



New
England
Fertility
Society

Meeting Evaluation and Credit Application 2021

1st Quarterly Meeting of the New England Fertility Society

“Delivering Bad News and Preventing Burnout During the Covid-19 Pandemic”

Presented by:

Elizabeth A. Grill, Psy.D

Associate Professor of Psychology, Director of Psychological Services, The Center for Reproductive Medicine, Weill Medical College of Cornell, New York, NY

Tuesday, March 2, 2021 ~ VIRTUAL

You may also send via email to Hannah Lind at hlind@villagepharmacy.com

<p><i>Disclosing bad news is a necessity in reproductive medicine and is one of the most difficult tasks any member of the health care team is asked to manage. Most health care professionals lack the specific training to feel confident delivering bad news to patients which leads to higher stress levels, professional burnout, and fatigue. The need and desire for further training in communication skills, specifically breaking bad news, is well documented by residents, fellows, and program directors. In this webinar, participants will improve communication skills and learn strategies for breaking bad news and reducing burnout.</i></p>	<p>Strongly Agree 5</p>	4	3	2	<p>Strongly Disagree 1</p>	<p>Comments</p>
<p>Overall purpose of this activity related to objectives</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>PLEASE RATE ACHIEVEMENT OF EACH OBJECTIVE REGARDING THIS PROGRAM</p>						
<p>1. Identify the effects of the transmission of bad news on patients and staff.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. Summarize the challenges of communicating bad news.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>3. Identify techniques for breaking bad news.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>PLEASE RATE THE SPEAKER’S TEACHING EXPERTISE:</p>						
<p>1. Is knowledgeable in content area</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. Content is consistent with objectives</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>3. Teaching strategies were appropriate for topic</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>4. Teaching by this presenter was effective</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>PLEASE RATE THE FOLLOWING REGARDING:</p>						
	<p>Excellent 5</p>	<p>Very Good 4</p>	<p>Good 3</p>	<p>Fair 2</p>	<p>Poor 1</p>	<p>Comments</p>
<p>Speaker: Dr. Elizabeth Grill, Psy.D</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Meeting Venue</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>How well did this activity avoid commercial bias and present content that was fair and balanced?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>What is the likelihood you will change the way you practice based on what you learned in this activity?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Overall, how would you rate this activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMERCIAL SUPPORT/VESTED INTEREST

1. Was information about the conflict of interests of the presenter(s) shared with you on the meeting program?
Yes No
2. Was information regarding any commercial support for this program shared with you on the meeting program?
Yes No

1.Are you a NEFS **Member**? . Yes No If **no**, are you interested in becoming an NEFS member? . . Yes No

2.How does this meeting **compare to other NEFS meetings** you have attended? Better Same Worse

3.How does this meeting **compare to other educational meetings** you've attended? Better Same Worse

4.Would you **recommend** this program to a **colleague**? Yes No...If **no**, why not? _____

5.How did you first learn of this program? Email Invitation Website Colleague Other _____

6.Before attending, please rank the top three (3) reasons **why you decided to attend this program**?

- | | |
|--|---|
| _____ Quality of speakers | _____ Chance to interact with speakers |
| _____ Chance to interact with colleagues | _____ Topics |
| _____ Location | _____ Previous experience with New England Fertility Society Meetings |
| _____ Needed credits | _____ Other _____ |

7. Please indicate your **primary profession**:

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Embryologist | <input type="checkbox"/> Scientist | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> LPN/LVN | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> RN | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other: _____ |

8. Please recommend OTHER **local venue locations** for future meetings. _____

9. Please **recommend speakers** you'd like to hear at future meetings. _____

10. We welcome any additional **feedback**, recommendations, suggestions, and any additional comments: _____

CREDIT APPLICATION - March 2, 2021

To receive continuing education credit for this meeting, please provide your name and address in the spaces below. Applications for Credit will be accepted until March 17, 2021. Late applications will NOT be accepted.

Please print clearly as illegible applications will result in a delay.

Name: _____ Title: _____

License #: _____ State of License: _____

Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Please indicate which credit you are requesting by checking the appropriate box below.

..... **Nurses** .sign-in sheet..... **Physicians** .sign-in sheet..... **ABB** .sign-in sheet and ABB Form.....

By signing below, I certify that I participated in: **The 1st Quarterly Meeting of the NEFS, March 2, 2021**

ATTENDANCE: Please fill in the number of actual hours that you attended this activity 1 Hour(s)

Signature: _____

Please Submit Completed Application to: Hannah Lind, RN at hlind@villagepharmacy.com