**Please read before filling out the form:**

* You can fill out the form below by hand or in Word.
* If using Word, save a copy on your computer and then fill it out. Where you are asked to select an option, you can use Word’s highlight tool.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** |  | **Venue** | GP Practice |
| **Name**  (optional) |  | **GP CPD No**  (if applicable) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please rate the following aspects of the activity** | **Poor** | **Adequate** | **Good** | **Excellent** |
| Overall quality of the educational components as a learning experience | 1 | 2 | 3 | 4 |
| Please rate the level of support | 1 | 2 | 3 | 4 |
| Opportunity to interact and ask questions for clarification | 1 | 2 | 3 | 4 |
| Appropriateness of the project method | 1 | 2 | 3 | 4 |
| Appropriateness of activity length to the amount of material covered | 1 | 2 | 3 | 4 |

**MEASUREMENT OF LEARNING OUTCOMES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please rate the activity against the set learning outcomes** | **Not Met** | **Partially Met** | **Completely Met** |
| Identify how GPs can routinely address alcohol related harms given the competing priorities in consultations | 1 | 2 | 3 |
| Identify the elements which make alcohol screening and BI effective from the patient perspective | 1 | 2 | 3 |
| Identify the elements which make alcohol screening and BI effective from a GP perspective | 1 | 2 | 3 |
| Recognise and respond to the variety and severity of alcohol related harm | 1 | 2 | 3 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Not Relevant** | **Partially Relevant** | **Entirely Relevant** |
| **Were your learning needs met?** | 1 | 2 | 3 |
| **Was this activity relevant to your practice?** | 1 | 2 | 3 |
| **Please indicate how participants considered this activity might have contributed to a systems-based patient safety outcome for the GP’s practice:** | 1 | 2 | 3 |

|  |
| --- |
| **ADDITIONAL COMMENTS and SUGGESTIONS FOR IMPROVEMENT OR FUTURE WORKSHOP TOPICS:** |
|  |
|  |
|  |

**See over page to complete this form**

|  |
| --- |
| **HealthPathways** is an online local health information website. It is a resource for General Practice but could be used by hospital and primary care clinicians in the community.  For future pathway development what additional HealthPathways would you consider most useful to provide you with clinical support and/or referral to hospital and community services? |
| (tick all that apply):   |  |  |  |  | | --- | --- | --- | --- | | * Bone Health | * Gastroenterology | * Ophthalmology | * Sexual Health | | * Cardiology | * Haematology | * Pain management | * Sleep | | * Dermatology | * Immunology | * Pharmacology | * Spinal | | * Endocrinology | * Nephrology | * Podiatry | * Surgery / pre op | | * ENT | * Neurology | * Rheumatology | * Urology | | Other (please specify) ­ | | | | | |  | | | | | |  | | | | | |

**Thank you for your valued feedback**

Please return this completed form to Pat Simmonds via email - [psimmonds@snhn.org.au](mailto:psimmonds@snhn.org.au) - or fax - 8088 4770