

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

Palliative Sedation: Medical, Ethical, and Legal Issues  
January 19, 2017

	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. Pauline Lesage	<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 definitions and indications of palliative sedation
- Recognize the ethical and legal issues related to palliative sedation
- Discuss the pharmacology and implementation criteria for Palliative Sedation Therapy (PST)

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:

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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): \_\_\_\_\_

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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 <b>prior</b> to the presentation(s)	1	2	3	4	5

	Low		Average		High
How would you rate your knowledge level of the subject matter discussed <b>following</b> 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?

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Thank you for your input.