

**CHI Health Good Samaritan
Education Department
ACTIVITY EVALUATION**

Date: **8-20-2015**

Speaker(s): **Dr. Williams**

*The speakers and planners do not have a significant financial interest or relationship to disclose with any of the products and/or services discussed in the presentation and do not intend to present an unapproved/investigative use of a commercial product/device.

Topic / Title: **Nursing Noon-Ketamine**

- Program Objectives:
1. Describe how Ketamine may be given
 2. Describe clinical indications for use
 3. Describe how Ketamine differs from other sedative agents
 4. Describe who should not receive Ketamine

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Presentation					
Stated educational objectives were met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The speaker(s) demonstrated mastery of the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching methods and presentation skills were effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content and Format					
The content was evidence-based.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation was given without commercial bias or influence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information will improve my ability to treat and manage my patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The material presented is relevant to my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The educational format for this education activity was appropriate for the content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcomes					
<i>Attending this education activity increased/improved my:</i>					
Knowledge of the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence (the ability to apply the knowledge).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance (what is actually done in practice).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient outcomes (patient health status).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This activity will have a positive impact on the quality of patient care and/or patient safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Commercial Support / Disclosure

The provider of the education has disclosed in writing or verbally:

The conflict of interest or lack thereof declared by planners and speaker(s)? Yes No

Commercial support or lack thereof was acknowledged accordingly. Yes No

Name one thing you will change as a result of attending this program:

What barrier do you anticipate in implementing the above change?

- Administrative Policies Insurance Cost Needed Resources Technology Patient Non-Compliance
 Other: (please explain)
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(Over)

My Knowledge and comfort with this information PRIOR to this presentation was at a level	5	4	3	2	1
My knowledge and comfort with this information AFTER this presentation was at a level	5	4	3	2	1

Comments or suggestions:

Suggestions for future topics:
