

**CHI Health Good Samaritan and Creighton University Health Sciences Continuing
Education
ACTIVITY EVALUATION**

Date: **September 3, 2015**

Speaker(s): **Gabe Kowalek, Kearney Police Department**

**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: **Current Drug Trends**

- Program Objectives:
1. Discuss the impact illegal drugs have on our community
 2. Identify current "drugs of choice" and the effects they have on the user

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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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

Attending this education activity increased/improved my:

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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commercial support or lack thereof was acknowledged accordingly.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)

(Over)

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	Very Knowledgeable			Not Knowledgeable		
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:
