

Evaluation: Provincial Stroke Rounds – October 6th 2021

Topic: Enhanced Community Stroke Discharge Destinations

Presenter: Jeanette Masse, Margo Collver, Laura Veenstra, Meaghan Macpherson

Online Evaluation Link: <https://www.surveymonkey.com/r/DR597BH>

QR Code:



Stated Presenter Objectives - Upon Completion the participants will be able to:

- I. Describe the creation and uniqueness of the Life After Stroke Programs
- II. Discuss the benefits and processes involved in these programs
- III. Explain program evaluation methods and challenges
- IV. Describe the impact on program participants

1. Please indicate your discipline:

- | | | |
|--|---|--|
| <input type="checkbox"/> MD | <input type="checkbox"/> OT | <input type="checkbox"/> Recreation Therapist |
| <input type="checkbox"/> Medical Resident | <input type="checkbox"/> PT | <input type="checkbox"/> SLP |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> OTA/PTA | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> NP | <input type="checkbox"/> Social Work | <input type="checkbox"/> Educator |
| <input type="checkbox"/> RN | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> EMS |
| <input type="checkbox"/> RPN | <input type="checkbox"/> Registered Dietitian | <input type="checkbox"/> District Stroke Coordinator |
| | | <input type="checkbox"/> Other |

2. This session enhanced my knowledge of:

Stroke Best Practice Recommendations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Knowledge of Current Research	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. The presenters(s):

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Delivered their material clearly & effectively					
Were effective in facilitating discussion					
Provided adequate opportunities for interaction					

4. Did the presenter(s) meet their stated learning objectives? ☐ Yes ☐ No

5. How will you apply knowledge gained from this session? List one or two things you will do differently.

6. Was there an opportunity to be self-reflective? ☐ Yes ☐ No

7. Did you perceive any degree of bias in the session? ☐ Yes ☐ No

IF bias perceived, please describe:

8. Were you satisfied with use of technology? ☐ Yes ☐ No

9. Suggestions for future stroke-related topics and speakers?/Additional Comments