

## 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** 1114 Feeling the Heat: Managing Menopause  
**Date** Tuesday, 13 September, 2011 (repeat: Friday, 16 September)

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  Audio File   
Webstream  DVD

**Which group do you belong to?**

General Practitioner <input type="checkbox"/>	Gynaecologist / Obstetrician <input type="checkbox"/>	Academic / Student <input type="checkbox"/>
Nurse <input type="checkbox"/>	Women's Health Nurse <input type="checkbox"/>	Advocate / Peak Body <input type="checkbox"/>
Pharmacist <input type="checkbox"/>	Psychologist <input type="checkbox"/>	Carer / Consumer <input type="checkbox"/>
Specialist <input type="checkbox"/>	Other allied health worker <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"/>	Australian Women's Health Nurse Association <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  Appropriateness of case illustrations  Usefulness of questions and replies

***b. Please indicate whether the learning objectives were met.***

**OBJECTIVE 1:** Outline the possible symptoms of menopause

Fully Met                       Partially Met                       Not Met

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

**OBJECTIVE 2:** Describe the appropriate assessment of problems associated with menopause

Fully Met                       Partially Met                       Not Met

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

**OBJECTIVE 3:** Identify the evidence based treatments, their efficacy and safety

Fully Met                       Partially Met                       Not Met

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

**OBJECTIVE 4:** Explain the benefits of a multidisciplinary approach

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