RESPIRATORY-ASSESSING THE ADULT RESPIRATORY SYSTEM
HCP 29

OUTLINE OF COURSE CONTENT
CONTINUING EDUCATION

Title of Education Activity
RESPIRATORY-ASSESSING THE ADULT RESPIRATORY SYSTEM

Contact Hours 3

The facilitator 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, pre-test/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, for each part of the video, require approximately 10-15 minutes to cover adequately. For discussion, regarding a Case Study requires approximately 20 minutes.
## OUTLINE OF COURSE CONTENT

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<tr>
<th>Objectives</th>
<th>Content (Topics)</th>
<th>Time Frame</th>
<th>Facility</th>
<th>Teaching Method</th>
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<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>List the faculty persons or presenter for each topic</td>
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### Part I

1. Identify the importance of the interview process and discuss the various factors that can affect the patient’s respiratory status and the patient’s knowledge of the illness.

   - Techniques of observation, listening and developing rapport are discussed. Important aspects of the history include occupation, hobbies, travel, diet, environment, allergies and disease/illness.
   - 25 minutes for video presentation
   - 10 minutes for review of glossary of terms
   - Part I
   - Script writer
   - On site facilitator to review glossary of terms
   - Video presentation
   - Review of definitions given in glossary of terms

2. Identify the basic anatomy and physiology of the respiratory system.

   - Graphic description of the pulmonary system within the thoracic cavity from the tracheo bronchial tree to the alveolar sacs.
   - Part of the video presentation.
   - Script writer
   - On site facilitator
   - Video presentation and graphics to demonstrate A & P

3. Discuss the various breath sounds and their particular characteristics.

   - Description of normal and pathologic breath sounds (crackles, wheezes, rhonchi, pleural friction rub).
   - Part of video presentation.
   - Script writer
   - On site facilitator
   - Video demonstration.
**Respiratory-Assessing the Adult Respiratory System**

**HCP 29**

**Outline of Course Content (continued)**

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<td>4. Describe the proper design and use of the stethoscope</td>
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<td>Script writer On site facilitator Interview with Respiratory Therapist</td>
<td>Video presentation.</td>
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<td>6. Describe common respiratory diseases and their symptoms</td>
<td>Brief description with signs and symptoms of chronic bronchitis, asthma, pulmonary edema and pulmonary embolism.</td>
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<td>7. Discuss the diagnostic process and therapeutic modalities for common respiratory disease.</td>
<td>Explanation of labs, X-rays and treatment modalities for all the above diseases, including inhalers and nebulizers.</td>
<td>Part of the video.</td>
<td>Script writer On site facilitator Interview with Respiratory Therapist</td>
<td>Video presentation with graphics. (interview)</td>
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<td>Part II 8. Discuss the basic principles of acid-base balance.</td>
<td>Part II Brief discussion of respiratory and metabolic acidosis and alkalosis.</td>
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<td>Part II Video demonstration. (interview)</td>
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<td>9. Demonstrate common bedside equipment used as diagnostic and treatment procedures.</td>
<td>Demonstrations of pulse oximeter, nasal O₂ (cannula vs. mask) inhalers and nebulizers.</td>
<td>Part of video presentation.</td>
<td>Part II Script Writer On site facilitator Interview with Respiratory Therapist.</td>
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**Part II**

**Discuss the basic principles of acid-base balance.**

- Brief discussion of respiratory and metabolic acidosis and alkalosis.

**Demonstrate common bedside equipment used as diagnostic and treatment procedures.**

- Demonstrations of pulse oximeter, nasal O₂ (cannula vs. mask) inhalers and nebulizers.

**Discuss the importance of nursing interventions.**

- Discussion and demonstrations of respiratory assessment techniques, pulse oximeter, inhalers and nebulizers with charting highlights.
PROGRAM DESCRIPTION

As a nurse, an area of clinical importance that is utilized on a daily basis and sometimes taken for granted, is the assessment and clinical interpretation of the patient’s cardiopulmonary status. In this program, we will discuss the importance of the initial nursing interview to ascertain vital patient information. With this information we can progress and clinically assess the patient’s respiratory status. This assessment will cover various topics from proper instrumentation to a step-by-step assessment of the lungs, including normal and abnormal breath sounds. Disease pathology, common therapeutic modalities and a brief overview of acid-base balance will also be discussed in this program.

