CURRENT TRENDS IN PAIN MANAGEMENT

HCP28

PROGRAM GUIDE FOR PROFESSIONAL NURSES

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Title of Educational Activity
CURRENT TRENDS IN PAIN MANAGEMENT
Contact Hours 3

The presenter for our programs are the script writers who write the program guide and the script for the programs.

The facilitator/subscriber/purchaser of our program can also be considered the presenter as he/she directs the class and the participants through the guide and the video. The distribution of handouts, glossary of terms, taking of the pretest/post test and discussion of correct answers takes about 30 minutes. Each part of the video has a pre-test/post-test to be distributed, completed and discussed. The discussion questions take approximately 15-20 minutes to discuss adequately. Questions are provided for each part of the video. There is a Case Study, or final test for RN’s only that takes approximately 20 minutes to complete and discuss.
### OUTLINE OF COURSE CONTENT

#### CONTINUING EDUCATION

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Content (Topics)</th>
<th>Time Frame</th>
<th>Faculty</th>
<th>Teaching Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>List objectives in Operational and Behavioral terms</td>
<td>List each topic area covered and provide a description or outline of the content to be presented</td>
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<td>Describe the teaching method (s) used for teaching</td>
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<tr>
<td><strong>Part I</strong></td>
<td><strong>1.</strong> Define what pain is and the difference between acute and chronic pain.</td>
<td><strong>Part I</strong></td>
<td>25 minutes for video presentation.</td>
<td><strong>Part I</strong></td>
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<td>10 – 15 minutes for discussion of glossary of terms (use as hand-out at the beginning of program)</td>
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<td><strong>Part I</strong></td>
<td>Pre-test and Post-test</td>
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<td><strong>15-20 minutes discussion questions.</strong></td>
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<td><strong>15-20 min for pre-test and post-test.</strong></td>
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<td><strong>2.</strong> Discuss pain management standards.</td>
<td><strong>Review of the guidelines established by JCAHO, AHCPR (Agency for Healthcare Research and Quality) and the American Pain Society.</strong></td>
<td><strong>Director of Education (NEVCO)</strong></td>
<td><strong>Part I</strong></td>
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<td><strong>3.</strong> Explain the physiology involved in the transmission of pain.</td>
<td><strong>Detailed explanation with visuals of the pain pathways including:</strong>&lt;br&gt;a. the role of the brain&lt;br&gt;b. the spinal column&lt;br&gt;c. the role of the muscles&lt;br&gt;d. nerve conduction&lt;br&gt;e. neurotransmitters&lt;br&gt;f. autonomic responses**</td>
<td><strong>15-20 minutes discussion questions.</strong></td>
<td><strong>Part I</strong></td>
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<td><strong>4.</strong> Describe the two types of pain: nociceptive and neuropathic pain.</td>
<td><strong>Detailed explanation of nociceptive (sensory type pain) and neuropathic pain (dysfunction of nervous system)</strong></td>
<td><strong>15-20 min for pre-test and post-test.</strong></td>
<td><strong>Part I</strong></td>
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## OUTLINE OF COURSE CONTENT
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<td>Part I 5. Discuss the normal responses to pain</td>
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<td>Explanation of how pain effects the individual from a biological, psychological, social and spiritual aspect.</td>
<td>On site facilitator</td>
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<td>Interview with Pharmacist to emphasize key points throughout video presentation.</td>
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<td>Part 2 6. Identify the various approaches to non-pharmacological interventions for pain management, (stress management, therapeutic massage, PT/OT, TENS, etc.)</td>
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<td>Review of how to assess pain systematically with involvement from both the patient and family. Review the 3 approaches to managing pain: a) modify source b) interfere with pain transmission c) alter pain perception</td>
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<td>Detailed explanation of the Pharmacologic management, preferred routes of administration and the risks and benefits of the various types of meds used.</td>
<td>On site Facilitator</td>
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<td>Interview with Pharmacist</td>
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<td>7. Explain the various types of medications used in pain management: narcotics, potentiators and adjuvant drugs</td>
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<td>Same time frames Apply to Part 2</td>
<td>7 questions review test, extra for RN and LPN participants to meet ANCC guidelines</td>
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7 questions review test, extra for RN and LPN participants to meet ANCC guidelines.
PROGRAM DESCRIPTION

Before the nurse can manage a patient’s pain, he or she must have a good knowledge of just what pain is. In part one of this program, acute and chronic pain will be defined, as well as the pain pathways. The participants will also learn how to recognize the different types of pain and normal responses to pain. In part two of this program the key principles of pain management will be described, as well as the types of non-pharmacological interventions. The final segment of the program will deal with the various types of medications and their role in pain management. Video running time: 50 minutes (3 contact hours), includes learning guide.

OBJECTIVES

1. Define what pain is and the differences between acute and chronic pain.
2. Discuss pain management standards.
3. Explain the physiology involved in the transmission of pain.
4. Describe the two types of pain: nociceptive pain and neuropathic pain.
5. Discuss the normal responses to pain, which include: biological, psychological, social and spiritual.
6. Identify the various approaches to non-pharmacological interventions for pain management.
7. Explain the various types of medications, including narcotics, potentiators and adjuvant drugs and their role in effective pain management.
Please copy and hand out to all program participants at the beginning of the program.

**Acupuncture** - the piercing of specific body sites with needles to produce pain relief.

**Addiction (psychological dependence)** - pattern of compulsive drug use characterized by a continued craving for an opioid and the need to use the opioid for effects other than pain relief.

**Adjuvant analgesic drug** - a drug that is not a primary analgesic but that research has shown to have independent or addictive analgesic properties.

**AHCPR** - Agency for Health Care Policy and Research is presently known as Agency for Healthcare Research and Quality (AHRQ); this agency establishes federal guidelines which direct clinical practice in all areas of healthcare.

**Allodynia** - condition in which a normally non-painful stimuli will evoke a painful response, such as the light touch of fabric on the skin.

**Anxiolytic** - medication used to reduce anxiety, agitation or tension.

**Behavioral techniques** - a coping strategy in which patients are taught to monitor and evaluate their own behavior and to modify their reactions to pain.

**Biofeedback** - a process in which a person learns to influence reliably physiologic responses to two kinds: those that are not ordinarily under voluntary control or those that are easily regulated but for which regulation has broken down because of trauma or disease.

**Breakthrough pain** - intermittent exacerbations of pain that can occur spontaneously or in relation to specific activity.

**Deafferentation pain** - pain due to loss of sensory input into the central nervous system, as occurs with tearing or separation of the brachial plexus or other types of lesions of peripheral nerves or because of pathology of the central nervous system.

**Distraction** - the cognitive strategy of focusing attention on stimuli other than pain or negative emotions that accompany pain.
Lancinating - pain characterized by piercing or stabbing sensations.

Myofascial pain - a large group of muscle disorders characterized by the presence of hypersensitive points, called trigger points, within one or more muscles and/or the investing connective tissue together with a syndrome of pain, muscle spasm, tenderness, stiffness, limitation of motion, weakness and occasionally autonomic dysfunction.

Neurolytic block - the injection of a chemical agent to cause destruction and consequent prolonged interruption of peripheral, somatic or sympathetic nerves, or in some cases, the neuroaxis.

Neuropathic pain - pain that results from a disturbance of function or pathologic change in a nerve; in one nerve (mononeuropathy), in several nerves (mononeuropathy multiplex), and if diffuse and bilateral (polyneuropathy).

Nociceptive - the process of pain transmission, usually relating to a receptive neuron (located in the skin, muscle, viscera and connective tissue) for painful sensations.

NSAID - aspirin-like drug that reduces inflammation (and hence pain) arising from injured tissue.

Pain - an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

Palliative therapy - a procedure such as chemotherapy, radiation therapy or surgery that is performed to relieve or ease pain.

PCA or Patient Controlled Analgesia - self-administration of analgesics by a patient instructed in doing so; usually refers to self-dosing with intravenous opioid, such as morphine, administered by means of a programmable pump.

Physical dependence - physiologic adaptation of the body to the presence of opioid is required to maintain the same level of analgesia.

Physical modalities - therapeutic interventions that use physical methods, such as heat, cold, massage or exercise to relieve pain.
GLOSSARY OF KEY TERMS (Continued)

Progressive muscle relaxation - a cognitive-behavioral strategy in which muscles are alternately tensed and then relaxed in a systematic fashion.

Pseudoaddiction - pattern of drug-seeking behavior of pain patients receiving inadequate pain management that can be mistaken for addiction.

Psychological dependence (addiction) - pattern of compulsive drug use characterized by a continued craving for an opioid and the need to use the opioid for effects other than pain relief.

Psychosocial intervention - a therapeutic intervention that uses cognitive, cognitive-behavioral, behavioral and supportive interventions to relieve pain; these include patient education, interventions aimed at aiding relaxation, psychotherapy and structured or peer support.

Relaxation - a state of relative freedom from both anxiety and skeletal muscle tension.

Self-statement - involves instructing patients to substitute positive thoughts for such negative ones as “I can’t stand this!” or “How much longer will this go on?”

Suffering - a state of severe distress associated with events that threaten the intactness of the person.

Tolerance - a common physiologic result of chronic opioid use; it means that a larger dose of opioid is required to maintain the same level of analgesia.

TENS or Transcutaneous Electric Nerve Stimulation - a method of producing electroanalgesia through electrodes applied to the skin.
Pain is defined as an unpleasant physical and emotional experience.

As a nurse you have an ethical obligation to do everything within the scope of nursing practice to provide relief of pain.

The American Pain Society advocates the assessment of pain as being the “fifth vital sign.”

Pain is a physical and emotional experience, because the same area in the brain responsible for registering pain also registers emotion.

The lack of pain expression, most likely means that the individual is not experiencing any pain.

When you have a cut or tissue injury, the release of prostaglandin triggers the pain response.

An example of severe neuropathic pain is post-herpetic neuralgia.

Neuropathic pain generally responds well to NSAIDS or nonsteroidal anti-inflammatory drugs.

The most important factor in pain assessment is the patient’s report of his or her pain.

The Wong-Baker FACES pain rating scale is only effective for children.
DISCUSSION QUESTIONS

PART 1

1. Do you know what the latest standards from the JCAHO are in regards to patients’ rights when it comes to managing pain?

2. List some objective signs and symptoms of pain.

3. If your patient is fearful or too stoic to express their type of pain, how do you elicit a good response and pain assessment level from this individual?

4. Have you ever experienced severe pain? Describe the pain in detail, how it was relieved and how you felt when the management of this pain was in the hands of your caregivers.
CURRENT TRENDS IN PAIN MANAGEMENT
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POST TEST - PART 1

1. Pain is defined as:
   a. a physical and emotional experience
   b. whatever the person says it is, existing whenever the person says it does
   c. an immobilizing force interfering with social function, family relationships sleep, work, appetite and psychological well-being
   d. all of the above

2. Some common signs and symptoms of acute pain may include:
   a. a drop in blood pressure and pulse
   b. facial grimacing, guarding, and shallow breathing
   c. an increased sed rate
   d. muscle weakness and dysphagia

3. Chronic pain:
   a. has no biologic function
   b. is pain that persists beyond the usual course of an acute disease, or a reasonable amount of time for the wound to heal
   c. usually involves both nociceptive and neuropathic pain pathways
   d. all of the above

4. The most reliable rating of pain intensity is:
   a. blood pressure
   b. pulse rate
   c. guarding
   d. whatever the patient says it is

5. When choosing the best options available for pain management always consider:
   a. doing a complete physical assessment
   b. psychosocial issues
   c. spiritual needs
   d. all of the above

6. Non-pharmacological treatment for pain can include:
   a. massage
   b. application of ice or heat
   c. use of humor or distraction
   d. all of the above
7. Neuropathic pain is associated with a dysfunction of the nervous system, if this dysfunction occurs in the periphery it is termed:
   a. central pain
   b. peripheral neuropathy
   c. mononeuropathy
   d. herpetic pain

8. Neuropathic pain is:
   a. an intense, burning, shooting pain
   b. a sharp, localized pain from injury to an organ
   c. usually responsive to narcotics
   d. usually acute pain

9. When considering pain management, JCAHO encourages the healthcare provider to consider:
   a. patient’s learning abilities and needs
   b. patient preferences
   c. the treatment is part of managing pain
   d. all of the above

10. The Wong-Baker FACES pain rating scale is:
    a. effective only for children
    b. useful with the elderly and those who can’t verbalize
    c. not effective to use for pain assessment
    d. not a part of the patient record
PRE-TEST - PART 2

Circle T for true and F for false with the following questions

1. In the assessment and treatment of pain, it is best to choose the pain control options that are appropriate for both the patient and the family.

2. Encouraging individuals to vent feelings and emotions can sometimes be beneficial in modifying the source of pain.

3. Physical measures such as a back rub or heat application should not be used for pain relief.

4. IM injections are more effective in relieving pain than oral medications.

5. Narcotics should be given only on a PRN basis for severe chronic pain.

6. Morphine should be carefully increased because of its limited pain control.

7. Demerol or Meperidine should be the drug of choice for prolonged pain.

8. The most common side effect of opioid treatment is constipation.

9. Severe pain should be considered an emergency.

10. Every patient/resident assessment should include pain assessment.
DISCUSSION QUESTIONS

PART 2

1. What does pain management and comfort measures mean to you?

2. When you are assessing pain, what questions do you ask of your patient and/or family member? (detail your most comprehensive pain assessment criteria)

3. Discuss some side effects of opioid treatment for pain control.

4. Discuss some of the most common medications used for mild to severe pain control or management.
1. The best approach to manage pain should include:
   a. correct the abnormality that causes the pain
   b. interfere with the pain transmission
   c. try to alter the transmission of pain
   d. all of the above

2. Which of the following would be a simple or basic measure to relieve pain?
   a. NSAIDS every four hours
   b. repositioning to restore blood flow
   c. using a very low dose narcotic
   d. consulting the MD on a daily AM basis

3. The most effective route of pain medication administration would be:
   a. intramuscular (IM) injections
   b. oral or PO route
   c. subcutaneous/SC injection
   d. all routes are equally effective, if dosed appropriately

4. If you follow the World Health Organization’s Ladder approach to pain management, you would begin with:
   a. a non-opioid such as an NSAID
   b. a newer, non-opioid, longer acting agent such as Celebrex or Vioxx
   c. a & b
   d. a only

5. If using NSAIDS or acetaminophens for pain control, it is best to know about and avoid their toxicity which include:
   a. liver failure
   b. gastric bleeding
   c. renal failure
   d. all of the above
6. The drug of choice for chronic, severe pain should be:
   a. NSAID
   b. Morphine
   c. Dilaudid
   d. Demerol

7. The most common side effect of opioid treatment is:
   a. dehydration
   b. constipation
   c. addiction
   d. loss of appetite

8. Narcotics should only be given:
   a. PRN
   b. around the clock
   c. to control severe pain
   d. all of the above

9. Which of the following statement is true regarding the use of Morphine for pain relief:
   a. with repeated doses, tolerance to respiratory depression develops quickly
   b. respiratory depression may occur in elderly or debilitated patients with COPD
   c. Morphine relaxes the smooth muscle of the main stem bronchus, making breathing easier
   d. All of the above

10. The use of antidepressants with pain management is:
    a. useful in the management of neuropathic-type pain because it alters neurochemicals such as serotonin
    b. never recommended as part of pain management
    c. only useful if the patient is near death
    d. never considered an appropriate adjuvant drug
**PRE-TEST - PART 1**

1. T
2. T
3. T
4. T
5. F
6. F
7. T
8. F
9. T
10. F

**POST-TEST - PART 1**

1. D
2. B
3. D
4. D
5. D
6. D
7. B
8. A
9. D
10. B

**PRE-TEST - PART 2**

1. T
2. T
3. F
4. F
5. F
6. F
7. F
8. T
9. T
10. T

**POST-TEST - PART 2**

1. D
2. B
3. D
4. C
5. D
6. B
7. B
8. D
9. D
10. A
Extra Questions that *MUST* be completed by *ALL RN’s* attending the program to comply with ANCC guidelines.

1. In the year 2001, list all the vital signs that will be included in your shift assessment:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

2. Briefly explain how pain is a protective mechanism associated with autonomic or automatic responses from the body.______________________________________
_______________________________________________________________________
_______________________________________________________________________
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3. Why do adjuvant medications such as Tylenol or NSAIDS add to the effectiveness of a narcotic such as Percocet or Darvocet?________________________________
_______________________________________________________________________
_______________________________________________________________________

4. List four non-pharmacologic approaches to pain management._________________
_______________________________________________________________________
_______________________________________________________________________

5. Explain the World Health Organization’s Ladder approach to pain management.
_______________________________________________________________________
_______________________________________________________________________

