

## 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/programs/accreditation/>

**PROGRAM: 1105 INFLUENZA: Are You Ready?**

**DATE:** Tuesday, 22<sup>nd</sup> March 2011 – 8.00pm AEDST  
(Repeat Friday, 25<sup>th</sup> March, 2011 at 12.30pm AEDST)

**Activity No. 750988**

### 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"/>	Indigenous Health Worker <input type="checkbox"/>	Influenza researcher <input type="checkbox"/>
Nurse <input type="checkbox"/>	Nurse Immuniser <input type="checkbox"/>	Academic/Student <input type="checkbox"/>
Pharmacist <input type="checkbox"/>	Teacher <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"/>	Advertisement Notice/poster <input type="checkbox"/>
Division of GP <input type="checkbox"/>	Previous broadcast <input type="checkbox"/>	Peak Body Association <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 <input type="checkbox"/>	Appropriateness of case illustrations <input type="checkbox"/>	Usefulness of questions and replies <input type="checkbox"/>
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**b. Please indicate whether the learning objectives were met.** (We really like specific comments)

**VIEWING THE INFLUENZA PROGRAM WILL ENABLE PARTICIPANTS TO:-**

**OBJECTIVE 1:** Locate information on updates to the influenza schedule to facilitate best practice.

Fully Met                                       Partially Met                                       Not Met

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

**OBJECTIVE 2:** Identify those people most 'at risk' and the specific flu symptoms.

Fully Met                                       Partially Met                                       Not Met

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

**OBJECTIVE 3:** Assist all communities in making an informed choice about the benefits and risks of influenza vaccines.

Fully Met                                       Partially Met                                       Not Met

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

**OBJECTIVE 4:** Undertake appropriate reporting of adverse events; the "when, why and how", of ongoing seasonal surveillance.

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**