

American Heart Association ECC Course Evaluation

Circle the course you are evaluating:	BLS	ACLS	PALS
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Date: _____ **Location:** _____ **Name of Course:** _____

The purpose of this program is to increase the knowledge and skills of the course selected above. Please take a moment to complete this evaluation of the course in which you just participated. We want to provide excellent courses, and we value your opinion. Your comments will be used to make ongoing improvement in our program. Thank you.

Are you an RN?	Yes	No
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Based on the information presented in this program please rate your achievement of each objective

	Excellent	Good	Fair	Poor
1. The program met its stated objectives				
2. Overall this course met my expectations				
3. The program content was relevant to my work and extended my knowledge.				
4. There was an adequate supply of equipment that was clean and in good working order.				
5. The method of presentation (ie, large-group discussions, videos, scenarios) enhanced my learning experience.				
6. The audiovisual materials (ie, posters, PowerPoints, slides, case discussions, videos) enhanced the presentation				
7. The program resource materials (ie, textbooks, outlines, handouts) were useful.				
8. Course materials, including the appropriate AHA textbook, were provided to allow adequate preparation time.				
9. The classroom environment was conducive to learning.				
10. There were adequate and appropriate physical facilities for this course.				
11. I would recommend this course to my colleagues.				
12. The program was presented at an appropriate pace conducive to learning.				
13. Instructors presented the material with knowledge and clarity.				
14. Instructors provided adequate and helpful feedback.				

Please rate your Instructor's overall effectiveness:

Instructor and topic	Excellent	Good	Fair	Poor

Were each of the following disclosed prior to the beginning of the activity either in writing or verbally?

Disclosures are listed on the back of this form	Yes	No
Requirements for successful completion of this activity		
Conflicts of Interest		
Commercial support		
Non-endorsement of products		
Off-label use		
Did you, as a participant, notice any bias that was not previously disclosed in this presentation? If "Yes" please describe:		

Please use this space to make any additional comments:

Were there any specific strengths or weakness of the program that you would like to comment on?

Please submit your comments to the instructor at course end, or if you prefer, you can mail this form either directly to the Training Center or the Regional ECC Office (call 1-888-CPR-LINE for the address).

Thank you for your participation!

Disclosures to Participants

Requirements for Successful Completion

To receive credit for this continuing nursing education activity, the participant must:

- Sign In
- Be present for the entire activity
- Complete and submit the activity evaluation form at the end of the class

Once successful completion is verified, a "Certificate of Successful Completion" will be awarded for the appropriate number of contact hours.

Conflicts of Interest

A conflict of interest occurs when a individual has an opportunity to affect or impact educational content with which he or she may have a commercial interest of financial relationship. All workshop planning committee members & presenters are required to disclose any potential or actual conflicts of interest with any commercial entity that may have an interest in this presentation's educational content. The planning committee members and the presenter would like to disclose that they are all employees of St. David's HealthCare.

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Commercial Support

This educational activity does not receive any commercial support.

Non-Endorsement of Products

St. David's Institute for Learning's accreditation status refers to the continuing education activity only and does not imply either St. David's Institute for Learning, TNA, or ANCC's real or implied endorsement of any product, service, or company displayed at or referred to at this educational activity nor of any company

Off-Label Product Use

This educational activity does not include any information about off-label use of a product for a purpose other than that for which it is approved by the U.S. Food & Drug Administration (FDA).

Reporting of Perceived Bias

The American Nurses Credentialing Center (ANCC) is interested in the opinions & perceptions of attendees at accredited continuing nursing education activities, especially in the presence of actual or perceived bias in continuing education. Therefore, ANCC invites attendees to access their "ANCC Accreditation Feedback Line" to report any noted bias or conflict of interest in the educational activity; any concerns, complaints, or opinions; any great experiences; any unpleasant experiences, or your thoughts on the process. The toll free number is 1-866-262-9730.