OBJECTIVES

At the conclusion of this program, the participants will be able to:

1. Identify the importance of the interview process and discuss the various factors that can affect the patient’s respiratory status and the patient’s knowledge of the illness.

2. Identify the basic anatomy and physiology of the respiratory system.

3. Describe the various breath sounds and their particular characteristics.

4. Describe the proper design and use of the stethoscope.

5. Demonstrate the proper technique of the respiratory assessment: inspection, palpation, percussion and auscultation.

6. Describe common respiratory diseases and their symptoms.

7. Discuss the diagnostic process and therapeutic modalities for the common respiratory diseases.

8. Discuss the basic principles of acid-base balance.

9. Demonstrate common bedside equipment used as diagnostic and treatment procedures.

10. Discuss the importance of nursing interventions.
GLOSSARY OF KEY TERMS

Acidosis – a blood pH level below 7.35 with increased hydrogen ions.

Alkalosis – a blood pH level above 7.45 with decreased hydrogen ions.

Biot’s Respiration - irregular breathing with periods of apnea; breathing may be slow and deep or rapid and shallow and is often accompanied by sighing.

Bradypnea - respiratory rate less than 12 breaths per minute.

Bronchovesicular Breath Sounds – normal breath sounds of moderate pitch.

Chest Auscultation – used to assess breath sounds by using a stethoscope.

Cheyne-Stokes Respirations - breathing pattern marked by a period of apnea lasting 10 to 60 seconds which is followed by gradually increasing depth and frequency of respirations.

Crackles (rales) – discontinuous sounds generated as air passes through small fluid-filled airways; can be heard on inspiration and expiration; described as fine or coarse.

Cyanosis – blue to gray to purple discoloration of the skin caused by the presence of abnormal amounts of reduced hemoglobin in the blood; circumoral or central cyanosis surrounds the mouth and peripheral cyanosis involves the fingers, toes and tip of nose.

Diaphragm – the major muscle of ventilation that is located between the thoracic cavity and the abdominal cavity.

Normal Respiratory Rate – 12 to 20 breaths per minute.

Pleural Friction Rub – grating sounds heard when inflamed pleural surfaces move during respirations.

Rhonchi – continuous, deep, rumbling sounds more frequent on expiration as air passes over partially obstructed airways; this sound usually clears with a strong cough.

Tachypnea – persistent respiratory rate greater than 20 breaths per minute.

Wheezees – high pitched, continuous, whistles produced when air is forced through narrow or obstructed airways.

Tactile Fremitus – vibration of air movement through the chest wall.
Circle T if the statements are true. Circle F if the statement is false.

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<td>T</td>
<td>T</td>
<td>1. The stethoscope is made up of three main parts.</td>
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<td>2. A normal respiratory rate is between 10-17 breaths per minute.</td>
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<td>3. There are three lobes to the right lung and two lobes to the left lung.</td>
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<td>4. A smoking history is qualified by number of years smoking multiplied by the number of packs per day.</td>
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<td>5. Interviewing a new admission at a hospital should be left only to the physician.</td>
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<td>6. During inspiration the diaphragm moves upward.</td>
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<td>7. Adventitious breath sounds are indicative of pathologic changes.</td>
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<td>8. One full ventilatory cycle should be evaluated at each stethoscope position.</td>
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<td>9. Cyanosis of the lips (central or circumoral cyanosis) indicates low venous oxygenation.</td>
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<td>10. Auscultation of the chest to assess breath sounds is best accomplished in a side-to-side motion.</td>
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DISCUSSION QUESTIONS

PART 1

1. What techniques do you use to establish good rapport with your client?

2. When you first walk into the patient’s room, what signs and symptoms you observe would indicate normal respiratory status? What signs and symptom would indicate abnormal respiratory status?

