



Shriners Hospitals
for Children™
Northern California

Program Evaluation Form
Shriners Hospitals for Children Northern California
2425 Stockton Boulevard
Sacramento, CA 95817

Program Information:

Program Title: **Hirschsprung Disease – What Every Pediatric Provider Needs to Know**
 Presenter/Title: Payam Saadai, MD and Jennifer Miranda, MSN, FNP-C
 Presentation Date: 12/7/2020 Contact Hours: 1.0

Participant Information (required only if seeking contact hours):

Please check one box: RN/LVN MD PT/OT NP/PA RT
 Name: _____ License #: _____
 Department or Address: _____

Upon receipt of this completed form, the Staff Development Department will issue a Certificate of Completion within 90 days.

This activity fits the scope of my medical practice.	Agree	5	4	3	2	1	Disagree
I have increased my competence as a result of attending this activity.	Agree	5	4	3	2	1	Disagree
I will apply knowledge and strategy from this activity in my clinical practice.	Agree	5	4	3	2	1	Disagree
This presentation was free from commercial bias. If a conflict of interest was noted, please specify.	Agree	5	4	3	2	1	Disagree
What clinical problems will you be able to solve as a result of attending this activity?							
Issues in cultural/linguistic competency were adequately addressed in this activity (e.g. difference in prevalence, diagnosis, treatment in diverse population; linguistic skills; pertinent cultural data).	Yes			No			
What are your needs for future educational interventions/activities?							
Additional comments:							