Evaluation: Live Activity No CTC

Live Course No CTC

Avera Education Center, Sioux Falls,
March 1, 2021 8:00:00 AM

Faculty:
Sharon Test, RN

Please complete the following questions and then submit after reviewing your responses. All questions are required. Once you have completed this evaluation you will be able to print your CE certificate.

Participant Demographics: *

- ☐ Physician (MD/DO)
- ☐ RN/LPN
- ☐ Advanced Practice Providers (CNP, CRNA, PA)
- ☐ Pharmacist
- ☐ Student
- ☐ Other, please specify

As a result of attending this activity, I am better able to:

Objective 1 *

○ Strongly Agree	○ Agree	○ Neutral	○ Disagree	○ Strongly Disagree

Objective 2 *

○ Strongly Agree	○ Agree	○ Neutral	○ Disagree	○ Strongly Disagree

As a result of attending this activity:

I intend to apply the knowledge and/or skills I have acquired from this activity to my work when in a team environment. *

○ Strongly Agree	○ Agree	○ Neutral	○ Disagree	○ Strongly Disagree

I am better able to collaborate with a multidisplinary team. *

○ Strongly Agree	○ Agree	○ Neutral	○ Disagree	○ Strongly Disagree

I am better able to communicate with other members of a multidisciplinary team as a result of what I learned in this activity. *

○ Strongly Agree	○ Agree	○ Neutral	○ Disagree	○ Strongly Disagree

I am better able to discuss how teamwork can contribute to continuous and reliable patient care. *

○ Strongly Agree	○ Agree	○ Neutral	○ Disagree	○ Strongly Disagree

Rate the projected impact of this activity on y our knowledge, competence, performance, and patient outcomes: *competence is defined as the ability to apply knowledge, skills, and judgment in practice (knowing how to do something)*

This activity increased my knowledge *

- ○ No change
- ○ No
- ○ Yes (describe below)

This activity increased my competence. *

- ○ No change
- ○ No
- ○ Yes (describe below)

This activity will improve my performance. *

- ○ No change
- ○ No
- ○ Yes (describe below)

This activity will improve my patient outcomes. *

- ○ No Change
- ○ No
- ○ Yes (describe below)

Do you feel the activity was scientifically sound and free of commercial bias or influence? *

- ○ Yes   ○ No

If you answered No above, please explain:

[ ]

Please identify how you will change your practice as a result of attending this activity (select all that apply). *

- ☐ This activity validated my current practice, no changes will be made.
- ☐ Create/revise protocols, policies, and/or procedures.
- ☐ Change the management and/or treatment of my patients.
- ☐ Other, please specify below:

For the content presented, how might the format of this activity be improved (select all that apply)? *

- ☐ Format was appropriate; no changes needed
- ☐ Include more case-based presentations
- ☐ Increase interactivity
- ☐ Add breakouts for subtopics
- ☐ Add a hands-on instructional component
- ☐ Schedule more time for Q and A
- ☐ Other (describe below)

Overall, were the speakers knowledgeable regarding the content? *

- ○ Yes   ○ No

If no, please explain:

[ ]

Overall, were the presentations balanced, objective, and scientifically rigorous? *

- ○ Yes
- ○ No

If no, please explain:

[ ]

How well did this educational offering meet my professional development goals? *

○ 1 (Strongly Disagree)   ○ 2   ○ 3 (Neutral)   ○ 4   ○ 5 (Strongly Agree)

What were your motivational factors for participating in this educational offering? (select all that apply) *

☐ Topic Interest   ☐ Job Requirement
☐ Certfication Renewal Requirements   ☐ Professional Growth
☐ Initial Certification Requirements   ☐ State License Renewal Requirements

Avera values you as an employee and is committed to continue to provide its employees with ongoing professional development opportunities.

On a scale of 1 - 5 Avera's Continuing Education opportunities, like this one, contribute to my continued employment at Avera? *

○ 1 (Strongly Disagree)   ○ 2   ○ 3 (Neutral)   ○ 4   ○ 5 (Strongly Agree)   ○ NA

For future educational activities, please describe any clinical, educational, practice management, or other situations that you find difficult to manage or resolve that you would like to see addressed: *

[   ]

Please provide any comments or feedback of this activity: *

[   ]

⊘   Please review your responses above to make sure all required fields (* indicates required) are completed and there are no error messages before continuing.

🔀 Submit