**Instructions: Each participant must complete an evaluation in order to receive a contact hour certificate for this educational activity. Please be as honest and objective as possible.**

**Using the rating scale: 5 = strongly agree through 1 = strongly disagree, please rate the following:**

**Purpose/Goals:** The purpose of this activity is to provide RADE members and other health care providers with the skills needed to understand when and how to appropriately recommend and educate patients on plant based nutrition and effectively manage obesity medically.

**Overall purpose/goal of this activity related to the learning objectives: 5 4 3 2 1**

**Objectives/Learner’s achievement of objectives, as a result of this educational activity, I am able to:**

1. **Understand the historical context of dietary patterns**

**and diabetes prevalence. 5 4 3 2 1**

1. **Describe a mechanism by which plant-based diets**

**improve insulin resistance. 5 4 3 2 1**

1. **Identify the need to anticipate insulin adjustments**

**with dietary changes. 5 4 3 2 1**

**Rate the teaching expertise of:**

**Name: Thomas Campbell II, MD**

**1. Is knowledgeable in content area………………………… 5 4 3 2 1**

**2. Content is consistent with objectives…………………… 5 4 3 2 1**

**3. Teaching strategies were appropriate for topic………… 5 4 3 2 1**

**4. Teaching by this presenter was effective………………… 5 4 3 2 1**

**Objectives/Learner’s achievement of objectives, as a result of this educational activity, I am able to:**

1. **Discuss obesity classification, pathophysiology and**

**prevalence. 5 4 3 2 1**

1. **Understand the pillars of obesity management through**

**discussion of nutrition, physical activity and behavior**

**modification 5 4 3 2 1**

1. **Review medications approved for the management of**

**obesity and identify appropriate patients for use. 5 4 3 2 1**

**Rate the teaching expertise of:**

**Name: Rachel Campbell, MD**

**1. Is knowledgeable in content area………………………… 5 4 3 2 1**

**2. Content is consistent with objectives…………………… 5 4 3 2 1**

**3. Teaching strategies were appropriate for topic………… 5 4 3 2 1**

**4. Teaching by this presenter was effective………………… 5 4 3 2 1**

***What impact do you predict participation in this educational experience will have on your professional***

***development, practice and/or patient outcomes****:* ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***If none: why not?***­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Was there evidence of bias? Yes***\_\_\_\_\_ ***No***\_\_\_\_\_

**Comments:**

**Strengths of this presentation:**

**Areas for improvement:**

**Recommendations for future activities:** \_\_\_\_\_\_