



2005 ONS VIRTUAL CONGRESS EVALUATION FORM

END-OF-LIFE ISSUES FOR PATIENTS WITH PRIMARY
OR METASTATIC BRAIN TUMORS

Session Length: 1 hour, 36 minutes
Contact hours: 1.9
Pharmacology hours offered: 5 minutes

How to obtain CE CREDIT:

1. Register and provide payment information
 - a. There is a \$15 processing fee for this program.
 - b. This program is offered for FREE to individuals who paid the FULL registration fee for the 2005 Congress.
2. Complete the session Evaluation including the Impact on Practice Section
3. Return this form to ONS
 - a. Via FAX using attached FAX Cover Sheet to: 412-859-6160
 - b. Or mail it to
Oncology Nursing Society
P.O. Box 3510
Pittsburgh, PA 15230-3510

REGISTRATION INFORMATION

Name: _____

Fax Number: _____

Email Address: _____

Credit Card Type: MasterCard Visa

ONS #:

Credit Card Number: _____

Address: _____

City: _____

Expiration Date: -

State: _____

Name on Card (if different from left):

Zip Code: _____

Telephone Number: _____

To receive CE credit for this virtual session, please listen to and view the entire virtual session. You must submit this evaluation form to receive a CE certification for this program.

Verification of your CE credit will be mailed or e-mailed to you. Certificates will be mailed within six weeks following receipt of your completed and approved evaluation form.

EVALUATION

I verify that I have viewed the entire presentation and completed the evaluation form for it, and have earned the contact hours offered for this presentation.

KEY	1	2	3	4
	Strongly Disagree	Disagree Somewhat	Agree Somewhat	Strongly Agree

Did you achieve the following objectives?

	1	2	3	4
1. State the unique symptoms of end of life for patients with primary or metastatic brain tumors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Explain methods to manage the symptoms at end of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Analyze the difficulty of care giving at end of life for a patient with a primary or metastatic brain tumor compared to a patient without neurological deficits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you rate the teaching effectiveness of the presenter (i.e., quality of presentation, reference to current evidence and application to clinical practice)?

4. Mary Lovely, RN, PhD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Terri Armstrong, MS, APRN, BC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please evaluate other aspects of this program.

6. Virtual recording facilitated my learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I will be able to apply content from this session in my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The presentation was free of commercial bias.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Comments:

10. Suggestions for future online offerings:

IMPACT ON PRACTICE

The ultimate goal of continuing education program is to improve patient care. ONS would like to measure how the information from this session will assist you in enhancing quality cancer care.

Please check all that apply. This program will help me to:

- Enhance patient assessment (e.g. history/physical exam).
- Provide more comprehensive patient education.
- Devise patient specific plan of care.
- Enhance my institution's current policies and procedures and standards of care.
- Integrate new interventions into patient care based upon the most current evidence.
- Provide my colleagues with information to help improve their clinical practice.
- Other, please specify: _____
- ONS would like to contact you in three months to determine if this program did indeed improve some aspect of your patient care. Please check this box to give us your consent to send you a follow-up email survey.

Thanks for your participation in the ONS Education Offering!

Return this form to ONS:

Via FAX using attached FAX Cover Sheet to: 412-859-6160

Or mail it to:
Oncology Nursing Society
P.O. Box 3510
Pittsburgh, PA 15230-3510

Oncology Nursing Society
125 Enterprise Drive

Pittsburgh, PA 15275



Facsimile

Date: _____

TO: Oncology Nursing Society
ECCIT
P.O. Box 3510
PHONE: 1-866-257-4ONS
FAX: 412-859-6160

FROM: _____

PHONE: _____

FAX: _____

RE: Virtual Congress Evaluation:
End-Of-Life Issues For
Patients With Primary
or Metastatic Brain Tumors

PAGES: 4

Comments: