

PARTICIPANT EVALUATION FORM PREVENTING STROKES ONE AT A TIME WORKSHOP

DATE:

LOCATION:

1. Indicate your current role.

- Educator Admin MD Pharm RN RPN OT PT OTA/PTA
 SW RD CDA SLP Resp.Ther Rec.Ther PSW
 OTHER: _____

2. Please indicate what point of the continuum of care best describes where you work.

- Pre-Hospital Emergency Acute Care Rehab
 Ambulatory Primary Care Public Health Home Care
 Long-Term Care Other: _____

3. Indicate your years in practice: 0-1 2-5 6-10 11-19 20+

4. Indicate your years of experience in providing stroke care:

- 0-1 2-5 6-10 11-19 20+

5. Using the following scale, please rate your level of knowledge/skill/experience **BEFORE** today's workshop and **AS A RESULT OF** today's workshop for each of the following statements.

1 2 3 4 5
None or Minimal Some Extensive

or N/A=not applicable



Canadian Stroke Network

Réseau canadien contre
les accidents cérébrovasculaires



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STROKE
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How would you rate your:	BEFORE the Session	AS A RESULT OF the Session
<i>Understanding of the incidence of TIA/stroke</i>		
<i>Ability to discuss the risk of recurrent stroke</i>		
<i>Use of a consistent approach to stroke prevention based on the Canadian Stroke Strategy Best Practice Recommendations for Stroke Care</i>		
<i>Ability to management of the high risk TIA/stroke patient according to best practices.</i>		
<i>Implementation of best practices in the modification of stroke risk factors</i>		
<i>Ability to list modifiable and non modifiable risk factors for stroke</i>		
<i>Clinical practice of supporting patients to identify and understand individual risk factors for stroke</i>		
<i>Clinical practice of partnering with patients and families to develop an individualized plan for risk factor management</i>		
<i>Knowledge of existing resources for both health care practitioners and patients/families related to stroke prevention.</i>		

(Please enter a number in the boxes below)

6. Overall, to what extent did this workshop meet your expectations?

- Did not meet
 To some extent
 To a great extent
 Exceeded my expectations

Please explain: _____

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7. List **two** things that you learned today that you may try to implement in your practice.

i. _____

ii. _____

8. What would help you apply what you have identified today to change your practice?

9. What did you find **most helpful** about today's session, and why?

10. What did you find **least** helpful about today's session, and why?

11. How might this workshop be improved? General comments?

12. Do you have any topics/learning areas to suggest for future workshops?

THANK YOU FOR YOUR FEEDBACK