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Center for Continuing Education in Nursing

**Evaluation Summary**

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| **Title *Why Dental Care is Medically Necessary,* Hazel J. Harper, DDS, MPH, FACD** |  |
| **Date: November 19-24, 2021 on-demand webinar** |  |
| **Location: Virtual** |  |

**Please use the scale below to complete the following questions.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly**  **Agree** |
| **1** | **2** | **3** | **4** | **5** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| After attending this activity, the learner will be able to: | **Strongly Disagree** | **Disagree** | **Neutral** | | **Agree** | **Strongly Agree** |
| **Objective 1** Describe the Social Determinants of Health | **1** | **2** | **3** | | **4** | **5** |
| **Objective 2** Discuss the importance of prenatal, maternal and child dental health | **1** | **2** | **3** | | **4** | **5** |
| **Objective 3** Relate the current findings about the oral-systemic link | **1** | **2** | **3** | | **4** | **5** |
| **Objective 4** Explain how NDA and nursing are impacting IP collaboration | **1** | **2** | **3** | | **4** | **5** |
| 1. The instructor Hazel J. Harper,DDS,MPH,FACD was knowledgeable, organized, and effective in presentation. | **1** | **2** | **3** | | **4** | **5** |
| 1. The content was relevant to the purpose of this session. | **1** | **2** | **3** | | **4** | **5** |
| 1. The participant materials were appropriate and used effectively. | **1** | **2** | **3** | | **4** | **5** |
| 1. The physical environment was conducive to learning. | **1** | **2** | **3** | | **4** | **5** |
| 1. Did this session provided information that will cause you to change your practice? | **YES** | | | **NO** | | |
| 1. Will you encounter barriers in your work environment to apply the information gained from this program in your practice? | **YES** | | | **NO** | | |
| 1. This program was fair, balanced, and free of commercial bias. | **YES** | | | **NO** | | |
| 1. Disclosure regarding Conflict of Interest(s): The provider of the activity has disclosed in writing or verbally the conflict of interest or lack thereof declared by the planners and presenters/content specialists. | **YES** | | | **NO** | | |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_