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

Tube Feedings: Medical and Ethical Perspectives  
March 2, 2017

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<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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<td>1. Overall program</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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<td>Dr. Mona Patel</td>
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<td>6. Value of discussion time</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 clinical indications and contraindications for enteral feeding tube placement, including associated risks, benefits, and burdens
  - [ ] Excellent  [ ] Good  [ ] Fair  [ ] Poor

- Evaluate the evidence-based literature regarding enteral feeding tube placement while dispelling myths and misconceptions
  - [ ] Excellent  [ ] Good  [ ] Fair  [ ] Poor

- Recognize a framework for discussing these difficult treatment choices with patients and families using shared and informed decision making
  - [ ] Excellent  [ ] Good  [ ] Fair  [ ] Poor

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.