

Yale New Haven Hospital Approved Provider Unit Program Evaluation

The planning committee would like your opinion and comments on this educational activity. This will assist in planning future educational activities. Please complete the evaluation form below by clicking on the responses, then save the form to your computer and email the completed evaluation to sselzer@lutinemanagement.com.

Educational Activity Title: PEM RN ECHO – Ensuring Community Hospital Nurses are Ready for Children
Session Title: Child Physical Abuse
Program Date: 4/21/21

QUALITY OF INSTRUCTION *(if multiple presenters, evaluate the following for each speaker/presenter individually)*

Please check the following criteria when rating the following speaker: Gunjan Tiyyagura, MD, MHS	Excellent	Good	Fair	Poor
Knowledge of subject				
Organization and clarity of content				
Effectiveness of teaching methods				

LEARNING OUTCOMES *(if multiple outcomes, evaluate the following for each outcome individually)*

As a result of this activity, I was/will be able to: utilize the evidence presented to enhance clinical practice
 Yes No

If **no**, please explain:

Were the presentation(s) free from commercial bias? Yes No

If **no**, please explain:

As a result of this activity, please share at least one action you will take to change your professional practice/ performance:

ADMINISTRATIVE ARRANGEMENTS

Please check the administrative arrangements as satisfactory or unsatisfactory	Satisfactory	Unsatisfactory
Promotional information provided adequate information		
Registration process was efficient		
Scheduling of the activity met my needs		

General comments about the program:

Suggestions for future program topics: