AANA
American Association of
NURSE ANESTHESIOLOGY

ABC Hospital
Department of Anesthesia
Anesthesia Department Inservice Program
Program Evaluation

Each participant is requested to complete this evaluation tool as a way to assess the effectiveness of his/her learning following his/her participation in the conference.

Name: _____ **AANA ID#:** _____

Date of M&M: _____

Topic: _____

Indicate your level of achievement for each learner objective on the rating scale.

Objectives for M&M:

1. Identify medical errors and adverse events including system failures
   Excellent - 1   Good - 2   Adequate - 3   Fair - 4   Poor - 5

2. Determine how these errors affected patient outcomes
   Excellent - 1   Good - 2   Adequate - 3   Fair - 4   Poor - 5

3. Develop modifications to behavior and judgment based on evidence and best practices
   Excellent - 1   Good - 2   Adequate - 3   Fair - 4   Poor - 5

4. Monitor changes in practice to insure negative patient outcomes are avoided
   Excellent - 1   Good - 2   Adequate - 3   Fair - 4   Poor - 5

Other:

1. The facilitator was effective in presenting the material
   Excellent - 1   Good - 2   Adequate - 3   Fair - 4   Poor - 5

2. The content was related to the objectives
   Excellent - 1   Good - 2   Adequate - 3   Fair - 4   Poor - 5

3. Teaching methods were effective
   Excellent - 1   Good - 2   Adequate - 3   Fair - 4   Poor - 5

4. Physical facilities facilitated learning
   Excellent - 1   Good - 2   Adequate - 3   Fair - 4   Poor - 5

5. My personal learning objectives were met
   Excellent - 1   Good - 2   Adequate - 3   Fair - 4   Poor - 5

6. State one item you learned that will improve your nurse anesthesia practice.

   _____

   _____

7. State any barriers to implement this change.

   _____

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