

EPIC Breastfeeding Education Participant Evaluation

Program Topic: Breastfeeding Fundamentals

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
Describe two risk factors of mothers choosing not to breastfeed.				
Discuss why physicians play a critical role in a woman's decision to breastfeed.				
Demonstrate how to assist with effective breastfeeding techniques.				
Review access to lactation support in the community.				

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 offices:

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:				

(Clarity of information, speech, organization.)

Co-Presenter:

	Poor	Average	Good	Excellent
1. Knowledge of subject matter appeared to be:				
2. Response to questions and concerns:				
3. Presentation skills were:				

(Clarity of information, speech, organization.)

The American Academy of Pediatrics – Georgia Chapter is accredited by the Medical Association of Georgia to provide continuing medical education for physicians.

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 _____.