

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 1115 Tropical Diseases: Emerging Concerns
Date Tuesday, 23rd August, 2011 (repeat: Friday, 26th August)

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"/>	Infectious diseases specialist <input type="checkbox"/>	Microbiologist <input type="checkbox"/>
Nurse <input type="checkbox"/>	Infectious diseases nurse <input type="checkbox"/>	Academic/Student <input type="checkbox"/>
Pharmacist <input type="checkbox"/>	Public Health Officer <input type="checkbox"/>	Advocate/Peak Body <input type="checkbox"/>
Specialist <input type="checkbox"/>	Allied health worker <input type="checkbox"/>	Carer/Consumer <input type="checkbox"/>
Medicare Local <input type="checkbox"/>	Other - 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"/>
Medicare Local <input type="checkbox"/>	Rural Health Education Foundation Website <input type="checkbox"/>	Other <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: Identify different agents and vectors of tropical diseases that are of current concern

Fully Met Partially Met Not Met

Comments: _____

OBJECTIVE 2: Describe the signs and symptoms of the most common tropical diseases

Fully Met Partially Met Not Met

Comments: _____

OBJECTIVE 3: Make appropriate referrals for investigation, diagnosis and treatment

Fully Met Partially Met Not Met

Comments: _____

OBJECTIVE 4: Outline prevention strategies and infection control programs

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