

EVALUATION FORM

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 1202 Complementary Medicines: The Best Advice

Activity number: **758839**

Date Tuesday, 28th February 2012 – 8.00pm AEDT (repeat: 2nd March)

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 Satellite Broadcast Repeat Broadcast Audio File
 Online Video (webstreamed) DVD

Which group do you belong to?

General Practitioner <input type="checkbox"/>	Medical Specialist <input type="checkbox"/>	Other Allied Health Worker <input type="checkbox"/>
Nurse <input type="checkbox"/>	Aboriginal Health Worker <input type="checkbox"/>	Academic/Student <input type="checkbox"/>
Pharmacist <input type="checkbox"/>	Chinese Herbalist <input type="checkbox"/>	Advocate/Peak Body <input type="checkbox"/>
Dietitian <input type="checkbox"/>	Naturopath <input type="checkbox"/>	Complementary Medicine Practitioner <input type="checkbox"/>
Nutritionist <input type="checkbox"/>	Other Please Specify: _____	

How did you hear about the program?

Direct invitation <input type="checkbox"/>	Newsletter/Journal <input type="checkbox"/>	Professional Association <input type="checkbox"/>
Medicare Local or Division of GP <input type="checkbox"/>	Previous broadcast <input type="checkbox"/>	HealthInfoNet <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 <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: Identify the risks and benefits of complementary medicines

Fully Met Partially Met Not Met

Comments: _____

OBJECTIVE 2: Utilise credible information sources on the safety and efficacy of complementary medicines

Fully Met Partially Met Not Met

Comments: _____

OBJECTIVE 3: Communicate effectively with patients on their use

Fully Met Partially Met Not Met

Comments: _____

OBJECTIVE 4: Demonstrate awareness of the role of the TGA and its Advisory Committee on complementary medicines

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