

EVALUATION FORM

Each individual requiring professional development accreditation should complete the Evaluation form in full (*one form per person*) and return to the Rural Health Education Foundation.

Accreditation arrangements are subject to review by relevant professional groups. Please see our website for further information: <http://www.rhef.com.au/programs/accreditation/>

Program 1011 Best Practice: Depression in Adolescents and Young Adults
Date **Tuesday, 9th August 2011 (repeat: Friday, 12th August 2011)**
Activity No. 755774

Date: _____

PLEASE PRINT CLEARLY

Title _____ **First Name** _____ **Surname** _____

Postal Address _____

Suburb _____ **State** _____ **Postcode** _____

This address is my: **Personal Address** **Work Address**

Professional Organisation _____ **Continuing Professional Development Number** _____

Email Address _____ **Phone** _____

I wish to be sent information from the Foundation.

How did you access this program?

Live Broadcast Repeat Broadcast Webcast
 Webstream DVD Audio File

Which group do you belong to?

General Practitioner <input type="checkbox"/>	Mental Health Nurse <input type="checkbox"/>	Psychologist <input type="checkbox"/>
Registered Nurse <input type="checkbox"/>	Social Worker <input type="checkbox"/>	Academic/Student <input type="checkbox"/>
Pharmacist <input type="checkbox"/>	Psychiatrist <input type="checkbox"/>	Advocate/Peak Body <input type="checkbox"/>
Specialist <input type="checkbox"/>	Other allied health worker <input type="checkbox"/>	Carer/Consumer <input type="checkbox"/>
Other <input type="checkbox"/>	Please Specify: _____	

How did you hear about the program?

Direct invitation <input type="checkbox"/>	Newsletter/Journal <input type="checkbox"/>	<i>Beyondblue: the national depression initiative</i> <input type="checkbox"/>
Australian College of Psychological Medicine <input type="checkbox"/>	Division of GP <input type="checkbox"/>	Previous broadcast <input type="checkbox"/>
Other <input type="checkbox"/>	Rural Health Education Foundation Website <input type="checkbox"/>	Rural Health Education Foundation site coordinator <input type="checkbox"/>

a. Please rate the program 1-3 (1 = lowest) on the following criteria:

Quality of presentations & information

Appropriateness of case illustrations

Usefulness of questions and replies

b. Please indicate whether the learning objectives were met.

OBJECTIVE 1: Discuss the latest evidence relating to depression in adolescents and young adults

Fully Met

Partially Met

Not Met

Comments: _____

OBJECTIVE 2: Identify and manage depression in adolescents and young adults

Fully Met

Partially Met

Not Met

Comments: _____

OBJECTIVE 3: Identify available resources to assist patients and families affected by depression

Fully Met

Partially Met

Not Met

Comments: _____

OBJECTIVE 4: Propose care and management options based on an understanding of the consumer experience

Fully Met

Partially Met

Not Met

Comments: _____

c. Please rate the degree to which your learning needs were met.

Fully Met

Partially Met

Not met

Comments: _____

d. Please rate the degree to which this program is relevant to your practice.

Fully Relevant

Partially Relevant

Not Relevant

e. What changes, if any, would you consider making to your work practices as a result of this program?

f. Please give two examples of how you might incorporate this resource into an educational event or program

g. What comments do you have about the presentation of this program: panel discussion, case studies, etc?

h. Are there any other topics you would like addressed by the Rural Health Education Foundation, either related to this program or any other areas of interest?

Thank you for taking the time to complete this evaluation form. Please mail in reply-paid envelope provided, or send to PO Box 324 Curtin ACT, 2605, or fax to 1800 555 501