

## Course Evaluation

### PA Chapter American Academy of Pediatrics

**Please Print Legibly and Complete All Information Below**

Name \_\_\_\_\_ Degree \_\_\_\_\_  
 Social Security Number (last 5 digits only): XXX-X \_\_-\_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 I request PA Keys to Professional Development Credit PA Keys Registry ID number \_\_\_\_\_  
 I request Act 48 Credits Professional Personnel ID Number (PPID) \_\_\_\_\_

**Course ID:** 299

**Dates of Activity:** June 3, 2015 and June 10, 2015

**Course Title:** Medication Administration

**Location:** Webinar

		Yes	No			
I am an MD/DO:		O	O			
		Very Low	Low	M o d e r a t e	High	Very High
1.	To what extent were you satisfied with the overall quality of the educational activity?	O	O	O	O	O
2.	To what extent was the content of the program relevant to your practice?	O	O	O	O	O
3.	To what extent will you make a change in your practice as a result of participation in this activity?	O	O	O	O	O
4.	To what extent did the activity present scientifically rigorous, unbiased and balanced information?	O	O	O	O	O
5.	To what extent were the speakers' presentations free of commercial bias?	O	O	O	O	O
6.	As a result of participation in this activity, I am able to meet the caregiver medication administration training requirements from <i>Caring for Our Children: National Health and Safety Performance Standards, 3<sup>rd</sup> Ed.</i> (how will this improve my clinical competence) _____	O	O	O	O	O
7.	As a result of participation in this activity, I am able to identify different types of medication, and why and how medication is given. (how did this increase my knowledge) _____	O	O	O	O	O
8.	As a result of participation in this activity, I am able to improve medication storage, preparation, administration, and documentation procedures. (how will this improve my practice behavior) _____	O	O	O	O	O
9.	As a result of participation in this activity, I am able to recognize and respond to adverse reactions to medication.	O	O	O	O	O
10.	As a result of participation in this activity I am able to develop and implement policies for medication administration.	O	O	O	O	O
11.	Please list any changes in practice that you may make as a result of participation in this activity: _____ _____					