

EVALUATION FORM

| SPEAKER/TOPIC EVALUATIONS | | | | | |
|---|---|---|---|---|---------|
| 1. TOPIC/SPEAKER: | | PALLIATIVE SEDATION THERAPY - BLAIR HENRY | | | |
| THIS TOPIC/ACTIVITY: | | COMMENTS | | | |
| 1. Was relevant to my practice : | 1 | 2 | 3 | 4 | 5 _____ |
| 2. Achieved its stated educational objectives | 1 | 2 | 3 | 4 | 5 _____ |
| 3. Will impact my practice: | 1 | 2 | 3 | 4 | 5 _____ |
| 4. Content was unbiased: | 1 | 2 | 3 | 4 | 5 _____ |
| 5. Allowed sufficient time for discussion: | 1 | 2 | 3 | 4 | 5 _____ |
| THIS SPEAKER: | | COMMENTS | | | |
| 1. Presented information clearly and effectively: | 1 | 2 | 3 | 4 | 5 _____ |
| 2. Achieved its stated educational objectives: | 1 | 2 | 3 | 4 | 5 _____ |
| 3. Was unbiased: | 1 | 2 | 3 | 4 | 5 _____ |
| An Important message to remember: _____ | | | | | |
| A forseen change in my practice: _____ | | | | | |
| 2. TOPIC/SPEAKER: | | DIGNITY THERAPY - ANDRE MOOLMAN, KAREN FISHER | | | |
| THIS TOPIC/ACTIVITY: | | COMMENTS | | | |
| 1. Was relevant to my practice : | 1 | 2 | 3 | 4 | 5 _____ |
| 2. Achieved its stated educational objectives | 1 | 2 | 3 | 4 | 5 _____ |
| 3. Will impact my practice: | 1 | 2 | 3 | 4 | 5 _____ |
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| ADDITIONAL COMMENTS: | | | | | |
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