

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

Use of Methadone in Pain Management
December 1, 2016

	Excellent	Good	Fair	Poor
1. Overall program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Program organization and format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Relevance to personal needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Overall knowledge of topics presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Overall quality of speakers' presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dr. Ebtesam Ahmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Value of discussion time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Course materials distributed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Refreshments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Scheduled date and time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments: _____				

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

- Discuss the basic pharmacology of methadone.
☐ ☐ ☐ ☐
- Discuss the unique properties of methadone
☐ ☐ ☐ ☐
- Develop strategies to reduce the risk of overdose and other serious harms associated with methadone use.
☐ ☐ ☐ ☐

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 _____

	Low		Average		High
How helpful were the active learning components (case- studies, participant discussion, etc.) in achieving the seminar's objectives?	1	2	3	4	5
	Low		Average		High
How would you rate your knowledge level of the subject matter discussed prior to the presentation(s)	1	2	3	4	5
	Low		Average		High
How would you rate your knowledge level of the subject matter discussed following the presentation(s)	1	2	3	4	5

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

Thank you for your input.