3. What are some factors that can affect an individual’s respiratory status?

4. Describe the correct technique for auscultating the lungs?

5. When documenting your respiratory assessment what should be included in this documentation?
1. What is considered the most important clinical tool to the healthcare professional?
   a. the physical exam
   b. the patient/client interview
   c. nutritional assessment
   d. physician-nurse relationship

2. Your patient’s ability and even willingness to provide an accurate history may be affected by:
   a. age
   b. emotional status
   c. the acuteness of the disease
   d. all of the above

3. The main difference between the right and left lung is:
   a. the left lung has 3 lobes and the right lung has 2 lobes
   b. the left lung has many more alveoli sacs than the right lung
   c. the right lung has 3 lobes and the left lung has 2 lobes
   d. the right lung is smaller and weighs less than the left lung

4. The following is true about the diaphragm:
   a. it is dome shaped and located between the thoracic and abdominal cavities
   b. it is capable during normal ventilation of moving gas in and out of the lungs
   c. it moves downward during inspiration
   d. all of the above

5. In the respiratory system, the components of the respiratory zone include:
   a. the bronchioles, alveolar ducts and alveolar sacs
   b. the trachea, right bronchus and diaphragm
   c. the trachea, right and left bronchi and the diaphragm
   d. the right and left bronchi, the diaphragm and the accessory muscles
POST TEST

PART 1 (continued)

6. Adventitious breath sounds are:
   a. heard over healthy peripheral lung tissue
   b. pathologic changes in the lungs causing crackles, wheezes or rhonchi
   c. heard only at the lung bases
   d. caused by certain inhaled medications

7. Crackles heard when examining lung sounds usually:
   a. indicate small fluid-filled airways
   b. occur during inspiration
   c. do not clear with a cough
   d. all of the above

8. Listening to lung sounds requires a good stethoscope that:
   a. has a bell and a diaphragm
   b. has ear pieces that are preferably soft rubber
   c. has thick tubing that measures 15 inches in length
   d. all of the above

9. When listening to lung sounds, it is best to have the patient/client:
   a. lying with the head of the bed elevated 30 degrees and only in a shirt or hospital gown
   b. breath deeply with his/her mouth closed and exhale with his/her mouth open
   c. sitting with the chest exposed and free of clothing
   d. lying flat so he/she does not tire during the examination

10. When observing the patient’s or client’s chest movement, it is best to note:
    a. depth of respirations
    b. the symmetry of chest movement
    c. any evidence of pain with inspiration or expiration
    d. all of the above
Circle T if the statements are true. Circle F if the statement is false.

1. Chronic bronchitis is most often caused by cigarette smoking  
2. Asthma is a medical condition that only affects the elderly  
3. Oxygen is a common drug used by physicians and clinicians  
4. The usual treatment for chronic bronchitis and COPD is inhalers or nebulizer treatments  
5. Pneumonia in the elderly often presents with deterioration in normal behavior and confusion  
6. When using nebulizers or inhalers, it is important to assess the patient’s lung sounds before and after the treatments  
7. Blood gases monitor the function of the lungs and kidneys.  
8. A pulse oximeter is a useful device to assist in oxygenation monitoring.  
9. The normal nebulizer treatment should take about 5 minutes.  
10. When giving the patient or client an inhaler treatment, it is important to tell him/her to take very slow inspiratory and expiratory breaths to ensure good disposition of the medication.
RESPIRATORY - ASSESSING THE ADULT RESPIRATORY SYSTEM

HCP 29

DISCUSSION QUESTIONS

PART TWO

1. If your patient or client suddenly becomes short of breath, what are some immediate clinical measures you can use to assess the problem and what measures can you take to make him or her breath more comfortably?

2. If you suspect a deep vein thrombosis (DVT), what symptoms/signs would you observe or elicit from your patient/client?

3. How would you instruct your patient or client on the proper use of a nebulizer and an inhaler? Is there a difference?

4. What is considered a normal pulse oximeter reading, give the normal range? If the reading is low what are some measures you might take next?
1. Chronic bronchitis is most often caused by:
   a. cigarette smoking
   b. occupational exposure to asbestos
   c. seasonal allergies
   d. chronic CHF

2. If you assess that your patient/client may have bronchitis, the first diagnostic test should be:
   a. ABG’s
   b. chest X-ray
   c. pulmonary function test
   d. CBC

3. Pneumonia in the elderly often presents with:
   a. elevated temperature above 102°
   b. altered mental status and confusion
   c. loose productive cough
   d. weight loss

