CHI Health Good Samaritan
Education Department
ACTIVITY EVALUATION

Date: **9-17-2015**

Speaker(s): Michelle Hansen

*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-Behavioral Health Restraints**

Program Objectives:

1. Recognize when behavioral versus medical restrains are being utilized
2. Identify clinical behavioral changes that indicate the restraint is no longer necessary
3. Recognize documentation needs for behavioral restraints

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

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:

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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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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: ______________________________

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Suggestions for future topics: ______________________________

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