St. John’s University  
College of Pharmacy and Health Sciences  
PROGRAM EVALUATION FORM  
Completion of this form is required.

Update on Adjuvant Analgesics in Advanced Illness  
October 6, 2016

<table>
<thead>
<tr>
<th>Evaluation Criteria</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Overall program</td>
<td>☐</td>
<td>☐</td>
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<td>2. Program organization and format</td>
<td>☐</td>
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<td>3. Relevance to personal needs</td>
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<td>4. Overall knowledge of topics presented</td>
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<td>5. Overall quality of speakers’ presentation</td>
<td>☐</td>
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<tr>
<td>Dr. Russell K. Portenoy</td>
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<td>6. Value of discussion time</td>
<td>☐</td>
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<td>7. Course materials distributed</td>
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<td>8. Physical facilities</td>
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<td>9. Refreshments</td>
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<td>10. Scheduled date and time</td>
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Additional Comments: _________________________________________________________

________________________________________________________________________

Using the same scale as above, please indicate how well the following program learning objectives were met:

- Discuss the approach to opioid pharmacotherapy in patients with pain that may be treated with adjuvant analgesics.
  
  | ☐ | ☐ | ☐ | ☐ |

- Describe the selection and dosing of first-line antidepressant and anti-epileptic adjuvant analgesics.
  
  | ☐ | ☐ | ☐ | ☐ |

- Identify best practices in the treatment of neuropathic pain and bone pain.
  
  | ☐ | ☐ | ☐ | ☐ |

Did you feel there were any aspects of commercialism?  
No ☐ Yes ☐

If yes, please elaborate (check all that apply):

- Unbalanced view of therapeutic options  
  ☐
- Failure to use generic names  
  ☐
- Use of single brand name versus several brand names  
  ☐
- Illustrative material reflected company product promotion  
  ☐
- Failure to disclose that product recommended for off-label use or still investigational  
  ☐
- Other (please specify): ________________________________
Which aspect of the lecture did you feel was most significant to your needs and why:

Will you make any changes in your practice as a result of the information from this seminar?  
Yes □  No □

If yes, please explain (check all that apply):
☐ Alter my practice performance
☐ Won’t alter my performance, but convinced me I’m doing the right thing
☐ Is relevant to my practice
☐ Will result in better patient outcomes
☐ Other (please specify): ____________________________________________________________

The content covered will improve my following competencies (check all that apply):
☐ Patient care
☐ Medical knowledge
☐ Practice-based learning and improvement
☐ Interpersonal skills
☐ Professionalism
☐ Systems-based practice
☐ Other _____________________________________________________________________

How helpful were the active learning components (case studies, participant discussion, etc.) in achieving the seminar’s objectives?  
Low  Average  High

How would you rate your knowledge level of the subject matter discussed prior to the presentation(s)  
Low  Average  High

How would you rate your knowledge level of the subject matter discussed following the presentation(s)  
Low  Average  High

What future topics would you like to see offered in the area of Pain Management? Other areas?

Thank you for your input.