

**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 M&M: _____

Topic: _____

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

Objectives for M&M:

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|--|---------------|----------|--------------|----------|----------|
| 1. Identify medical errors and adverse events including system failures | Excellent - 1 | Good - 2 | Adequate - 3 | Fair - 4 | Poor - 5 |
| 2. Determine how these errors affected patient outcomes | Excellent - 1 | Good - 2 | Adequate - 3 | Fair - 4 | Poor - 5 |
| 3. Develop modifications to behavior and judgment based on evidence and best practices | Excellent - 1 | Good - 2 | Adequate - 3 | Fair - 4 | Poor - 5 |
| 4. Monitor changes in practice to insure negative patient outcomes are avoided | 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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