**SUMMATIVE EVALUATION**

*Please answer all questions and update all information in red. Title and save this document following the same guidance as the Planning Form (e.g., “10.07.24 Summative Evaluation\_Activity Title”).*

**Activity Title:** As it appears on Clinical/Non-Clinical Planning Form.

**Date(s):** Date. (List additional dates/ranges here.)

**Location:**  As it appears on Clinical/Non-Clinical Planning Form.

**Did the participants/activity meet the learning outcome(s)?**  YES  NO

If No, please explain.

**Name(s) of co-provider(s), if applicable:** If not applicable, write “N/A”.

*Do NOT include presenters/instructors (ineligible to receive contact hours; moderators are eligible if they were not a presenter/instructor) in the participant/RN totals.*

|  |  |
| --- | --- |
| TOTAL NUMBER OF: | NUMBER: |
| **Participants** in attendance | # |
| **RNs** | # |
| **Other Learners** (non-RNs) | # |
| **RNs** who completed course, met all NCPD education requirements (per Approved Clinical/Non-Clinical Planning Form), **AND** are **requesting contact hours** (provided their name, email, and valid RN license number at a minimum) | # |
| **Contact Hours** awarded per RN  **TOTAL Contact Hours** awarded  (RNs requesting contact hours x Contact Hours awarded per RN) | 0.0 hrs per RN  0.0 hrs TOTAL |

**REMINDER**

Please submit all required forms to the Office for Outreach and Professional Development via email (nursece@psu.edu) **within 14 DAYS** following the activity. See the Informational Packet, Post-Event Materials checklist for more information.

The summative evaluation contains:

1. A summary of data highlighting whether the activity was effective in closing or narrowing the gap and achieving the education activity outcome(s).
2. An analysis of what was learned from the evaluation data and what can be applied to future activities.

Tips:

* The summative evaluation does NOT simply include the data collected from/links to the evaluations.
* There should be a clear analysis of the data from the NP and planning committee documented.
* There is NO prescribed method for providing the summative evaluation information, but common delivery methods include a narrative format, SBAR format, SOAP note, or table with analysis information.

**Discuss the learner outcome(s) findings and if any changes are needed for future programs:**

*(We recommend using the* [*SBAR Method*](https://www.ihi.org/resources/tools/sbar-tool-situation-background-assessment-recommendation)*. There is no required length. Typically, ½ to one page is sufficient.)*

Situation: Click or tap here to enter text.

Background: Click or tap here to enter text.

Assessment: Click or tap here to enter text.

Recommendation(s): Click or tap here to enter text.

**Optional:** For smaller activities (e.g., >10 participants, all learners earning the same number of contact hours, in-person event), you may use the table below to share the data needed for distributing certificates to RNs who are requesting activity contact hours. For larger activities (10+ participants, multiple modules, participants earning different number of contact hours for the same activity), we recommend using the Post-Event Data Template (excel) found on our [website](https://www.nursing.psu.edu/contact-hour-program-request/).

**Note:** You **MUST** provide us with the name, email address, and RN license number in some form to have contact hours awarded. The excel template is the preferred format.

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| RN Full Name | Email Address | RN License Number |
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