

## Evaluation Form

Course Sponsor: Smith Seminars

Course Title: Medical Errors

### Part 1: Teaching Effectiveness of the Presenter(s)

Please rate the teaching effectiveness of the presenters using the scale below:

1 = Poor    2 = Fair    3 = Good    4 = Excellent    5 = Superior

Presenters (in program order)	Teaching Effectiveness			
	Organization	Delivery	Content	Audio Visual
<b>Coarse Overview</b> Debra Smith, RRT, RCP				
<b>Medical Errors</b> Debra Smith, RRT, RCP				

### Part 2: Your Achievement of Educational Objectives

Please rate the degree to which you believe you achieved the educational objectives for each module by placing a check mark in the appropriate box corresponding to each:

Objectives for each module	I achieved this activity's educational objectives			
	Strongly Agree	Agree	Disagree	Strongly Disagree
<b>Medical Errors</b> 1. List the definitions, theories, models, and classifications of errors 2. Identify the terminology used in medical errors 3. Factors involved in documentation of medical errors 4. Identify solutions and remedies of medical errors 5. List the types of technical failure causing errors 6. Factors involving litigation of medical errors				

### Part 3: Program Integrity

Indicate your agreement with the following statement by checking the appropriate response:

**The content of this course was presented without bias of any commercial product or drug**

**Strongly Agree** \_\_\_\_ **Agree** \_\_\_\_ **Disagree** \_\_\_\_ **Strongly Disagree** \_\_\_\_

Comment:

Print the Evaluation Form, answer the questions, and fill out personal information.

Submission Method #1 – Fax to us at 972-759-9791

Submission Method #2 - Smith Seminars, PO Box 516, Paradise, TX 76073

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Order Confirmation Number: \_\_\_\_\_

AARC member number \_\_\_\_\_

Licensure State \_\_\_\_\_