

Facility \_\_\_\_\_ Instructor \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_

### ***Participant Evaluation***

Please circle the best response: (e.g. Agree)

1. I can describe common factors associated with adverse drug events.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

2. I can describe best drug prescribing practices for nursing homes and other long term care settings.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

3. I can describe the core and supportive roles of health care professionals, CNAs and family caregivers in medication management.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

4. I can describe a quality improvement approach to preventing, recognizing and managing adverse drug events.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

5. This program will help me in my care of residents/older adults.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

6. This program will help me work better with other staff.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

7. Overall I rate this program:

Poor	Fair	Good	Excellent
1	2	3	4

8. Overall I rate this instructor:

Poor	Fair	Good	Excellent
1	2	3	4

9. This program would be better if: