

## Sample Regularly Scheduled Series (RSS) Evaluation Form

*The following is just one example of an approach providers might take for evaluating a regularly scheduled series. In addition to identifying self reported changes in practice and barriers preventing physicians from making intended changes, physician learners are invited to reflect on intended and actual changes that might result from their participation in a regularly scheduled series. As part of the final overall assessment of the series, the learner is also requested to identify healthcare problems or concerns seen in practice that should be address during the next RSS.*

THE MEDICAL SOCIETY OF VIRGINIA INTRASTATE ACCREDITATION COMMITTEE IS OFFERING THIS DOCUMENT AS ONE EXAMPLE OF HOW A PROVIDER MIGHT ASSESS CHANGES IN PRACTICE AS A RESULT OF A REGULARLY SCHEDULED SERIES. USE OF THIS FORM DOES NOT GUARANTEE COMPLIANCE WITH ACCREDITATION REQUIREMENTS. *PROVIDERS MAY ADAPT THE DOCUMENT TO THEIR INDIVIDUAL CME PROGRAM.*

### SAMPLE SINGLE SESSION EVALUATION FORM

<b>Name:</b>	<b>Session Date:</b>
<b>Regularly Scheduled Series:</b>	<b>Session Title:</b>
<p><b>As a result of your participation in today's session, do you intend to make any changes in your practice?</b></p> <p style="text-align: center;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No         </p>	
<p><b>If yes, please describe one or two changes you plan to make:</b></p>  	
<p><b>Did you detect any bias toward any product or services?</b></p> <p style="text-align: center;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No         </p>	
<p><b>If yes, please explain:</b></p>  	
<p><b>Please provide any other comments or suggestions that might help us improve the (name of) regularly scheduled session:</b></p>   	

