

APPENDIX 5: EVALUATION

Please complete the following survey and send responses to:

Mail: Alberta Health Services - Screening Programs
2210-2nd St. S.W. Calgary, Alberta Canada T2S 3C3

E-mail: ACCSP@albertahealthservices.ca **Fax:** 1-888-944-3388

Learning Module Evaluation

Please complete the following evaluation of the **Learning Module** to help improve future revisions.

Questions below use the following scale:

1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree

Please comment on any 'disagree' ratings to further support continuous improvement.

1. I achieved the learning module goals and objectives. 1 2 3 4 5

Explain: _____

2. The learning module content increased my knowledge of cervical cancer, cervical cancer screening, and Pap testing techniques. 1 2 3 4 5

Explain: _____

3. The recommended readings increased my knowledge of cervical cancer, cervical cancer screening, and Pap testing techniques. 1 2 3 4 5

Explain: _____

4. The Pre/Post-Tests helped me to assess my knowledge and areas of improvement. 1 2 3 4 5

Explain: _____

5. The Case Studies enhanced my learning regarding sensitive approaches to client examination and counselling. 1 2 3 4 5

Explain: _____

6. The Assessment Tools were useful in assessing my skills and competencies. 1 2 3 4 5

Explain: _____

7. What did you find MOST useful about the learning module?

8. What did you find NOT useful about the learning module?

9. What other information would be helpful to include in this module?

Do you consent to AHS contacting you directly to help us evaluate the Learning Module?

Yes ___ No ___ If Yes, please write down your contact information below:

Name _____ Phone # _____

Email address _____

Thank you for completing Part A of this evaluation.