

## 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** 1109 When Pain Persists: Pain Management in Primary Health

**Date** Tuesday, 28<sup>th</sup> June, 2011 (repeat: Friday, 1<sup>st</sup> July)

**Activity number:** 754394

**Date:** \_\_\_\_\_

**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  Webstream   
Audio File  DVD

**Which group do you belong to?**

General Practitioner <input type="checkbox"/>	Aboriginal Health Worker <input type="checkbox"/>	Psychologist <input type="checkbox"/>
Nurse <input type="checkbox"/>	Psychiatrist <input type="checkbox"/>	Academic/Student <input type="checkbox"/>
Pharmacist <input type="checkbox"/>	Physiotherapist <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"/>	Peak Body Association <input type="checkbox"/>
Division of GP <input type="checkbox"/>	Previous broadcast <input type="checkbox"/>	Rural Health Education Foundation site coordinator <input type="checkbox"/>
Other <input type="checkbox"/>	Rural Health Education Foundation Website <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.***

**OBJECTIVE 1: Describe the range of pharmacological and non-pharmacological options for pain management.**

Fully Met                       Partially Met                       Not Met

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

**OBJECTIVE 2: Determine the appropriate evidence-based options for individual patients.**

Fully Met                       Partially Met                       Not Met

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

**OBJECTIVE 3: Assist patients to effectively self manage their pain.**

Fully Met                       Partially Met                       Not Met

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

**OBJECTIVE 4: Identify referral pathways for multidisciplinary care and support.**

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