

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 1111 A Clear View: Improving Indigenous Eye Health

Date Tuesday, 26 July, 2011 (repeat: Friday, 29 July)

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 Webcast
Webstream DVD Audio File

Which group do you belong to?

General Practitioner	<input type="checkbox"/>	Regional Eye Health Coordinator	<input type="checkbox"/>	Ophthalmologist	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	Aboriginal Health Worker	<input type="checkbox"/>	Academic/Student	<input type="checkbox"/>
Pharmacist	<input type="checkbox"/>	Optometrist	<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"/>	ICEE	<input type="checkbox"/>
Division of GP	<input type="checkbox"/>	Previous broadcast	<input type="checkbox"/>	Optometrists Association of Australia	<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: Describe the nature and extent of eye disease amongst Indigenous people

Fully Met Partially Met Not Met

Comments: _____

OBJECTIVE 2: Recognise and assess eye health conditions and diseases

Fully Met Partially Met Not Met

Comments: _____

OBJECTIVE 3: Facilitate appropriate treatment interventions and referral pathways

Fully Met Partially Met Not Met

Comments: _____

OBJECTIVE 4: Outline culturally sensitive prevention strategies for eye disease

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