

## 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 1101: Lipids: Managing the Highs and Lows

Date: *Recorded Friday 28<sup>th</sup> January, 2011*

#### PLEASE PRINT CLEARLY

Title  First Name  Surname

Postal Address

Suburb  State  Postcode

Professional Education Accreditation Number  Phone

Email Address

*I wish to be sent information from the Foundation.*

#### How did you access this program?

Audio CD

Audio podcast

#### Which group do you belong to?

General Practitioner

Specialist

Student

Practice Nurse

Pharmacist

Advocate/Peak Body

Allied Health Worker

Physiotherapist

Academic

Nurse

Medical Educator

Practice Manager

Other

Please Specify:

#### How did you hear about the program?

Direct invitation

Newsletter/Journal

RACGP

Division of GP

Previous broadcast

ACCRM

Other

Rural Health Education Foundation Website

Rural Health Education Foundation site coordinator

#### 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: Describe best practice in managing lipid levels**

Fully Met                       Partially Met                       Not Met

**Comments:** \_\_\_\_\_

**OBJECTIVE 2: Identify the challenges to managing lipid levels in rural and remote Australia and some possible strategies for overcoming these challenges**

Fully Met                       Partially Met                       Not Met

**Comments:** \_\_\_\_\_

**OBJECTIVE 3: Describe some of the issues that are relevant to managing lipids in Indigenous people**

Fully Met                       Partially Met                       Not Met

**Comments:** \_\_\_\_\_

***c. Please rate the degree to which your learning needs on this topic 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

**Comments:** \_\_\_\_\_

***e. Do you like the audio format of this program?***

Yes                       No

***h. Are there any other topics you would like addressed by the Rural Health Education Foundation as an audio podcast?***

\_\_\_\_\_  
\_\_\_\_\_

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