

Quillen ETSU Physicians  
**Meaningful Use Stage 2: What You Need To Know**

**CME/CN ACTIVITY EVALUATION**

In order to receive **1.0 AMA PRA Category 1 Credits™** or **1.0 continuing nursing education contact hour**, please print and complete this form and sign and return it by either fax (423) 433-6060 or scanned email attachment to [ehrmail@qetsu.org](mailto:ehrmail@qetsu.org). **Information obtained from you regarding the impact of the sessions in meeting your learning needs or practice gaps is critical to the development of future educational programs. Please take the time to complete this evaluation form as completely as possible.** Thank you for your valuable feedback.

Course objectives:

- Recognize the core and menu measures for Meaningful Use Stage 2.
- Explain how the measures are calculated.
- Identify where and how the structured data is documented within the EHR.

Were the course objectives met? If not, please clarify below.

Yes                       No

	<u>5 - Excellent</u>	<u>4 - Good</u>	<u>3 - Satisfactory</u>	<u>2 - Poor</u>	<u>1 - N/A</u>
Clarity of Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness of Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How did this presentation enhance your knowledge or skills? Be specific.**

**From what you learned from this activity, on which aspects do you need more information before you feel you properly document in the EHR?**

**Overall Activity Evaluation**

**Please evaluate the following statements based on your experience with this activity. If you “Disagree or Strongly Disagree with a statement, please clarify in the comment box below.**

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
Information presented in this activity helped me to have a better understanding of the topic(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to get answers to my questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The presentations were commercially unbiased and fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The format of the activity was appropriate to the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am better prepared to do my job because I participated in this activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Where did you hear about this CME/CN activity?**

E-mail    Physician or Nursing Colleague    Supervisor or Co-worker    Office Meeting    Other: \_\_\_\_\_

**Declaration of Credit**

**For AMA PRA Category 1 Credit™ or continuing nursing education contact hour, please complete the following:**

A maximum of 1 AMA PRA Category 1 Credit™ or 1.0 continuing nursing education contact hour has been awarded for this activity. I have

- viewed the entire course
- completed the post test and evaluation

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

**Please return a signed copy of this form by fax to (423) 433-6060 Attn: Bridget Garland or by scanned email attachment to [ehrmail@qetsu.org](mailto:ehrmail@qetsu.org).**