

## EVALUATION FORM Health Professionals

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/cpd/>

**Program: 1103 Moving Forward: Surviving Breast Cancer**  
**Date: Tuesday, 22 February, 2011 (repeat: Friday, 25 February)**

### PLEASE PRINT CLEARLY

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

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**Postal Address**

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

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

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

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**Email Address**    **Phone**

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*Please notify me of upcoming programs and events available from the Foundation*

**How did you access this program?**

Live Satellite Broadcast                       Repeat Satellite Broadcast                       Webcast   
 Webstream                       DVD                       Audio File   
 (online video)

**Which group do you belong to?**

General Practitioner <input type="checkbox"/>	Breast Care Nurse <input type="checkbox"/>	Consumer <input type="checkbox"/>
Nurse <input type="checkbox"/>	Psychologist <input type="checkbox"/>	Academic/Student <input type="checkbox"/>
Pharmacist <input type="checkbox"/>	Exercise physiologist <input type="checkbox"/>	Advocate/Peak Body <input type="checkbox"/>
Specialist <input type="checkbox"/>	Dietitian <input type="checkbox"/>	Carer <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"/>	Westmead Breast Cancer Institute <input type="checkbox"/>
Division of GP <input type="checkbox"/>	Previous broadcast <input type="checkbox"/>	Other peak body (e.g. Cancer Council, NBOCC, BCNA) <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:** Develop an ongoing supportive care network for a woman with breast cancer that includes the GP

Fully Met                       Partially Met                       Not Met

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

**OBJECTIVE 2:** Assist a woman to adopt ways to manage anxiety and uncertainty after breast cancer

Fully Met                       Partially Met                       Not Met

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

**OBJECTIVE 3:** Describe the benefits of exercise, good nutrition and the role of Vitamin D in breast health

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, answering of questions, etc?**

\_\_\_\_\_

\_\_\_\_\_

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

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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