



**Enduring Material: "Can You See Me?"- Human Trafficking**  
**Creagh Boulger, M.D.**

**PARTICIPANT REQUIREMENTS: (PLEASE READ)**

IN ORDER TO OBTAIN CME CREDIT, PARTICIPANTS MUST

1. Listen/Watch the conference recording
2. View the Activity PowerPoint/materials provided.
3. Complete this CME Activity Evaluation in its entirety.
4. Return the completed evaluation/posttest form to Justine Minard, CME Coordinator at [JMinard@lmhealth.org](mailto:JMinard@lmhealth.org) or print and fax to (220) 564-4012 or print and internal mail to Medical Staff office.

**EVALUATION**

- 1. Objectives were met for this activity and this activity has enhanced my overall knowledge or abilities.**

☐ Strongly Agree

☐ Agree

☐ Disagree

☐ Strongly Disagree

- 2. Please rate the projected impact of this activity on your knowledge, competence, performance, and patient outcomes.**

***\*Competence is defined as the ability to apply knowledge, skills and judgement in practice (knowing how to do something)***

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| • This activity increased my knowledge               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • This activity increased my competence              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • This activity increased my performance             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • This activity will improve my patient outcome      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • This activity will improve my communication skills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • This activity addresses practice-based systems     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • This activity addresses system-based practice      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

***Please make sure to complete the evaluation and attestation on the second page.***

If you answer "yes" to any of the items above, please describe: \_\_\_\_\_

- 3. Rate the speaker on knowledge/content of the presentation**

☐ Excellent

☐ Above Average

☐ Average

☐ Below Average

☐ Poor

- 4. Was this activity FREE of commercial bias or influence?** ☐ Yes ☐ No If no, please explain: \_\_\_\_\_

***\*Commercial bias is defined as a personal judgment in favor of specific product or service of a commercial interest.***

- 5. What piece of information did you garner from this presentation and how could you utilize this information in your practice?**

\_\_\_\_\_

\_\_\_\_\_

6. Do you feel this activity was evidence-based? ☐ Yes ☐ No If no, please explain:

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7. Do you plan to make changes to your practice as a result of attending this activity?

☐ Yes (please explain) ☐ No (please explain) ☐ N/A (I do not work with patients)

If yes, please explain with examples. If no, please indicate any perceived barriers to implementing changes.

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Topic Suggestions: \_\_\_\_\_

Comments: \_\_\_\_\_

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**By signing this form**

❖ I attest that I have completed the participant requirements for this CME activity.

Your evaluation of this program and speaker(s) will be used as feedback toward improving our continuing medical education programming. Your name will NOT be shared with the speakers, only your answers and evaluation of the program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Physician ☐ Non-Physician: \_\_\_\_\_

*Thank you for your feedback, it is much appreciated!*