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**CME EVALUATION FORM**

**Organization Name:** HHS Office of Minority Health  
**Activity Title:** Assessing Culturally Appropriate Treatment in Communities of Color: Role of Providers to Improve Quality of Care for Opioid Use Disorder webinar  
**Activity Date:** Tuesday, January 28, 2020

**Print Name:** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**1. Please indicate your profession:**  MD  PhD  RN  NP  PA  Resident  Other:

**2. Please rate the following speaker(s):**

Capt. Felicia Collins, MD, MPH	Ineffective	1	2	3	4	5	Effective
Michelle Peavy, PhD	Ineffective	1	2	3	4	5	Effective
Celena McCray, MPH(c)	Ineffective	1	2	3	4	5	Effective
Pierluigi Mancini, PhD	Ineffective	1	2	3	4	5	Effective

**3. Educational/Learning Objective(s):** At the conclusion of this lecture/activity, the participant should be able to:

- Outline an overview of the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards)
- Describe how to use the National CLAS Standards to improve engagement in and quality of Opioid Use Disorder (OUD) treatment
- Discuss culturally and linguistically appropriate OUD treatment approaches/strategies
- Assess resources and opportunities for supporting culturally and linguistically appropriate OUD treatment

**4. How well did this activity meet the above objectives?** Minimally 1 2 3 4 5 Completely

**5. Was the presented information relevant to your (Circle One)**

Clinical practice	N/A	Limited	1	2	3	4	5	Very Beneficial
Research	N/A	Limited	1	2	3	4	5	Very Beneficial
Teaching	N/A	Limited	1	2	3	4	5	Very Beneficial
Administrative duties	N/A	Limited	1	2	3	4	5	Very Beneficial

**6. Do you intend to implement any of the above objectives?**  Yes  No  already  Not implementing

**7. To what degree was the appropriateness of the teaching strategy?** Poor 1 2 3 4 5 Excellent

**8. What is your overall evaluation of the activity?** Poor 1 2 3 4 5 Excellent

**9. What knowledge, competency or skill was learned or improved as a result of this activity?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Patient management/treatment | <input type="checkbox"/> Practice Management | <input type="checkbox"/> Patient communication |
| <input type="checkbox"/> Research                     | <input type="checkbox"/> Teaching            | <input type="checkbox"/> Administrative skill  |
|   |  | <input type="checkbox"/> Other, explain        |

**10. Based on what you have learned in this session, what changes will you make in your clinical practice, research, teaching, or administrative duty?**

**Explain:**

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**11. Do you anticipate that any of these changes will have an ultimate impact on patient/health outcomes?**

Yes     No

**Explain:**

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**12. Knowledge of a particular CME Activity**

Knowledge level:

Before CME Activity             None    Same     High    Very High

After CME Activity             None    Same     High    Very High

**13. Were all presentations fair, balanced and free of commercial bias? If not, please describe nature of bias.**

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**14. Please list suggestions for future topics and/or conferences.**

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**15. Specific comments and/or criticisms.**

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