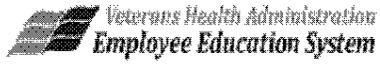




5718



PROGRAM EVALUATION

COURSE NUMBER: 12.LB.CG.PREGNANCYSAT.A

ACTIVITY TITLE: VA/DOD - INTEGRATING THE CLINICAL PRACTICE FOR PREGNANCY IN PRIMARY

Program Contact SHEILA MATHEWSON

Contact Email SHEILA.MATHEWSON@VA.GOV

Contact Phone 949-637-3645



PLEASE CIRCLE THE APPROPRIATE RESPONSE CORRESPONDING WITH EACH QUESTION BELOW:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
1. Overall, I was satisfied with this learning activity.	1	2	3	4	5	NA
2. I would recommend this learning activity to others.	1	2	3	4	5	NA
3. The learning activities and/or materials were effective in helping me learn the content.	1	2	3	4	5	NA
4. I learned new knowledge and skills from this learning activity.	1	2	3	4	5	NA
5. The scope of the material was appropriate to my needs.	1	2	3	4	5	NA
6. I found the material in this learning activity to be relevant and up-to-date.	1	2	3	4	5	NA
7. The content was relevant to my job-related needs.	1	2	3	4	5	NA
8. Was the content presented in a manner that was fair and balanced?		Yes	No	NA		
If no, please explain:						
9. Overall, I fully accomplished the learning activity's objectives.	1	2	3	4	5	NA
10. I will be able to apply the knowledge and skills learned to my job.	1	2	3	4	5	NA
11. If you feel you will be successful in applying this learning, please provide a few specific examples of how you will apply it.						
12. This learning activity will help improve my job performance.	1	2	3	4	5	NA
13. My manager and I set expectations for this learning prior to attending this learning activity.	1	2	3	4	5	NA
14. I feel competent to apply the skills/knowledge I developed during the learning activity.	1	2	3	4	5	NA
15. This learning activity aligns with the business priorities and goals identified by my organization.	1	2	3	4	5	NA
16. I obtained information on the learning activity's logistics (i.e., date, location, time) in a timely manner.	1	2	3	4	5	NA
17. If you required any accommodations for a disability your request was addressed respectfully and in a timely manner.	1	2	3	4	5	NA



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Please rate each of the following program objectives.

After attending this learning activity, I have the ability to:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Identify key elements of the VA/DoD Management of Pregnancy Clinical Practice Guideline	<input type="radio"/>				
2. Discuss implications of the VA/DoD Management of Pregnancy Clinical Practice Guideline for the respective DoD and VA populations	<input type="radio"/>				
3. Identify appropriate knowledge-based clinical issues that are unique for the pregnant patient	<input type="radio"/>				
4. Describe how to integrate use of the VA/DoD Management of Pregnancy Clinical Practice Tool Kit in care of pregnant women	<input type="radio"/>				
	<input type="radio"/>				
	<input type="radio"/>				
	<input type="radio"/>				
	<input type="radio"/>				
	<input type="radio"/>				
	<input type="radio"/>				

We would welcome any comments or recommendations.

Thank you for your helpful feedback.



FACULTY EVALUATION

PLEASE CIRCLE THE APPROPRIATE RESPONSE
CORRESPONDING WITH EACH QUESTION BELOW:

M. Bardett Fausett	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	1	2	3	4	5
2. Was knowledgeable about the topic	1	2	3	4	5
3. Engaged participants effectively	1	2	3	4	5

Comments

Susan Farrar Antle	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	1	2	3	4	5
2. Was knowledgeable about the topic	1	2	3	4	5
3. Engaged participants effectively	1	2	3	4	5

Comments

Susan Altenburg	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	1	2	3	4	5
2. Was knowledgeable about the topic	1	2	3	4	5
3. Engaged participants effectively	1	2	3	4	5

Comments

Laurie C. Zephrin	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	1	2	3	4	5
2. Was knowledgeable about the topic	1	2	3	4	5
3. Engaged participants effectively	1	2	3	4	5

Comments