

CHI/OPTIMA WEBINAR-EDUCATION

SIGN-IN SHEET

“The Impact of Apology and Disclosure: Staff and Patient Healing.”

August 22, 2024
10:00 – 11:00 am (Pacific Time)

Facility _____

E-mail certificates to (name + email address): _____

PLEASE PRINT LEGIBLY!!

N A M E	RN LICENSE # (Nurses only)	T I T L E

BRN Provider #12205

Please return sign-in sheets AND evaluation forms to:
Kristen Hauso @ khauso@optimahealthcare.com
Optima Healthcare Insurance Services

CHI/OPTIMA WEBINAR EVALUATION

“The Impact of Apology and Disclosure: Staff and Patient Healing.”

August 22, 2024 – CHI/Optima Webinar

Faculty: Maureen Archambault

Your Title/Position: _____

Objectives: At the end of the presentation, the participant should be able to: 1) Communicate the importance of transparency and disclosure in the healthcare setting and inquire about what their organization is doing to meet these standards of care if not already aware. 2) Examine their own personal experience with transparency and disclosure and reflect on how the information presented may influence how they handle situations going forward. 3) Understand best practices and guidelines related to transparency and disclosure. 4) Evaluate areas where implicit bias can influence transparency and disclosure.

<i>Please check appropriate box</i>	<u>EXCELLENT</u>	<u>VERY GOOD</u>	<u>AVERAGE</u>	<u>FAIR</u>	<u>POOR</u>
Overall Rating					
Objectives Met					
Practical					
Clear					
Interesting					
Informative					
Speaker’s Mastery of Subject					
Course Mechanics (ease of webinar, handouts, etc.)					

1. WHAT PART OF THIS PROGRAM DID YOU FIND MOST VALUABLE?

2. HOW WILL THIS PROGRAM BE ABLE TO HELP YOU?

3. HOW DO YOU THINK THIS PROGRAM COULD HAVE BEEN IMPROVED?

4. ADDITIONAL COMMENTS OR SUGGESTIONS FOR FUTURE EDUCATION PROGRAMS: