



**BRMC  
Evaluation Form  
Independent or Self Study**

|  |                              |
|--|------------------------------|
| <b>Name of Providing Organization:</b> | Bay Regional Medical Center  |
| <b>Title of educational activity:</b>  | Moderate Sedation Self Study |
| <b>Date(s):</b>                        | May 2010-2011                |

Please assist us in evaluating this educational activity and planning future activities by completing this evaluation form.

**Question regarding disclosure of planners' and presenters' conflict of interest(s):**

|  |     |  |    |  |
|--|-----|--|----|--|
| Has the provider of the activity disclosed in writing the absence or presence of conflict of interest or lack thereof declared by the planners and presenters/content specialists? | YES |  | NO |  |
|--|-----|--|----|--|

**Question regarding Content Integrity:**

|   |     |  |    |  |
|---|-----|--|----|--|
| Was the content presented without bias of any commercial product or drug? | Yes |  | No |  |
|---|-----|--|----|--|

**OBJECTIVES**

Please use the following rating scale to evaluate the objectives by circling the corresponding number below.

- To a Great Extent = 4                      To a Moderate Extent = 3  
To a Slight Extent = 2                      Not at All = 1

I have achieved the following objectives as a result of this educational activity:

|                       |   |   |   |
|-----------------------|---|---|---|
| <b>Objective # 1:</b> | Identify the difference between moderate and deep sedation. |   |   |
| 4                     | 3   | 2 | 1 |

|                       |   |   |   |
|-----------------------|---|---|---|
| <b>Objective # 2:</b> | Identify the objective/purpose of moderate/conscious sedation |   |   |
| 4                     | 3   | 2 | 1 |

|                       |   |   |   |
|-----------------------|---|---|---|
| <b>Objective # 3:</b> | Identify the elements required for pre-sedation, intra-procedure, and post-sedation assessment. |   |   |
| 4                     | 3   | 2 | 1 |

|                       |  |   |   |
|-----------------------|--|---|---|
| <b>Objective # 4:</b> | Identify discharge criteria for patients who have received moderate sedation |   |   |
| 4                     | 3  | 2 | 1 |
|                       |  |   |   |

|                       |   |   |   |
|-----------------------|---|---|---|
| <b>Objective # 5:</b> | Discuss common adverse reactions related to specified drugs used in moderate/conscious sedation |   |   |
| 4                     | 3   | 2 | 1 |

|                       |   |   |   |
|-----------------------|---|---|---|
| <b>Objective # 6:</b> | Identify the signs of respiratory depression and airway compromise. |   |   |
| 4                     | 3   | 2 | 1 |

|                       |  |   |   |
|-----------------------|--|---|---|
| <b>Objective # 7:</b> | Articulate the elements of airway management during moderate sedation. |   |   |
| 4                     | 3  | 2 | 1 |

|                       |  |   |   |
|-----------------------|--|---|---|
| <b>Objective # 8:</b> | Identify emergencies arising from moderate/conscious sedation. |   |   |
| 4                     | 3  | 2 | 1 |

Please use this rating scale to evaluate the following by circling the corresponding number below.

Excellent = 4    Fair = 2        Good = 3        Poor = 1

|   |   |   |   |
|---|---|---|---|
| <b>Rate the teaching effectiveness of the learning materials.</b> |   |   |   |
| 4   | 3 | 2 | 1 |

|  |   |   |   |
|--|---|---|---|
| <b>Ease of use of the learning materials</b> |   |   |   |
| 4  | 3 | 2 | 1 |

Write the amount of time in the white area to the right below.

|   |  |
|---|--|
| <b>How long did it take to complete the independent or self study activity?</b> |  |
|---|--|

Additional  
Comments:

**Thank You.**