

EPIC Breastfeeding Education Participant Evaluation

Program Topic: Supporting Breastfeeding in the Hospital

EPIC Program Attendees: Thank you for taking a moment to complete this evaluation form. Your feedback is valuable to the EPIC Breastfeeding Program and assists in development and modification of the EPIC Breastfeeding curriculum.

Date: / /2018 **Location:** **Time:**

Circle One: MD/DO NP PA RN LPN MN MA MT CNM Office Staff Other: _____

1. Objectives were met and consistent with the purpose and goals of activity:

Program Objectives	Strongly Disagree	Disagree	Agree	Strongly Agree
Examine current hospital breastfeeding policies and promote the use of evidence based guidelines.				
Emphasize mother/infant bonding by avoiding separation of mother and baby.				
Define the 10 steps to successful breastfeeding.				

2. Quality Assessment:

	Poor	Average	Good	Excellent
The quality of the material presented was:				
The teaching methods used were:				
Usefulness to practice is:				
Overall the presentation was:				

3. I will recommend this presentation to other health professionals: Yes ___ No ___

4. Assessment of knowledge gained, and usefulness: *Please rate 1 – 5 (5 being the best.)*

A. Knowledge gained from program: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___

B. Program and material usefulness to practice: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___

5. As we develop additional training, would you like more information and education on: *(Check all that apply.)*

- | | |
|--|---|
| <input type="checkbox"/> Alternative Feeding Measures
<input type="checkbox"/> Assisting with Latch-on Techniques
<input type="checkbox"/> Breast milk & Day Care
<input type="checkbox"/> Breast milk Storage & Handling
<input type="checkbox"/> Breastfeeding/Lactation Consults & Coding | <input type="checkbox"/> Breastfeeding & Premature Infants
<input type="checkbox"/> Breastfeeding Positions
<input type="checkbox"/> Breastfeeding Resources
<input type="checkbox"/> Collecting Breastfeeding Data
<input type="checkbox"/> Other: _____ |
|--|---|

Lead Presenter:

	Poor	Average	Good	Excellent
1. Knowledge of subject matter appeared to be:				
2. Response to questions and concerns:				
3. Presentation skills were: <i>(Clarity of information, speech, organization)</i>				

Co-Presenter:

	Poor	Average	Good	Excellent
1. Knowledge of subject matter appeared to be:				
2. Response to questions and concerns:				
3. Presentation skills were: <i>(Clarity of information, speech, organization)</i>				

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The American Academy of Pediatrics – Georgia Chapter designates this live activity for a maximum of 1 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This continuing nursing education activity was approved by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Approval valid through _____.