



New  
England  
Fertility  
Society

# Meeting Evaluation and Credit Application 2022

## 1st Quarterly Meeting of the New England Fertility Society

### Social Media in Reproductive Medicine

Presented by:  
**Natalie Crawford, MD**  
Director of Patient Experience & Education  
Co-founder, Fora Fertility  
Austin, TX  
Tuesday, March 1, 2022  
Virtual Zoom

DESCRIPTION						
<i>Reviewing the utilization of social media in reproductive health, including understanding different platforms, goals and strategies for improvement in patient education, health, and experience. Marketing and patient retention with social platforms reviewed</i>						
	Strongly Agree 5	4	3	2	Strongly Disagree 1	Comments
Overall purpose of this activity related to objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PLEASE RATE ACHIEVEMENT OF EACH OBJECTIVE REGARDING THIS PROGRAM</b>						
• Understand misinformation on social media in reproductive medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Discuss social media platforms and goals						
• Utilize tools for patient outreach and marketing with social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PLEASE RATE THE SPEAKER'S TEACHING EXPERTISE:</b>						
1. Is knowledgeable in content area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Content is consistent with objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Teaching strategies were appropriate for topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Teaching by this presenter was effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PLEASE RATE THE FOLLOWING REGARDING:	Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1	Comments
Speaker: <b>Dr. Natalie Crawford</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ZOOM PLATFORM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How well did this activity avoid commercial bias and present content that was fair and balanced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What is the likelihood you will change the way you practice based on what you learned in this activity?	<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"/>	

**COMMERCIAL SUPPORT/VESTED INTEREST**

- Was information about the conflict of interests of the presenter(s) shared with you on the meeting program?  
Yes No
- Was information regarding any commercial support for this program shared with you on the meeting program? . . . .  
Yes No
- Are you a NEFS Member? . Yes No If no, are you interested in becoming an NEFS member? . . Yes No
- How does this meeting compare to other NEFS meetings you have attended? Better Same Worse
- How does this meeting compare to other educational meetings you've attended? Better Same Worse
- 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:\_\_\_\_\_

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### CREDIT APPLICATION - March 1, 2022 (Nurses only)

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 10, 2022**. 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 - not available       ABB - not available

By signing below, I certify that I participated in: The 1st Quarterly Meeting of the NEFS, March 1, 2022

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