Required Evaluation Questions for all AAP CME Activities

1. Were the individual learning objectives of this CME activity achieved?  □ Yes  □ No

2. Based on what you learned in this activity, do you plan to change:
   a. The *strategies you implement* in practice (e.g., how you diagnose/manage patients, coordinate care, etc.)?  □ Yes  □ No
   b. *What you do* in practice (e.g., how you perform exams, instruct, counsel patients/families, etc.)?  □ Yes  □ No

3. If YES to either of the above questions, please identify any changes in practice that you plan to make: ___

4. If NO and you do not plan to make changes in practice, other than lack of time and resources, why not? (select all that apply)
   - Systems-related barriers - please describe: ___ (open text box)
   - The activity reinforced what I am already doing in practice
   - No practice changes were recommended
   - Changes were not appropriate options for my practice
   - Other - please describe: ___ (open text box)

5. Do you feel a commercial product, device, or service was inappropriately promoted in the educational content?  □ No  □ Yes - If yes, please comment: _______

   Note to activity managers: For comparable results, Question #5 should only be asked with a 7 point Likert scale. If evaluation systems cannot accommodate a 7 point Likert scale, this question should not be asked, until feasible.

6. On a scale of 1 to 7, what was the return on your investment of time/effort for participating in this activity?

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<th>Low Return</th>
<th>Medium Return</th>
<th>High Return</th>
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   Note to activity managers: If you are awarding NAPNAP credit for this activity you must collect and report the number of NAPNAP members by asking the below question to participants during the reg or eval process (you do not have to ask this question twice).

7. Are you a member of NAPNAP (National Association of Pediatric Nurse Practitioners)?  □ Yes  □ No

   Note to activity managers: If you plan to share attendee contact info with external sources you must first secure learner consent during the reg or eval process then ensure you only share the contact info of those who consented. One way to do this is by adding the below question to your eval form (speak to your accreditation specialist as there are alternative options to achieve this).

8. Your contact information (name, address, phone, and/or email) may be shared with exhibitors, advertisers, financial/in-kind supporters, and/or others external parties for promotional purposes. You may **opt-in/opt-out** of having information used for purposes either directly or indirectly related to this activity by checking this box ☐.
Optional Questions

While the questions above are required in all AAP CME activity evaluations, CME planners are encouraged to ask additional questions related to the activity’s format to help assess learning and effectiveness. Other optional questions are listed below.

1. Please rate the value of the inclusion of MOC points for participating in this activity.
   - Not at All Valuable
   - Somewhat
   - Neutral
   - Valuable
   - Highly Valuable
   1                             2                            3                                  4                             5

2. This MOC activity is relevant to my current practice. □ Yes □ No
   If yes, please explain why: __________

3. Has what you learned in this activity increased your confidence in evaluating patients? □ Yes □ No

4. Would you recommend this activity to a colleague based on its impact on your practice/patient care? □ Yes □ No
   Comments: ________________________(open text box)

5. On a scale of 1 to 7, what is the likelihood that what you learned in this activity will result in improvement in your patients’ health status?
   - Highly Unlikely
   - Highly Likely
   1                            2                   3                  4                    5                      6                     7

6. Does participating in this CME activity give you any idea or opportunity to conduct a QI project? ______ (open text box)

7. Will you use the information you learned in this activity to enhance any of the following:
   - Team-based care
   - Interprofessional work
   - Community partnerships
   - Follow-up With Learners About Practice Changes

CME activity planners are encouraged to follow-up with learners 6 weeks to 6 months after the activity occurs to assess if change was made in practice, using the following questions:

1. Did you make the practice change you indicated you would? □ Yes □ No

2. If yes, please describe the impact of your change on patient care: ______ (open text box)

3. Other than lack of time and resources, please indicate any/all barriers you encountered when making this change in practice.
   - Systems-related
   - Patient is not complying with change
   - Still in process
   - Forgot, but appreciate the reminder
   - Patient/case related to my change has not presented yet
   - Other ____________

4. How did you resolve the barrier(s) you encountered? __________

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