4. Treatment of pneumonia should always include:
   a. good fluid intake
   b. oxygen @ 5 liters continuous
   c. nebulizer treatments every 4 hours around the clock
   d. antipsychotics and antibiotics

5. If your patient/client develops acute pulmonary edema, what clinical signs and symptoms would you find?
   a. dyspnea and anxiety
   b. cool, clammy extremities and use of accessory muscles for breathing
   c. tachycardia with a productive cough of pink frothy sputum
   d. all of the above

6. When using a nebulizer or meter-dose inhaler it is important to do which of the following:
   a. have the patient/client upright in a semi-fowlers position
   b. listen to lung sounds before administering the treatment
   c. listen to lung sounds after administering the treatment
   d. all of the above
7. If your patient/client becomes short of breath, what bedside test can you do to determine his/her oxygenation?
   a. ABG’s
   b. pulmonary function
   c. pulse-oximeter check
   d. EKG

8. It is important to have the patient rinse his/her mouth after using nebulizers or inhalers because:
   a. it leaves a very bitter after taste
   b. it can cause oral thrush
   c. it is recommended by the MD
   d. it could cause cancer

9. Which of the following blood gas values would indicate a normal value:
   a. pH 7.3, PaO$_2$ 90, PaCO$_2$ 30, HCO$_3$ 25
   b. pH 7.4, PaO$_2$ 75, PaCO$_2$ 48, HCO$_3$ 24
   c. pH 7.4, PaO$_2$ 90, PaCO$_2$ 40, HCO$_3$ 24
   d. pH 7.25, PaO$_2$ 90, PaCO$_2$ 32, HCO$_3$ 15

10. The two organs in the body that maintain the body’s acid-base balance are:
    a. kidneys and pancreas
    b. kidneys and lungs
    c. lungs and heart
    d. lungs and brain
**ANSWER SHEET**

**PRE TEST / POST TEST**

**PRE TEST - PART 1**

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**PRE TEST - PART 2**

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EXTRA CREDIT QUESTIONS FOR RN PARTICIPANTS

Please read the following information on acid-base balance and answer the five questions at the end.

Optimal cellular function in the body depends on adequate oxygenation and a balanced acid-base level. Arterial blood gas measurements or ABG’s is a diagnostic procedure to measure the patient’s oxygenation and acid-base balance.

Acid-base balance in the body is the balance in the extracellular fluid between substances that give up hydrogen and those that accept during the body's normal chemical exchanges.

Before understanding acid-base values, it is important to memorize the normal values:

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<td>PaO₂</td>
<td>80 - 100</td>
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<td>SaO₂</td>
<td>93 - 100</td>
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<td>PaCO₂</td>
<td>35 - 45</td>
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<tr>
<td>HCO₃</td>
<td>22 - 26</td>
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There are four steps to follow when analyzing your patient’s ABG results.

1) Look at the PaO₂ and the SaO₂
   a. decreased values below 80 and 93 is hypoxemia
   b. 100 and above means good oxygenation

2) Look at the pH results
   a. if the pH is below 7.35 you have acidosis
   b. if the pH is above 7.45 you have alkalosis

3) Look at the PaCO₂ and HCO₃ results
   a. a respiratory problem exists if the PaCO₂ is abnormal but the HCO₃ is normal
   b. b metabolic problem exists if the HCO₃ is abnormal but the PaCO₂ is normal

4) Look at the buffer system in the body to determine which compensatory mechanism is working to restore the body’s normal pH.
Buffers act as chemical sponges, combining with excess acids or bases to maintain normal pH levels in the body. These buffers are linked to the respiratory and renal systems. The buffers work in pairs in a 1:20 ratio of acid-to-bicarbonate ratio. Carbonic acid is the respiratory component and base bicarbonate is the metabolic component.

Respiratory acidosis occurs when the lungs cannot exhale CO₂ adequately and as a result the PaCO₂ and carbonic H₂CO₃ increase and the pH decreases. Respiratory alkalosis occurs when too much CO₂ is exhaled and as a result the PaCO₂ is decreased with a carbonic acid insufficiency and an increase in the pH.

