

MARQUETTE GENERAL HEALTH SYSTEM – EDUCATIONAL SERVICES

CONTINUING EDUCATION EVALUATION

ADHD IN SUBSTANCE ABUSE AND BHS PATIENTS

**** SUCCESSFUL COMPLETION OF THIS ACTIVITY REQUIRES:**

¹ ATTENDANCE AT THE ENTIRE ACTIVITY, ² SIGN IN ON ROSTER, AND ³ COMPLETION OF EVALUATION TOOL **

NAME: _____

Date: November 4, 2009

Title: RN LPN SW M.D. D.O. Dietitian EMS RT CAC

Other _____

OBJECTIVES

Following are the learner objectives for this conference. Please check the box which corresponds to the level you, as a learner, feel you have attained at the conclusion of this conference.

After completing this program I am able to:	Excellent	Good	Satis- factory	Unsatis- factory
1. Attendees will develop an understanding of the characteristics of Attention Deficit/Hyperactivity Disorder (ADHD).				
2. Attendees will develop an understanding of connections between ADHD and Substance Use Disorders (SUD).				
3. Attendees will develop an understanding of potential comorbid complications between ADHD and SUD.				

	Strongly Agree	Agree	Un- decided	Unsatis- Factory
1. The teaching strategies were appropriate				
2. The physical facilities had adequate space				
3. The physical facilities were comfortable				
4. The physical facilities were accessible				
5. There were adequate visual and auditory facilities				
6. The objectives of this program were relevant to the purpose / goal of this program?				

If you attended the presentation via video conference please complete the following:	Strongly Agree	Agree	Un-decided	Unsatisfactory
1. I was able to hear and understand the presenter.				
2. I was able to see the graphs, charts, and documents from the presenter.				
3. I feel that video conferencing this event was an efficient way to obtain my credit hours.				
4. The content provided in this event met my educational needs				

I would have traveled to Marquette for today's event: _____ yes _____ no

OVER

SPEAKER:

Please evaluate each speaker

Michael Reed, M.S./LLP CAC-R, CAAC	Excellent	Good	Satis- factory	Unsatis- Factory
Teaching expertise				
Effective / interesting delivery				
Allowed for and encouraged discussion				

Please indicate the benefit(s) you have gained from attending the program & impact you expect on your practice. Check all that apply.

- New knowledge
- Provider Satisfaction
- Change in practice/performance
- New skills
- Change in attitude/perception
- Practice change to impact quality of Service
- Review only

COMMENTS: _____

RECOMMENDATIONS FOR FUTURE EDUCATIONAL PROGRAMS: _____