RURAL AND REMOTE NURSING TELEGRAND ROUNDS

EVALUATION

Presenter: _____ **Date:** _____
Title of presentation: _____
Your location: _____

1 How long have you been employed in a rural health facility?

☐ < 1 yr ☐ 1 – 5 yrs ☐ 5 -10 yrs ☐ 10 – 15 yrs ☐ >15yrs

How would you rate the videoconference technically (audio and picture)?

1 2 3 4

Poor Excellent

Comments _____

2 Did the presentation and case discussion lead you to reflect on your team's clinical practice?

☐ Yes ☐ No

How? _____

3 Did the presentation and case discussion lead you to reflect on your own individual clinical practice?

☐ Yes ☐ No

In what way? _____

4 Does your facility have a peer review process to generate clinical information exchange and group discussion which can be used to add value to your clinical practice?

☐ Yes ☐ No

If yes, please describe? _____

5 How would you rate the value to you of this Tele Grand Round session in prompting professional interaction and the sharing of knew knowledge amongst other geographically remote clinicians within your AHS?

1 2 3 4

Poor Excellent

Comments _____

6 What was the key learning from the case?

_____

7. What would have made the session better for you?

_____

THANKYOU. Please hand your completed evaluation to your site spokesperson to be returned to Jenny Preece Fax 66572577

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