

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 1112 The Patient's Choice: Quality at the End of Life

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.

Which group do you belong to?

| | | | | | |
|-----------------------|--------------------------|-----------------------|--------------------------|--------------------|--------------------------|
| General Practitioner | <input type="checkbox"/> | Oncologist | <input type="checkbox"/> | Pharmacist | <input type="checkbox"/> |
| Nurse Practitioner | <input type="checkbox"/> | Oncology Nurse | <input type="checkbox"/> | Academic/Student | <input type="checkbox"/> |
| Palliative Care Nurse | <input type="checkbox"/> | Aged Care Worker | <input type="checkbox"/> | Advocate/Peak Body | <input type="checkbox"/> |
| Specialist | <input type="checkbox"/> | Allied Health Worker | <input type="checkbox"/> | Carer/Consumer | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Please Specify: _____ | | | |

How did you hear about the DVD?

| | | | | | |
|--|--------------------------|--------------------|--------------------------|--|--------------------------|
| Rural Health Education Foundation Flyer | <input type="checkbox"/> | Newsletter/Journal | <input type="checkbox"/> | Palliative Care Australia | <input type="checkbox"/> |
| Rural Health Education Foundation Website | <input type="checkbox"/> | Aged Care Facility | <input type="checkbox"/> | Commonwealth Department of Health and Ageing | <input type="checkbox"/> |
| Rural Health Education Foundation site coordinator | <input type="checkbox"/> | Previous Broadcast | <input type="checkbox"/> | Other (<i>Please Specify</i>) | <input type="checkbox"/> |

a. Please rate the program 1-3 (1 = lowest) on the following criteria:

| | | | | | |
|--|--------------------------|-----------------------------------|--------------------------|------------------------------|--------------------------|
| Quality of presentations & information | <input type="checkbox"/> | Usefulness of filmed case studies | <input type="checkbox"/> | Usefulness of Learning Guide | <input type="checkbox"/> |
|--|--------------------------|-----------------------------------|--------------------------|------------------------------|--------------------------|

b. Please indicate whether the learning objectives were met.

OBJECTIVE 1: Identify the issues and concerns for patients and their families at end of life

Fully Met Partially Met Not Met

Comments: _____

OBJECTIVE 2: Effectively communicate aspects of end of life treatment and care to patients and families

Fully Met Partially Met Not Met

Comments: _____

OBJECTIVE 3: Understand the purpose and principles of *advance care planning*

Fully Met Partially Met Not Met

Comments: _____

OBJECTIVE 4: Describe the role of the multidisciplinary team in providing end of life 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, interviews, 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