Evaluation Form

Contemporary Nephrology Nursing

Chapter 18

Diabetes Management and Implications of Care for Individuals with Diabetic Kidney Disease

Complete the following (please print)

Name: ____________________________
Address: _________________________________________________________________
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Payment: ANNA Member: _____ Yes _____ No  Member #_______________________
☐ Check enclosed  ☐ American Express  ☐ Visa  ☐ MasterCard
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1. I verify I have completed this activity. □ Yes □ No  ____________________________

2. The learning outcome could be achieved using the content provided. □ Yes □ No

3. I am more confident in my abilities since completing this education activity. □ Yes □ No

4. The content was relevant to my practice. □ Yes □ No

5. Commitment to change practice (select one).
☐ I will make a change to my current practice as the result of this education activity.
☐ I am considering a change to my current practice.
☐ This education activity confirms my current practice.
☐ I am not yet convinced that any change in practice is warranted.
☐ I perceive there may be barriers to changing my current practice.

6. What information from this education activity do you plan to implement in practice? What barriers are there to changing your current practice?
__________________________________________________________________________
__________________________________________________________________________

(Circle one)

Strongly Disagree  2  3  4  5  Strongly Agree

7. This was an effective method to learn this content.  1  2  3  4  5

8. This education activity was free of bias, product promotion, and commercial interest influence. □ Yes □ No

9. If no, please explain: __________________________

__________________________________________________________________________

________________________________________
SIGNATURE

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This article was reviewed and formatted for contact hour credit by Sandra M. Bodin, MA, RN, CNN, Contemporary Nephrology Nursing editor, and Sally S. Russell, MN, CMSRN, Director of Education Services, American Nephrology Nurses Association.

Statement of Disclosure

The authors reported no actual or potential conflict of interest in relation to this continuing nursing education activity.

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