

EVALUATION RATING SCALE

ACTIVITY TITLE: Perinatal Webinar: “Perinatal Webinar – Maternal Early Warning System – ARCHIVED MODULE” Date: _____

INSTRUCTIONS: Your opinion of this continuing education activity is important in planning future educational activities. Please indicate how you rate the activity in the categories listed below by circling the number which indicates your response to each statement.

1=Strongly Disagree 2=Disagree 3=Undecided 4= Agree 5=Strongly Agree

RELATIONSHIP OF OBJECTIVES TO OVERALL PURPOSE/GOAL(S) OF THE ACTIVITY:

In general, the below listed objectives were reflective of the overall purpose/goal of the activity

Overall Purpose/Goal: Participants will be able to identify characteristics in assessments used in maternal early warning systems (MEWS) and verbalize the benefits to patient outcomes.	1 2 3 4 5
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LEARNER’S ACHIEVEMENT OF OBJECTIVE OF THE CONTINUING EDUCATION ACTIVITY:

Objective 1: At the completion of this activity, the learner should be able to define Early Warning Systems for use in healthcare.	1 2 3 4 5
Objective 2: At the completion of this activity, the learner should be able to describe and verbalize implementation for obstetric related Early Warning Systems, known as MEWS (Maternal Early Warning System)	1 2 3 4 5

TEACHING EFFECTIVENESS OF EACH INDIVIDUAL FACULTY MEMBER/PRESENTER:

Speaker: Michelle Flanagan, RNC-OB, BSN	
The presentation was organized and easy to follow	1 2 3 4 5
The speaker demonstrated knowledge/expertise in the topic	1 2 3 4 5
The content was based on current professional/scientific information	1 2 3 4 5
The speaker clarified content in response to questions	1 2 3 4 5
The presentation level was appropriate for the background and experience of the learner	1 2 3 4 5

Comments:

Suggestions for future topics:

**To receive your Nursing CE’s, please complete & return:
803-434-4309 (fax) or PerinatalSystems@PalmettoHealth.org (e-mail)**

This certifies that I participated in the Perinatal Systems webinar on _____ (Date),
“Perinatal Webinar: EFM Update – Archived Module” Initial: _____

Name: (please print) _____ Date: _____

Email address: _____