Metabolic acidosis is a deficit of the base bicarbonate, NaHCO₃ and this results in a decrease HCO₃ and decreased pH. In metabolic alkalosis there is an excess of base bicarbonate and the CO₂ and pH are increased.

Pulse oximetry can be an accurate, noninvasive procedure to measure the O₂ saturation. In fact routine pulse oximeter has been listed as the fifth vital sign. Pulse oximetry readings can impact standards of care.

1. List the normal values or acceptable range for the five (5) components of an ABG analysis.
   a. pH ________________________________
   b. PaO₂ ______________________________
   c. SaO₂ ______________________________
   d. PaCO₂ ______________________________
   e. HCO₃ ______________________________

2. If a blood gas result returns with the following values, pH 7.28; PaCO₂ 70, PaO₂ 50 and HCO₃ 22 – you would determine that your patient/client has:
   a. respiratory alkalosis
   b. hypoxemia
   c. respiratory acidosis
   d. metabolic acidosis
3. If a patient’s blood gas pH is 7.48, this patient is considered:
   a. alkalotic
   b. within normal range
   c. acidotic

4. When the patient’s pH drops below normal, list two (2) CNS (central nervous system) signs and symptoms you could observe:
   (1) ________________________________  (2) ________________________________

5. When looking at ABG results, if the HCO₃ is abnormal but the PaCo₂ is normal you would suspect the problem to be:
   a. respiratory
   b. metabolic

6. List below the five (5) vital signs that should routinely be included in your patient’s assessment.
   a. ________________________________
   b. ________________________________
   c. ________________________________
   d. ________________________________
   e. ________________________________
RESOURCE ADVISOR

PATRICK BREDAR, RRT, PA-C Graduated from Cuyahoga Community College in 1992 and worked for eight years as a respiratory therapist in multiple clinical settings, from ICU, Cardiac Care Unit, ER-Trauma, NICU, PICU, as well as director of Cardiopulmonary services for Camden Medical Center, St. Mary's, Ga. He is currently practicing as a physician assistant in internal medicine, with a specialty in geriatrics.

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REFERENCES


While NEVCO® strives to remain current with federal and state regulatory requirements, the information contained in this program is always subject to governmental amendment. Therefore, we suggest that you contact your state and federal authorities for any possible revisions to regulatory requirements.
Please evaluate this program by circling the number that best represents how well this program met the following objectives:

<table>
<thead>
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<th>Objective</th>
<th>4=Excellent</th>
<th>3=Good</th>
<th>2=Average</th>
<th>1=Poor</th>
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<td>1. Identify the importance of the interview process and discuss the various factors that can affect the patient’s respiratory status and the patient’s knowledge of the illness.</td>
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<td>2. Identify the basic anatomy and physiology of the respiratory system.</td>
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<td>3. Describe the various breath sounds and their particular characteristics.</td>
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<td>4. Describe the proper design and use of the stethoscope</td>
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<td>5. Demonstrate the proper technique of the respiratory assessment: inspection, palpation, percussion and auscultation.</td>
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<td>6. Describe common respiratory disease and their symptoms.</td>
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<td>7. Discuss the diagnostic process and therapeutic modalities for the common respiratory.</td>
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<td>8. Discuss the basic principles of acid-base balance.</td>
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<td>9. Demonstrate common bedside equipment used as diagnostic and treatment procedures.</td>
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<td>10. Discuss the importance of nursing interventions.</td>
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Time required to complete this program?  

_______ minutes

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.

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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

Material was organized to facilitate learning 4 3 2 1
The amount of material covered was adequate and accurate 4 3 2 1
There was effective use of time to cover the subject 4 3 2 1

CONTENT OF THE FACILITATOR’S GUIDE

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

List by number the objectives that were met _____________________________

The test material reflected the objectives listed 4 3 2 1
Content can be used to improve nursing practice 4 3 2 1
Content reflected knowledge level and needs of learner 4 3 2 1
The material was current 4 3 2 1

EVALUATE TEST QUESTIONS

Pre-Test 4 3 2 1
Discussion Questions 4 3 2 1
Post-Test 4 3 2 1

FACULTY PRESENTING (Video)

The presentation was 4 3 2 1
The presenter explained the material 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

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 _________________________________

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.

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.

ROSTER OF PARTICIPANTS

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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

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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