# PROGRAM EVALUATION FORM

Completion of this form is required.

**Palliative Sedation: Medical, Ethical, and Legal Issues**

**January 19, 2017**

<table>
<thead>
<tr>
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<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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<tbody>
<tr>
<td>1. Overall program</td>
<td>□</td>
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<td>2. Program organization and format</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>
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Dr. Pauline Lesage

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<th>Excellent</th>
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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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10. Scheduled date and time | □ | □ | □ | □ |

**Additional Comments:** ____________________________________________

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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:

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
1  2  3  4  5

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

Low  Average  High
1  2  3  4  5

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

Low  Average  High
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.