

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 1102: Immunisation: Getting To The Point

Date: Tuesday, 8th February 2011 (repeat: Friday, 11th February 2011)
Activity No. 750985

PLEASE PRINT CLEARLY

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

Postal Address

Suburb **State** **Postcode**

Professional Education Accreditation Number **Phone**

Email Address

How did you access this program?

Live Broadcast Repeat Broadcast Webcast
Webstream DVD Audio File

Which group do you belong to?

General Practitioner Specialist Medical Student
Nurse Pharmacist Advocate/Peak Body
Nurse Immuniser Social worker Academic
Community 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: Utilise the NIP Schedule & the up-dates to facilitate best practice.

Fully Met Partially Met Not Met

Comments: _____

OBJECTIVE 2: Address the myths and misconceptions of immunisation.

Fully Met Partially Met Not Met

Comments: _____

OBJECTIVE 3: Develop strategies to assist people in making an informed choice about the benefits and risks of vaccination in all age groups.

Fully Met Partially Met Not Met

Comments: _____

OBJECTIVE 4: Identify the role of each health professional involved in the chain of immunisation.

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. 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, send to PO Box 324 Curtin ACT, 2605, or fax to 1800 555 501