Site X INSERT DATE**

Degree \_\_\_\_\_ Specialty \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ (Optional)  
\_\_\_\_\_

**1. How would you rate this educational activity overall?**

(5 = excellent, 1 = poor, please circle one)

5 4 3 2 1

**2. In your opinion, did you perceive any commercial bias in any of the presentations?**

- Yes If yes, please explain:  
 No

**3. Do you feel each of the following objectives was met?**

• Review data from Stage A of QI Initiative	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A
• Identify preliminary areas for improvement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A
• Discuss reasons for gaps in practice identified through data pull	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A

**4. Do you feel that the information presented at this activity was based on the best evidence available?**

- Yes If no, please explain:  
 No

**Evaluation of Data Pull Process**

**5. Please rate the usefulness of the data review:**

5 4 3 2 1  
Very Not  
Useful Useful



6. Did you have a problem with any of the data presented?

Yes If yes, please explain:

No

7. Do you believe your individual data was an accurate representation of your adolescent *patient population*?

Yes If NO, please explain:

No

8. Do you believe your individual data is an accurate representation of your *performance*?

Yes If NO, please explain:

No

9. Do you think that all measures chosen for the project are important?

Yes If NO, please explain:

No

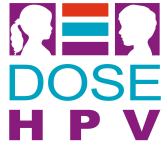
10. What do you believe is the goal of this project?

11. Do you feel this project will meet this goal?

Yes If NO, please explain:

No

12. Based on the presentation, what area do you think needs the most improvement?



14. Please suggest topics for future activities.

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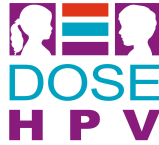
15. Which of the following competency areas do you feel have been improved as a result of this activity? (Mark all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Patient Care      | <input type="checkbox"/> Professionalism      | <input type="checkbox"/> Practice Based Learning |
| <input type="checkbox"/> Medical Knowledge | <input type="checkbox"/> System Base Practice | <input type="checkbox"/> Communication Skills    |

**General Comments:**

Thank you.

Please return the completed evaluation form at the conclusion of the session.



**Adolescent Vaccines Performance Improvement Initiative: HPV 101  
Site X INSERT DATE**

Please return the completed evaluation form to the registration desk at the conclusion of the program. Thank you.

Name (optional) \_\_\_\_\_ Degree \_\_\_\_\_ Specialty \_\_\_\_\_

**1. How would you rate this educational activity overall?**

(5 = excellent, 1 = poor, please circle one)

5      4      3      2      1

**2. In your opinion, did you perceive any commercial bias in any of the presentations?**

- Yes    If yes, please explain:  
 No

**3. Do you plan on making any changes in your practice as a result of this activity?**

- Yes    If yes, please explain:  
 No

**4. Do you feel each of the following objectives was met?**

• Describe the morbidity of HPV disease	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A
• Review vaccine safety and effectiveness data	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A
• Review the effective communication techniques for discussing HPV vaccination with parents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A

**5. Do you feel that the information presented was based on the best evidence available?**

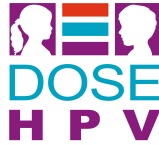
- Yes    If no, please explain:  
 No

**6. Which of the following competency areas do you feel have been improved as a result of this activity? (Check all that apply)**

- Patient Care                       Professionalism                       Practice Based Learning  
 Medical Knowledge               System Base Practice               Communication Skills

**7. In what topics would you like to receive further education?**

**General Comments:**



## Adolescent Vaccines Performance Improvement Initiative: Motivational Interviewing Site X INSERT DATE

Please return the completed evaluation form to the registration desk at the conclusion of the program. Thank you.

Name (optional) \_\_\_\_\_ Degree \_\_\_\_\_ Specialty \_\_\_\_\_

**1. How would you rate this educational activity overall?**

(5 = excellent, 1 = poor, please circle one)

5      4      3      2      1

**2. In your opinion, did you perceive any commercial bias in any of the presentations?**

- Yes    If yes, please explain:  
 No

**3. Do you plan on making any changes in your practice as a result of this activity?**

- Yes    If yes, please explain:  
 No

**4. Do you feel each of the following objectives was met?**

• Describe Motivational Interviewing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A
• Review Principles of the Motivational Interviewing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A
• Review Essential Skills for Motivational Interviewing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A

**5. Do you feel that the information presented was based on the best evidence available?**

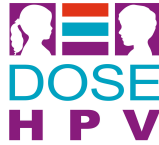
- Yes    If no, please explain:  
 No

**6. Which of the following competency areas do you feel have been improved as a result of this activity? (Check all that apply)**

- Patient Care                       Professionalism                       Practice Based Learning  
 Medical Knowledge               System Base Practice               Communication Skills

**7. In what topics would you like to receive further education?**

**General Comments:**



## Adolescent Vaccines Performance Improvement Initiative: Creating Your Action Plan

Please return the completed evaluation form to the registration desk at the conclusion of the program. Thank you.

Name (Optional) \_\_\_\_\_ Degree \_\_\_\_\_ Specialty \_\_\_\_\_

**1. How would you rate this educational activity overall?**

(5 = excellent, 1 = poor, please circle one)

5      4      3      2      1

**2. In your opinion, did you perceive any commercial bias in any of the presentations?**

- Yes    If yes, please explain:  
 No

**3. Do you plan on making any changes in your practice as a result of this activity?**

- Yes    If yes, please explain:  
 No

**4. Do you feel each of the following objectives was met?**

• Review HPV data & recommendations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A
• Recognize common provider and patient/parental barriers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A
• Discuss practice opportunities for improvement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A
• Identify strategies to start 'testing' changes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A
• Complete Action Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A

**5. Do you feel that the information presented was based on the best evidence available?**

- Yes    If no, please explain:  
 No

**6. Which of the following competency areas do you feel have been improved as a result of this activity? (Check all that apply)**

- Patient Care                       Professionalism                       Practice Based Learning  
 Medical Knowledge                       System Base Practice                       Communication Skills

**7. Please suggest topics for future activities or educational sessions in this program.**

**General Comments:**