6. What is the most common side effect of opioid use? And what can be done about it?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

7. Why is Demerol or Meperidine not recommended for the treatment of pain?
_______________________________________________________________________
JULIE PITTS, RN, is a Master’s prepared Oncology Certified Nurse (ONC) with twenty-five years experience in cancer nursing and chronic pain management. Julie received her Diploma from Good Samaritan Hospital School of Nursing in Cincinnati, Ohio in 1975 and worked on the Oncology Unit at Good Samaritan Hospital in Dayton, Ohio from 1975-1990. Julie completed her B.S.N., graduating Summa Cum Laude in 1991, from Andrews University and worked in Radiation Therapy at Good Samaritan until 1993. Completing her Masters of Science in a Clinical Nurse Specialist program at Wright State University she worked as a Clinical Oncology Research Nurse and Case Manager at the Hipple Cancer Research Center until 1994. She has worked with the NCH Healthcare System in Naples, Florida in a variety of departments, including clinical nurse specialist for the in-patient oncology program and the out-patient infusion center, clinical educator, Pain Management Institute, International Spine Institute, Community Home Services, and the Briggs Health Resource Center. Julie currently researches, develops and leads seminars for the lay community and for medical professionals as a Community Educator with Naples Community Hospital, Naples, Florida. She is on the Board of Directors of the American Cancer Society in Collier County and on the Board of Directors of the National Ovarian Cancer coalition.

NEVCO® video educational programs are prepared using specific criteria designed by National Educational Video, Inc.™ All educational programs are coordinated and reviewed under the direction of the NEVCO® Director of Education, who is a master's prepared nurse.
REFERENCES


Please evaluate this program by circling the number that best represents how well this program met the following objectives:

<table>
<thead>
<tr>
<th>Objective</th>
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<th>3=Good</th>
<th>2=Average</th>
<th>1=Poor</th>
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<td>8. Developer of program met intended goal and objectives of this program.</td>
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<td>9. All objectives of this program have met the appropriate learning strategies.</td>
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Do you feel you met your personal objectives?  __________

COMMENTS:  __________________________________________

Return this form to the facilitator who distributed the learning materials.  Thank you.
REQUEST FOR CERTIFICATES FOR CONTACT HOURS

**TYPE** the NAMES, LICENSE NUMBERS AND JOB TITLES (RN, LPN, MSW, CNA, PT, etc.) of the people who are to be issued a certificate for contact hours for attending the continuing education program:

(Facility Name)

(Title and Number of Video Program)

This request must be submitted along with the **completed roster** and **evaluation sheets** for the above named program.

<table>
<thead>
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<th>NAME</th>
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FACILITATOR’S EVALUATION  
(NEVCO® Video Education Program)

Must be completed by the facilitator

EVALUATION OBJECTIVES:

(1) To assess extent to which the program was appropriate, adequate and effective.  
(2) To identify, continue to develop and evaluate effective quality assurance activities.

Title of Program ________________________________________________________ Date _______________________
Place of Employment _________________________________________________Job Title _______________________

Please evaluate the presentation by circling the number that best describes your rating.  
4 – Excellent  3 – Good  2 – Average  1 – Poor

ORGANIZATION OF COURSE

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<thead>
<tr>
<th>Description</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Material was organized to facilitate learning</td>
<td>4 3 2 1</td>
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<tr>
<td>The amount of material covered was adequate and accurate</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>There was effective use of time to cover the subject</td>
<td>4 3 2 1</td>
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</table>

CONTENT OF THE FACILITATOR’S GUIDE

List total number of objectives in this facilitator’s guide _____________________

List by number the objectives that were met ___________________________________

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td>The test material reflected the objectives listed</td>
<td>4 3 2 1</td>
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<tr>
<td>Content can be used to improve nursing practice</td>
<td>4 3 2 1</td>
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<tr>
<td>Content reflected knowledge level and needs of learner</td>
<td>4 3 2 1</td>
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<tr>
<td>The material was current</td>
<td>4 3 2 1</td>
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Evaluate Test Questions

<table>
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<th>Test Type</th>
<th>Rating</th>
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<td>Pre-Test</td>
<td>4 3 2 1</td>
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<tr>
<td>Discussion Questions</td>
<td>4 3 2 1</td>
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<tr>
<td>Post-Test</td>
<td>4 3 2 1</td>
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FACULTY PRESENTING (Video)

