ABC Hospital
Department of Anesthesia
Anesthesia Department Inservice Program
Program Evaluation

Each participant is requested to complete this evaluation tool as a way to assess the effectiveness of his/her learning following his/her participation in the conference.

Name: _______________________________ AANA ID#: __________

Date of Journal Club: ____________________________

Topic: __________________________________

Indicate your level of achievement for each learner objective on the rating scale.

Objectives for Journal Club:

1. Discuss and formulate an evaluation of the study including strengths and weaknesses
   Excellent - 1 Good - 2 Adequate - 3 Fair - 4 Poor - 5

2. Assess the study's validity and significance
   Excellent - 1 Good - 2 Adequate - 3 Fair - 4 Poor - 5

3. Evaluate the study's recommendations applicability to clinical practice at your institution
   Excellent - 1 Good - 2 Adequate - 3 Fair - 4 Poor - 5

4. Formulate a continuous quality improvement program to monitor provider and patient outcomes
   Excellent - 1 Good - 2 Adequate - 3 Fair - 4 Poor - 5

Other:

1. The facilitator was effective in presenting the material
   Excellent - 1 Good - 2 Adequate - 3 Fair - 4 Poor - 5

2. The content was related to the objectives
   Excellent - 1 Good - 2 Adequate - 3 Fair - 4 Poor - 5

3. Teaching methods were effective
   Excellent - 1 Good - 2 Adequate - 3 Fair - 4 Poor - 5

4. Physical facilities facilitated learning
   Excellent - 1 Good - 2 Adequate - 3 Fair - 4 Poor - 5

5. My personal learning objectives were met
   Excellent - 1 Good - 2 Adequate - 3 Fair - 4 Poor - 5

6. State one item you learned that will improve your nurse anesthesia practice.

7. State any barriers to implement this change.