

CINV: Using Evidence-Based Practice to Improve Patient Outcomes

Evaluation Form

CE Activity Numbers and Credit
Medical: 240.028-0806-MI (1.5 contact hours)
Nurses: 240.028-0814-NI (1.4 contact hours)
Pharmacists: 429-000-08-006-H01-P (1.5 contact hours)
Project: 240.028

Submit this form by November 30, 2009
(Mail) Meniscus Educational Institute
18 Elizabeth Street, West Conshohocken, PA 19428-2935
(Fax) 610-834-8856
(Internet) www.meniscus.com/CINV

Name and Address Information (please print clearly)

Print name, credentials

Nurse Nurse Practitioner Clinical Nurse Specialist Physician Pharmacist Other _____

Do you have prescribing privileges? Yes No

Mailing address for statement of credit

City/State/ZIP code

E-mail address*

Telephone (with area code)

Fax (with area code)

Position/Title

*Participants who provide an e-mail address and satisfactorily complete the activity will receive their statement of credit via e-mail.

Evaluation

Strongly Agree Agree Disagree Strongly Disagree

The content presented in this educational initiative:

Has improved my knowledge base	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was relevant to my practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided information that I will use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will enhance patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was timely and accurate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was free from commercial bias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided useful clinical practice tools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*After completing the educational activity,
the learner should become competent to highly competent in:*

• Distinguishing among acute, delayed, and anticipatory CINV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Describing best-practice recommendations for prophylaxis and treatment of CINV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Routinely assessing patients for risk of CINV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Establishing protocols that integrate evidence-based practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
• Developing comprehensive patient care plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rita S. Wickham, PhD, MS, RN, AOCN, was an effective speaker

Harry Raftopoulos, MD, was an effective speaker

What is the most important thing you learned from this activity? (check all that apply)

<input type="radio"/> Current treatment options	<input type="radio"/> Diagnostic strategies	<input type="radio"/> Quality of life issues
<input type="radio"/> Clinical trial information	<input type="radio"/> New treatment options	<input type="radio"/> Supportive care issues
<input type="radio"/> Pharmacoeconomics	<input type="radio"/> Applicability to other populations	<input type="radio"/> Other _____

What questions do you still have regarding this topic? (check all that apply)

<input type="radio"/> Current treatment options	<input type="radio"/> Diagnostic strategies	<input type="radio"/> Quality of life issues	<input type="radio"/> Other _____
<input type="radio"/> Clinical trial information	<input type="radio"/> New treatment options	<input type="radio"/> Supportive care issues	_____
<input type="radio"/> Pharmacoeconomics	<input type="radio"/> Applicability to other populations	<input type="radio"/> None	_____

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Why did you participate in this activity? (check all that apply)

- Amount of CE credit Convenience Format (print, Web, etc)
 Importance of the topic Quality of the faculty Other _____

What professional changes do you anticipate as a result of this activity? (check all that apply)

- Current treatment strategies Enhanced ability to educate colleagues Improved patient education
 Treatment options Diagnostic strategies Improvement in clinical trial enrollment
 Quality of life issues Offering new therapies Other _____

Topics for future activities _____

As part of our continuous quality improvement effort, we conduct postactivity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate if you would be willing to participate in such a survey:

- Yes No

Would you like to join our private mailing list and receive notifications of our newest CE activities through our monthly *Meniscus Educational Institute (MEI) CE Activities Update* e-newsletter? Yes No I've already joined

How did you hear about this educational activity? (please check only one)

- Booth at professional meeting Direct mail (eg, brochure) E-mail announcement
 Hyperlink from another Internet site *MEI CE Activities Update* e-newsletter Professional association
 MEI Web site Other _____

I hereby verify that I participated in this educational activity for _____ minutes, including the evaluation.

Signature _____ Date _____