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<tr>
<td>The presentation was</td>
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<tr>
<td>The presenter explained the material</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>The presenter demonstrated knowledge of material</td>
<td>4 3 2 1</td>
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</table>

OVERALL RATING

<table>
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<tr>
<th>Description</th>
<th>Rating</th>
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<tr>
<td>I felt this teaching method was</td>
<td>4 3 2 1</td>
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</table>

COMMENTS – (Please make suggestions for future topics and additional comments about the presentation or instructor)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Thank you for your time in completing this evaluation! We appreciate your comments and suggestions. The NEVCO® Educational Staff  
©1995 Revised 10/2004
EVALUATION
(NEVCO® Video Education Program)

Must be completed by every participant

EVALUATION OBJECTIVES:

1. To assess extent to which the program was appropriate, adequate and effective.
2. To identify, continue to develop and evaluate effective quality assurance activities.

Title of Program ___________________________________________ Date _______________________

Place of Employment ___________________________________________ Job Title _______________________

OBJECTIVES

Total number of objectives in program _________

Circle the number of objectives that WERE met 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Circle the number of objectives that were NOT met 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Please evaluate the presentation by circling the number that best describes your rating.

4 – Excellent 3 – Good 2 – Average 1 – Poor

ORGANIZATION OF COURSE

Material was organized to facilitate learning 4 3 2 1
The amount of material covered was adequate and accurate 4 3 2 1

CONTENT OF THE PRESENTATION

The test material reflected the objectives listed 4 3 2 1
Content and/or skills demonstrated can improve my ability to perform my job 4 3 2 1
Content reflected knowledge level and needs of learner 4 3 2 1
The material was current 4 3 2 1
Time for questions was 4 3 2 1
Effective use of time to cover subject was 4 3 2 1
Graphics were beneficial 4 3 2 1

NEVCO® FACULTY (who prepared the program and/or appeared in interviews)

The presentation was well prepared 4 3 2 1
The presentation explained the material well 4 3 2 1
The presenter demonstrated knowledge of material 4 3 2 1

OVERALL RATING

I felt this teaching method was 4 3 2 1
Facilities and classroom were adequate 4 3 2 1

COMMENTS – (Please make suggestions for future topics, content of program and instructors)

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Thank you for your time in completing this evaluation! We appreciate your comments and suggestions. The NEVCO® Educational Staff
©1995 Revised 10/2004
CONTINUING EDUCATION ROSTER
This form must be completed and returned to NEVCO®.
Keep a copy for your facility, but return the original to NEVCO®.

PRINT OR TYPE
Account # ____________________________________
Number and title of Video Program ___________________________________________
Dates Given ______________________________________________________________
Contact Hours _____________________________________________________________
Name of Facility __________________________________________________________
Address of Facility ________________________________________________________
City/State/Zip ____________________________________________________________
RN Facilitator ___________________Signature _________________________________

ROSTER OF PARTICIPANTS

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Participant Signature</th>
<th>License #</th>
<th>Soc. Sec. #</th>
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This activity provided by National Educational Video Inc. is approved as a provider of continuing education in nursing by Alabama State Nurses Association, which is accredited as an approver of continuing education in nursing by The American Nurses Credentialing Center's Commission on Accreditation.
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Certificate of Completion

This is to certify that

______________________________________________________________
Attended and Completed

______________________________________________________________
National Educational Video, Inc.™ Program Number and Title

For _____________ contact hours

On ____________________

Date

______________________________________________________________
Facility / Agency Name

______________________________________________________________
Facility / Agency Address

______________________________________________________________
RN / Facilitator

CERTIFICATE FOR ASSISTANTS ONLY

National Educational Video, Inc.™ is an approved provider of continuing education. State Board provider numbers: Florida NCE2896, Alabama 5-97.0, California CEP8803 and Kentucky 7-0045.

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CERTIFICATE OF COMPLETION

For each participant who has successfully completed a continuing education program, please make a copy of the blank NEVCO Certificate (on reverse side) and fill in the following information:

1. Name of the learner
2. Program title and number
3. Number of contact hours
4. Date the program was completed
5. Name and address of your Agency / Facility
6. Signature of the RN / Facilitator responsible for offering the program