



PROGRAM / INSTRUCTION EVALUATION

PROGRAM TOPIC: Shaken Baby Syndrome (SBS)
DATE: 08/31/2018
INSTRUCTOR: Sheila M. Weeks, MHA, BSN, RN, LNHA
TIME: 12:00pm-1:00pm
LOCATION: Webinar

CCM RN SW

NAME: _____

Instructions: Please circle the most accurate response that reflects your opinion of the Course and/or Instructor.

	Strongly Agree	Agree	Disagree	Strongly Disagree
CONTENT				
1. The content was interesting to me....	4	3	2	1
2. The content extended my knowledge of the topic	4	3	2	1
3. The content was related to my job	4	3	2	1
4. Objectives were consistent with purpose/goals of activity	4	3	2	1
SETTING				
1. The room was conducive to learning	4	3	2	1
2. The learning environment stimulated idea exchange	4	3	2	1
3. Facility was appropriate for the activity	4	3	2	1
FACULTY/PRESENTER EFFECTIVENESS				
1. The presentation was clear and to the point	4	3	2	1
2. The presenter demonstrated mastery of the topic	4	3		
3. The presenter was responsive to participant concerns	4	3	2	1
INSTRUCTIONAL METHODS				
1. The instructional methods illustrated the concepts well	4	3	2	1
2. The handout materials are likely to be used as reference	4	3	2	1
3. The teaching strategies were appropriate for the activity	4	3	2	1
LEARNER ACHIEVEMENT of OBJECTIVES:				
1. Following the participation in this educational activity the learner will be able to define the meaning of Shaken Baby Syndrome.	4	3	2	1
..				
2. Following the participation in this educational activity the learner will be able to identify symptoms of Shaken Baby Syndrome.	4	3	2	1
3. Following the participation in this educational activity learner will be able to Identify prevention strategies to prevent Shaken Baby Syndrome.	4	3	2	1

General Category:

1. How will you apply what you have learned from this course in your practice setting?
2. Any suggestions for future offerings based on knowledge you've gained today?