**Care Partners Inpatient Rehabilitation**

**Evaluation of Educational Activity**

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| **Activity Title: Reducing Falls In Older Adults after Stroke** |  |
| **Date: May 22, 2013**  **Location: Care Partners Educational Classroom** |  |
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**I. Please rate the effectiveness of this in-service presentation**

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| **Objectives Achieved**  **At the end of this presentation, the participant will be able to:** | **Excellent** | **Good** | **Fair** | **Poor** |
| Objective 1 Understand basic stroke-specific etiologies for falls in individuals after stroke |  |  |  |  |
| Objective 2 Have a general overview of available interventions commonly used in the clinic |  |  |  |  |
| Objective 3 Understand, more in-depth, three common interventions aimed at decreasing stroke-related falls in inpatient rehabilitation. |  |  |  |  |
| Objective 4Understand and apply the training parameters for balance training and the importance to cater those to each individual patient. |  |  |  |  |

**II. Please evaluate the expertise of each faculty member individually.**

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| Presenter | **Excellent** | **Good** | **Fair** | **Poor** |
| **Natalie Chapin** |  |  |  |  |

**III. Please help us improve our educational offerings by taking a moment to answer the following questions:**

A. Would you recommend this activity or class to others?  Yes  No

If no, please indicate reason:

1. Did you find the teaching method and/or style of presentation effective for your learning needs?  Yes  No If no, please indicate reason:
2. How do you plan to use this information in your practice setting?
3. Please rate the educational materials (1-5) provided on effectiveness and organization and specify reason for rating received.

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1. General comments and/or suggestions: