

Learner/ Participant Evaluation of Continuing Nursing Education Activity

Name of Applicant Organization	Nebraska Dept. of Health and Human Services, School and Child Health Program
Full address	301 Centennial Mall South Lincoln NE 68508-5026
Title of contact hour activity Activity Number	Back to School Health Update, 2011
Location of activity	Bryan LGH West Medical Center, 2300 S. 16 th St. Lincoln NE Bryan LGH , and participating locations of the Nebraska Statewide Telehealth Network
Date of activity	August 10, 2011

(✓ yes or no)

	Yes	No	N/A
1. Did the speaker(s) demonstrate effective teaching strategies?			
➤ Lori Howell, RN, BSN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Kathy Karsting, RN, MPH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the overall activity purpose/goal met?			
This presentation addresses four current topics in school health in Nebraska: immunization requirements, food allergy management, head injuries at school, and school health screening. Speakers will bring the audience the most current available information, and useful resources, on each topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you the learner, NOT the presenter, achieve each of the following objectives?			
1. Discuss new developments in immunization requirements for Nebraska school entry, and ACIP recommendations for the school population (Howell).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Describe developments in school health screening in Nebraska (Karsting).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Identify new developments in food allergy management at school (Karsting).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Discuss new legislation and resources related to concussion awareness and response at school (Tucker).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a scale of 0 = no knowledge to 5 = expert knowledge rate the following:			
4. At what level would you rate your knowledge of this subject before this conference? Write number here ➤			
5. At what level would you rate your knowledge of this subject after this conference? Write number here ➤			

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6. As a result of attending this activity will your competency in the following areas be enhanced?	✓ yes	✓ no	✓ N/A
Providing patient-centered care			
Working in interdisciplinary teams			
Employing evidence based practice			
Applying quality improvement			
Utilizing informatics			
7. Was this activity free of commercial bias? Yes <input type="checkbox"/> No <input type="checkbox"/> If No explain:			
8. Suggestions for future educational activities/ speakers: Use back to share suggestions			

ADDITIONAL COMMENTS YOU WOULD LIKE TO MAKE:

TELEHEALTH SYSTEM EVALUATION:

Please name the location where you are attending this telehealth session:

How many are present at your location today?

1. **The use of the telehealth system was conducive to my learning.**
5 4 3 2 1 N/A
2. **The picture quality of this session was satisfactory.**
5 4 3 2 1 N/A
3. **The sound quality of this session was satisfactory.**
5 4 3 2 1 N/A
4. **I am very likely to use the telehealth system again for my professional learning needs.**
5 4 3 2 1 N/A
5. **Please briefly describe the nature of any technical difficulties you experienced today.**

Please submit this evaluation to Kathy Karsting to receive your certificate of successful completion.