



2005 ONS Virtual Institutes of Learning Evaluation Form

Competent Pain Management for Older Patients With Cancer

Session length: 2 hours, 53 minutes

Contact hours: 3.5

Pharmacology hours offered: 30 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 Institutes of Learning.
2. Complete the session Evaluation including the Impact on Practice Section.
3. Return this form to ONS.
 - a. Via FAX using the attached FAX cover sheet to: 412-859-6160.
 - b. Or mail to:
Oncology Nursing Society
P.O. Box 3510
Pittsburgh, PA 15230-3510

Registration Information

Name: _____ Credentials: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: () - - Fax: () - - ONS#: _____

Email address: _____

Credit card type: MasterCard Visa

Name on card (if different from above): _____

Credit card number: □□□□-□□□□-□□□□ Expiration date: □□-□□

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 to you. Certificates will be mailed within six weeks following receipt of your completed and approved evaluation form.

DEMOGRAPHIC DATA:

1. How many years of oncology nursing experience do you have? _____

2. Are you an ONS member?
a. Yes (If yes, proceed to question 6)
b. No

3. Primary Position (select one)
- | | | |
|------------------------------|-----------------------------------|--------------------------------------|
| a. Academic Educator | f. Director/Assistant Director/VP | k. Pharmaceutical Representative |
| b. Case Manager | g. Genetic Counselor | l. Researcher/Principal Investigator |
| c. Clinical Nurse Specialist | h. Nurse Manager/Coordinator | m. Staff Development |
| d. Consultant | i. Nurse Practitioner | n. Staff Nurse |
| e. Clinical Trials Nurse | j. Patient Educator | o. Other: _____ |

4. Primary Work Setting (select one)

Inpatient:

- | | |
|------------------------------------|-------------------------------------|
| a. Bone Marrow Transplant Unit | d. Medical/Surgical Unit - Oncology |
| b. Intensive Care Unit | e. Oncology specialty unit |
| c. Medical/Surgical Unit – General | f. Other: _____ |

Outpatient:

- | | |
|--------------------------|---------------------|
| a. Home Care | d. Physician Office |
| b. Hospice | e. Radiation |
| c. Hospital-based Clinic | f. Other: _____ |

Other:

- | | |
|---------------------------|----------------------|
| a. Corporate/Industry | d. School of Nursing |
| b. Extended-Care Facility | e. Self-Employed |
| c. HMO/Managed Care | f. Other: _____ |

5. Primary Specialty

- | | |
|----------------------------|-----------------------|
| a. Biotherapy/Chemotherapy | e. Radiation Oncology |
| b. Bone Marrow transplant | f. Surgical Oncology |
| c. Palliative Care | g. Other: _____ |
| d. Prevention/Detection | |

6. What is the percentage of patients you care for who have an oncology diagnosis?

- a. 0% b. 25% c. 50% d. 75% e. 100%

7. What types of cancers/disorders do you work with most frequently?

- | | |
|--|---|
| <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Lung and Bronchus Cancer |
| <input type="checkbox"/> Brain Cancer | <input type="checkbox"/> Melanoma |
| <input type="checkbox"/> Colon and Rectum Cancer | <input type="checkbox"/> Non-Hodgkin's Lymphoma |
| <input type="checkbox"/> Head and Neck Cancers | <input type="checkbox"/> Prostate Cancer |
| <input type="checkbox"/> Hematologic Disorders | <input type="checkbox"/> Urinary Bladder Cancer |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Leukemia | |

8. Do you have prescriptive privileges for? (Circle all that apply)

- | | |
|----------------------|--------------------------|
| a. Oral Medications | d. IV Chemotherapy |
| b. IV Medications | e. Controlled substances |
| c. Oral Chemotherapy | |

EVALUATION QUESTIONS

Please circle the numbers that best describes your evaluation of the following items:

1 = Not at all

2 = Low

3 =Medium

4 = High

9. To what degree did you achieve the following objectives?

Objective 1: Identify the physiologic changes associated with aging and myths about and barriers to pain management in this population.	1	2	3	4
Objective 2: Describe causes of cancer-related pain and comorbidities that contribute to pain in older patients with cancer.	1	2	3	4
Objective 3: Describe assessment of pain in older patients and identify the difficulties of pain assessment in this population.	1	2	3	4
Objective 4: Identify the different components that are needed to assess and evaluate pain management in older adults.	1	2	3	4
Objective 5: Identify methods of pharmacologic pain management and adaptations needed for safe pharmacology in older adults.	1	2	3	4
Objective 6: Identify nonpharmacologic methods of pain management that complement the pharmacologic methods.	1	2	3	4

10. Rate the teaching effectiveness of each speaker (i.e., quality of presentation, reference to current evidence and application to clinical practice):

Speaker 1	Janice Reynolds, RN, BSN, OCN®				
	Presentation delivery	1	2	3	4
	Reference to current evidence and application to practice	1	2	3	4
Speaker 2	Jeannine Brant, RN, MS, AOCN®				
	Presentation delivery	1	2	3	4
	Reference to current evidence and application to practice	1	2	3	4
Speaker 3	Denice Economou, RN, MN, AOCN®				
	Presentation delivery	1	2	3	4
	Reference to current evidence and application to practice	1	2	3	4

13. Was this educational activity free of commercial bias: Yes No
If no, why? _____

14. To what extent do you agree that this program was presented at a level appropriate to you knowledge and experience?

1 2 3 4

15. What is the primary reason you participated in this CE activity?

- a. I need CE credit for licensure d. The speakers are well-known
b. I need CE credit for ONC-PRO e. Other _____
c. The topic is important to me

16. How will you modify your practice as a result of this program? (check all that apply)

- Improve skills for patient counseling
 Improve skills for discussing treatment options with patients
 Enhance ability to discuss treatment options with multi-disciplinary care team
 Enhance ability to educate colleagues
 Improve ability to apply evidence to patient care
 Other _____

17. Which of the following topics do you consider your educational priorities? (Choose up to 3)

Oncology Nursing Society
125 Enterprise Drive

Pittsburgh, PA 15275



Facsimile

Tuesday, November 15, 2005

To: Oncology Nursing Society
ECCIT
P.O. Box 3510

From:

Phone: 1-866-257-4ONS

Phone:

Fax: 412-859-6160

Fax:

RE: Virtual IOL Evaluation: Competent Pain Management for Older Patients With Cancer

Pages: 5 (including cover)

Comments: