

University of Pittsburgh School of Medicine
Center for Continuing Education In the Health Sciences
Formal Course Evaluation
Course Name: Let's Talk – Child Passenger Safety
Course Date: April 19, 2016

PENNSYLVANIA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS

CME/CEU Credits for Teleconferences

Special instructions for filling out and returning the evaluation forms:

1. Be sure to print all information **clearly**.
2. In order to get CME/CEU credit from the University of Pittsburgh, you **MUST** fill in your name, degree, and the last 5 digits of your social security number at the bottom of this page and return with the evaluation form.
3. Please follow the instructions for answering the questions on the evaluation form. Fill in the circle completely. A “✓” or an “x” **will not be recognized by the form scanner at the University of Pittsburgh**. You may use a pen or a pencil.
4. **ALL EVALUATIONS MUST BE RECEIVED NO LATER THAN TWO (2) WEEKS FROM THE DATE OF THE TELECONFERENCE. ANY RECEIVED AFTER THAT TIME WILL NOT BE ELIGIBLE FOR CREDIT.**
5. **Mail completed forms to:**
PA Chapter, American Academy of Pediatrics
Rose Tree Corporate Center II, Suite 3007
1400 N. Providence Rd, Media, PA 19063
Attn: Angela Osterhuber

Thank you.

PLEASE COMPLETE THIS SECTION AND RETURN WITH YOUR EVALUATION FORM

Your Name: _____ Degree: _____

Social Security # (last 5 digits only) as required by the University of Pittsburgh:

XXX- X____ - _____

Practice Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Course Evaluation
PA Chapter American Academy of Pediatrics

Please print clearly.

NAME: _____

Course ID: 299

Date of Activity: April 19, 2016

Course Title: Cribs are for Sleeping, Car Seats are for
 Traveling: Danger in Using Sitting and Carrying
 Devices for Sleeping Infants

Location: Webinar/Teleconference

I am an MD/DO:

Yes

No

**Very
 Low**

Low

Moderate

High

**Very
 High**

- | | | | | | | |
|----|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. | To what extent were you satisfied with the overall quality of the educational activity? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. | To what extent was the content of the program relevant to your practice? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. | To what extent will you make a change in your practice as a result of participation in this activity? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. | To what extent did the activity present scientifically rigorous, unbiased and balanced information? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. | To what extent were the speakers' presentations free of commercial bias? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. | As a result of participation in this activity, I am able to <u>understand the AAP guidelines for safe infant sleep.</u> (how will this improve my clinical competence)

I will _____. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. | As a result of participation in this activity, I am able to <u>describe the hazards of placing infants in unapproved sleep environments.</u> (how did this increase my knowledge)

I will _____. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. | As a result of participation in this activity, I am able to <u>understand the importance and messages to utilize during discussions with parents on safe infant sleep.</u> (how will this improve my practice behavior)

I will _____. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |