

**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:

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|--|---------------|----------|--------------|----------|----------|
| 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. | | | | | |
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7. State any barriers to implement this change.
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SAMPLE