

ETHICAL-LEGAL DECISION-MAKING COURSE EVALUATION

Name of Licensee: _____

Instructor's Name: _____

The Board requires you to submit a completed evaluation before you can be credited with successful completion of course. Once the evaluation is received and all other components of the course have been satisfactorily completed you will be sent your completion certificate. The information you provide on this evaluation form will be used by the Board for quality improvement purposes only.

1. I contacted (place a number) _____ other instructors prior to contracting with my instructor.
2. My initial meeting with my instructor took place _____ days after I contacted him/her.
3. My instructor provided me with a copy of the course outline. Yes____ No_____
4. During our initial meeting my instructor clarified the criteria for satisfactory completion of the course. Yes____ No ____
5. During our initial meeting my instructor discussed my individualized teaching plan with me. Yes ____ No ____
6. The instructor was knowledgeable about course content. Yes____ No ____
7. During the course my instructor related the course information and learning assignments to my practice needs identified by the Board. Yes ____ No ____
8. Based on my successful completion of this course I can now:
 - a. Explain use of the NC Nursing Practice Act, ANA Code for Nurses, Patient's Bill of Rights, and Professional Standards of Care as a framework for ethical-legal decision-making. Yes____ No ____
 - b. Identify actions which will reduce my risk for negligence, revocation of licensure, or other disciplinary action. Yes ____ No ____
 - c. Discuss ethical-legal decision-making in the context of the violation of the Nursing Practice Act that led to my disciplinary action. Yes____ No____
9. As a requirement of this course I developed a plan to continue strengthening my ethical-legal decision-making skills. Yes____ No ____

10. My course performance was evaluated by my instructor using the methods indicated on the course outline. Yes ___ No ___
11. I had previously taken this NCBON approved course. Yes ___ No ___
12. Prior to this Board action, I had disciplinary action taken on my nursing license in NC or another state. Yes ___ No ___
13. In describing my computer skills, I have: ___ none ___ basic ___ moderate ___ advanced
14. I found these aspects of the course most meaningful:
15. To improve the course for future students I recommend these changes:

Additional comments on items related to the course are encouraged. Please attach and submit with evaluation.

RETURN TO: Vicki Sferruzzo
Investigation/Monitoring Coordinator
NC Board of Nursing
PO Box 2129
Raleigh, NC 27602-2129

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The North Carolina Board of Nursing is an Approved Provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.