

Physical Health Association

Seminar Evaluation

Achieving Efficient Practice Operations

May 4 - 5, 2006 ❖ Santa Fe, New Mexico

A. Content, Speaker Delivery and Objective Evaluation

Your input is very important to us in planning future programs. Please rate the speaker delivery and knowledge, and how well the objectives were met by filling in the circle (○) next to the appropriate number, using the following value scale:

5=Very Good; 4=Good; 3=Satisfactory; 2=Fair; 1=Poor

Shade circles like this: ● Not like this: ☒ ⊗ ⊙ ☉ Please use dark pen or pencil. **Thank you.**

Speaker: *Claire R. Sheldon, RN, FACMPE*

- 1) Was effective in her delivery. ○ 5 ○ 4 ○ 3 ○ 2 ○ 1
- 2) Was knowledgeable in her content area. ○ 5 ○ 4 ○ 3 ○ 2 ○ 1

Speaker: *Kathy T. Baker, MS*

- 3) Was effective in her delivery. ○ 5 ○ 4 ○ 3 ○ 2 ○ 1
- 4) Was knowledgeable in her content area. ○ 5 ○ 4 ○ 3 ○ 2 ○ 1

Objectives: After attending this program, you will be able to:

- 5) Discover efficient techniques in patient scheduling; ○ 5 ○ 4 ○ 3 ○ 2 ○ 1
- 6) Determine how to maximize facility and provider resources; ○ 5 ○ 4 ○ 3 ○ 2 ○ 1
- 7) Improve access and patient flow in the practice; ○ 5 ○ 4 ○ 3 ○ 2 ○ 1
- 8) Evaluate methods and tools for effective patient communication and satisfaction; ○ 5 ○ 4 ○ 3 ○ 2 ○ 1
- 9) Identify key performance indicators to benchmark operations; ○ 5 ○ 4 ○ 3 ○ 2 ○ 1
- 10) Use technology to meet the new consumer expectations; ○ 5 ○ 4 ○ 3 ○ 2 ○ 1
- 11) Address workflow efficiency through process improvement; and ○ 5 ○ 4 ○ 3 ○ 2 ○ 1
- 12) Create an action plan. ○ 5 ○ 4 ○ 3 ○ 2 ○ 1

Comments on content/speaker(s):

B. Educational Seminar Attendance:

- 1) Have you attended previous PHA seminars? Yes No
- 2) What was the **primary** reason for choosing to attend this seminar? **(Mark only one)**
- Program Content Program Location Size of Meeting Networking
- Other - please list _____
- 3) How did you hear about this seminar? **(Mark only one)**
- Brochure Fax Website e-mail PHA Magazine Word of Mouth/Referral

D. Sponsoring Vendors

- 1) Did you have an opportunity to interact with the sponsoring vendor(s)? Yes No
- If yes, please provide your overall comments about the vendor(s). _____
- _____
- 2) Please describe how useful you found the information provided by the sponsoring vendor(s). _____
- _____
- _____
- 3) Please indicate the type or name of vendor companies you would find valuable as a sponsor of future seminars. _____
- _____
- _____

C. Demographic Information

- 1) What is your group size in full-time equivalent (FTE) physicians? N/A < 6 7 -10
- 11 - 20 21 - 50 51 - 100 101 - 150 151 - 500 >500
- 2) What is your position in your organization?
- Administrator Executive Director/CEO (nonphysician) Assistant Administrator
- Medical Director President/Physician CEO Office Manager
- Other _____



E. Overall Seminar Evaluation

1) The concepts learned in the seminar will be useful in my practice. 5 4 3 2 1

2) The seminar met my expectations. 5 4 3 2 1

3) The objectives achieved the overall purpose of the seminar. 5 4 3 2 1

4) Overall impression of this seminar. 5 4 3 2 1

5) Comments, suggestions, improvements regarding the above: _____

6) Please suggest potential topics and speakers for future educational seminars: _____

7) What content will you use in your practice from this seminar? _____

8) What would you tell your colleagues about this seminar? _____

9) How was your experience with the on-site MGMA staff? _____

10) Additional Comments: _____

Optional

Would we have your permission to use your comments as a testimonial? Yes No

Name: _____

Phone Number: _____

E-mail: _____

