

**The Ohio State University Medical Center
Center for Continuing Medical Education
EVALUATION AND SATISFACTION SURVEY**

Title of Faculty Directed Activity: September 1, 2011 – Medication Safety

September 1, 2011

Participant Name

Unit/Dept - Work Address

Event Date

I AM A:

☐ Actively Practicing Physician

☐ Nurse

☐ Other Healthcare Professional

☐ Retired Physician/Health Professional

☐ Other

1. Please indicate whether the objectives were met:

Objectives	Objective Met	
	Yes	No
Define and demonstrate the steps of Medication Reconciliation for the Physician, Nurse and Pharmacist		
Define and demonstrate the new medication bar coding system and the Inpatient EPIC Module		
Define and demonstrate real time online pharmacy resources for prescribers and nurses (formulary, OARRS, drug shortage information, policies / references, patient education materials)		

Write in the box below the number that best reflects each evaluation statement. Please use the following scale:
5 = Strongly Agree . . . 4 = Agree . . . 3 = Neutral . . . 2 = Disagree . . . 1 = Strongly Disagree

EVALUATION STATEMENT	Susan Moffatt-Bruce, MD, PhD	Robert Weber, PharmD
1. The faculty's expertise facilitated my learning.		
2. The faculty demonstrated respect for my needs (questions/opinions) as a learner.		
3. The objectives were related to the purpose/goals		
4. The faculty's teaching methods (slides, handouts, videos, etc.) were effective.		

2. Purpose or goal of the activity: To identify and learn effective medication safety techniques.

Was the purpose or goal of the activity met? ☐ Yes ☐ No – If no, please comment.

Comment:

Please answer questions on reverse side.

3. As a result of this educational activity, I will make changes to the way I practice medicine/nursing with my patients.

Strongly Disagree

Strongly Agree

1 2 3 4 5 6 7 N/A

4. If you answered with a 5, 6, or 7, please identify the changes you plan to implement in your practice of medicine/nursing as a result of this meeting.

5. In your practice of medicine/nursing, what questions do you have to which you are not getting answers? What patient problems or challenges do you feel you are unable to address?

6. Why do you think you are unable to address the patient problem/challenges that you listed above?

7. Using the answers to the questions above, please make suggestions for future meetings. What are your personal educational needs?

8. Was there any evidence of commercial bias or influence in the content of the program? ☐ Yes ☐ No

9. Please rate your overall satisfaction with this educational activity?

Extremely Dissatisfied

Extremely Satisfied

1 2 3 4 5 6 7

10. Based on the definition of "bias" shown below, did you perceive bias in this educational activity?

"Bias" is defined as: Preferential influence that causes a distortion of opinion or of facts. Commercial bias may occur when an educational activity promotes one or more products (drugs, devices, services, software, hardware, etc.).

☐ Yes – If yes, please comment. ☐ No

Additional Comments:

Please return to registration desk or send to Sarah Lamson, 130 Doan or fax to 293-4989.
Thank you.