ACI NSW Agency for Clinical Innovation

NSW SSCIS NSW State Spinal Cord Injury Service
In coordination with the Spinal Services of ■ Royal North Shore Hospital ■ Prince of Wales Hospital ■ Royal Rehabilitation Centre Sydney ■ The Sydney Children's Hospital ■ The Children's Hospital at Westmead

AUTONOMIC DYSREFLEXIA (AD) - POST - EDUCATION SESSION EVALUATION

Thank you for completing this evaluation after attending the education session on AD. Many thanks.

What is your area of employment?

☐ ED ☐ ICU ☐ Acute Hospital (ward). Please specify ……..
☐ Community ☐ Other Please specify ……

What is your discipline?

☐ Paramedic ☐ Nurse ☐ Allied Health Professional
☐ Doctor ☐ Case Manager ☐ Other ……

		Please circle appropriate number									
	On a scale of 1-10:	**Not at all confident** ◄									► **Very confident**
1	How confident are you in recognising signs and symptoms of AD in clients with spinal cord injuries?	1	2	3	4	5	6	7	8	9	10
2	How would you rate your knowledge after the education session on the topic 'AD and Spinal Cord Injury'?	1	2	3	4	5	6	7	8	9	10
3	How confident do you feel in working with AD in spinal cord injured clients?	1	2	3	4	5	6	7	8	9	10
4	Having participated in the AD education session, would you now change your practice when working with spinal cord injured clients at risk of AD?										
	If **Yes** – how? If **No –** why not? …… ……										

		Please circle appropriate response				
5	There was a good balance of theory and practice	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
6	I learnt new things	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	Please give examples: ……					
7	Overall evaluation of the AD Education package	Poor	Fair	Good	Very Good	Excellent
8	Did the education session meet your expectations?		YES	NO		
9	What did you find most valuable? ……					
10	What did you find least valuable? ……					
11	Please add any other comments on the education session. ……					
12	Do you have any suggestions for further education related to AD? ……					

Thank you for completing this POST AD Education Session Evaluation form.

Please FAX both completed forms to Fax 02 8644 2148 Attention Manager, SSCIS
(PRE – Education Session Survey **&** POST AD Education Session Evaluation Form)

Further information on Autonomic Dysreflexia is available on http://www.health.nsw.gov.au/gmct/spinal/resources.asp

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