

## 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** 1104 Gynaecological Cancers: Psychosexual Care  
**Date** Tuesday, 8 March, 2011 (repeat: Friday, 11 March)  
**Activity number:** 753481

### 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** \_\_\_\_\_

*Please notify me of upcoming programs and events available 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  Oncologist  Academic / student

Nurse  Oncology nurse  Advocate/Peak Body

Pharmacist  Psychologist  Consumer

Specialist  Social Worker  Carer

Other  Please Specify: \_\_\_\_\_

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

Direct invitation  Newsletter/Journal  Cancer Australia

Division of GP  Previous broadcast  Cancer Council

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 the psychosexual impact of gynaecological cancers and their treatment

Fully Met                       Partially Met                       Not Met

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

**OBJECTIVE 2:** Explain the rationale for undertaking psychosexual assessment

Fully Met                       Partially Met                       Not Met

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

**OBJECTIVE 3:** Identify appropriate referral and care for women with psychosexual effects

Fully Met                       Partially Met                       Not Met

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

**OBJECTIVE 4:** Identify the resources available to assist health practitioners to provide psychosexual care

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