

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 912: Out of the Shed: Overcoming the Barriers to Men's Health
Date Tuesday, 12th July, 2011 (repeat: Friday, 15th July)
Activity No. 755773

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?

Repeat Broadcast Webstream DVD Podcast

Which group do you belong to?

GP	<input type="checkbox"/>	Indigenous Health Worker	<input type="checkbox"/>	Specialist	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	Psychologist	<input type="checkbox"/>	Academic/Student	<input type="checkbox"/>
Pharmacist	<input type="checkbox"/>	Social Worker	<input type="checkbox"/>	Advocate/Peak Body	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other Allied Health	<input type="checkbox"/>	Carer/Consumer	<input type="checkbox"/>

Please Specify _____

How did you hear about the program?

Direct invitation	<input type="checkbox"/>	Newsletter/Journal	<input type="checkbox"/>	Peak Body or Association	<input type="checkbox"/>
Division of GP	<input type="checkbox"/>	Previous broadcast	<input type="checkbox"/>	Australian Government Department of Health and Ageing	<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 and information	Appropriateness of case illustrations	Usefulness of questions and replies
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* ***b. Please rate whether the learning objectives were met.***

* **OBJECTIVE 1: Discuss recent trends in male specific health concerns**

Fully Met Partially Met Not met

Comments: _____

* **OBJECTIVE 2: Describe the impact of gender on lifestyle related diseases**

Fully Met Partially Met Not met

Comments: _____

* **OBJECTIVE 3: Identify strategies for overcoming male specific barriers to patient-doctor communication**

Fully Met Partially Met Not met

Comments: _____

* **OBJECTIVE 4: Increase awareness of what constitutes culturally appropriate care for Indigenous Australian males**

Fully Met Partially Met Not met

Comments: _____

* ***c. Please rate how relevant this program was to your learning.***

Fully Relevant Partially Relevant Not Relevant

Comments: _____

* ***d. How relevant was this program to your general practice?***

Fully Relevant Partially Relevant Not Relevant

* ***e. Rate the relevance of this program to your practice needs***

Fully Relevant Partially Relevant Not Relevant

* ***f. What changes, if any, would you consider making to your work practices as a result of this program?*** _____

* ***g. Please give two examples of how you might incorporate this resource into an educational event or program.***

* ***h. What comments do you have about the presentation of this program: panel discussion, case studies, etc?***

* ***i. 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,
or send to PO Box 324 Curtin ACT, 2605, or fax to
THE RURAL HEALTH EDUCATION FOUNDATION on 1800 555 501