



## PARTICIPANT EVALUATION FORM

### High Risk TIA: Identification and Management

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_ NAME OF FACILITATOR: \_\_\_\_\_  
of session

\*1. Please indicate your discipline.

- Educator  
  Admin  
  MD  
  Pharm  
  NSG  
  OT  
  PT  
  OTA/PTA  
  SW  
  RD  
  CDA  
 SLP  
 Rec. Ther  
 OTHER: Please describe: \_\_\_\_\_

\*2. Please indicate your work location.

<input type="checkbox"/> Pre-Hospital	<input type="checkbox"/> Emergency	<input type="checkbox"/> Acute Care	<input type="checkbox"/> Rehab: Inpt. ___ Outpt. ___	<input type="checkbox"/> Outpatient Care
<input type="checkbox"/> Physician Clinic	<input type="checkbox"/> Public Health	<input type="checkbox"/> Community	<input type="checkbox"/> Long-Term Care	<input type="checkbox"/> Other: _____

3. Please rate your level of knowledge/skill/experience **BEFORE** today's session and **AFTER** today's session with respect to the learning objectives.

NONE or MINIMAL Knowledge/Skill/Experience			SOME Knowledge/Skill/Experience			EXTENSIVE Knowledge/Skill/Experience		
1	2	3	4	5	6	7	8	9

(Please enter a number in the boxes below)

How would you rate your ability to:	BEFORE the Session	AFTER the Session
1. Identify Clinical Predictors of stroke following a transient ischemic attack (TIA)		
2. Describe how neurovascular imaging may assist to identify those patients at increased risk of stroke following a transient ischemic attack (TIA)		
3. Describe the appropriate management of a high risk TIA patient		

4. List three things that you learned today that you might implement in your practice.

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

7. How might this session be improved?

\_\_\_\_\_

\_\_\_\_\_

8. Do you have any topics/learning areas to suggest for future session?

\_\_\_\_\_

9. Other comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In 3 months time, participants will be randomly selected to comment on changes to practice that may have resulted from this education session. If you would prefer to be contacted by email, please indicate your email address:**

\_\_\_\_\_

**THANK YOU FOR YOUR FEEDBACK**