

Evaluation: Provincial Stroke Rounds - February 3rd, 2021

Topic: Health Equity in Stroke

Presenter: Dr. Atif Zafar

Online Evaluation Link: <https://www.surveymonkey.com/r/NKFZGGC> **QR Code:**



Stated Presenter Objectives

Upon Completion the participants will be able to:

1. Discuss (in)equity in stroke care in North America
2. Discuss impact of geographic stroke inequity and potential solutions
3. Discuss racial and other disparities in stroke and potential answers to the problem

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) were:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Clear and effective in delivering their material					
Effective in facilitating discussion					

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

5.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
This program enhanced my knowledge					

Please scan completed evaluations to Dorothy Burrige at burriged@rvh.on.ca

6. What was the most important knowledge, skill or attitude you acquired in this session?

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

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

9. Did the presenter(s) provide adequate opportunities for interaction? ☐ Yes ☐ No

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

11. IF bias perceived, please describe:

12. Were you satisfied with:

The use of technology	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The time of day	<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. What suggestions do you have for future stroke-related topics and speakers?

14. Additional Comments