

**CME Activity
 OUTCOME SUMMARY FORM**

At the end of the activity or series, complete this summary and return to the CME Office with the final paperwork.

| | | |
|--|-------------------------------------|-------------------------------------|
| UW CME Activity number | | |
| Title of the Activity | | |
| Date of Activity/Series | | |
| Indicate the number of individual instances a learner participated in your activity | Number of Physicians (MD/DO) | Number of All Other Learners |
| | | |
| Number of sessions | | |

| The following is based on participant evaluations, input from faculty, staff and yourself. | Agree | Neutral | Disagree |
|--|--------------|----------------|-----------------|
| The intended objectives of the CME activity were met | | | |
| The desired results or expected outcomes were achieved | | | |
| The content had an impact on the learner to bring about changes in knowledge /competence, performance in practice and/or patient care. | | | |
| What were the major strengths and weaknesses of this activity? | | | |
| Would you make any changes in future CME activities based on feedback from this activity? | | | |
| Please use this space to provide a general summary of the activity. | | | |