

**Evaluation:** Provincial Stroke Rounds – June 1<sup>st</sup>, 2022

**Topic:** Return to Work, Income, and Access to Social Services & Resources for Low Income Stroke Survivors

**Presenters:** Katrine Sauvé-Schenk and Patrick Duong

**Online Evaluation Link:** <https://www.surveymonkey.com/r/6BTTH6J>

**QR Code:**



**Stated Presenter Objectives: Upon completion, participants will be able to:**

- Explain challenges related to return to work after stroke in Ontario.
- Identify opportunities for supporting stroke survivors, who are facing barriers with return to work, to access social services and community resources.

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):

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Delivered their material clearly & effectively					
Were effective in facilitating discussion					
Provided adequate opportunities for interaction					

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

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

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

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

**IF** bias perceived, please describe:

8. Were you satisfied with use of technology?  Yes  No

9. Suggestions for future stroke-related topics and speakers?/Additional Comments