



ACUTE STROKE UNIT ORIENTATION RESOURCE: EVALUATION

Thank you for taking the time to complete this survey! Your responses will assist us in making changes and improvements to the Acute Stroke Unit Orientation Resource. There are 14 questions, the majority of which are multiple choice, and some short answer.

Please return this completed evaluation form to the person that provided you with a copy of the SWO Acute Stroke Unit Orientation Binder. This person should email the completed evaluation tool to jennifer.beal@lhsc.on.ca or elissa.najm@lhsc.on.ca, or fax a copy to Jennifer Beal/Elissa Najm at 519-663-3753.

1. Please specify your discipline:

RN

RPN

Other (please specify): _____

2. Please specify the Continuum of Care in which you work:

ED

Acute Care

Rehab

Other (please specify): _____

3. What is the name of the organization where you work?

4. Years of experience in healthcare:

0 - 3 years

4 - 8 years

8 - 12 years

12+ years

5. Years of experience in stroke care:

- 0 - 3 years
- 4 - 8 years
- 8 - 12 years
- 12+ years

6. Are you currently working in a Stroke Unit?

- Yes
- No

Comments: _____

7. If you answered YES to question 6, please specify below the type of Stroke Unit you are working in:

- Hyperacute/Acute
- Integrated Stroke Unit (Acute/Rehab)

8. Please indicate below the modules of the Acute Stroke Unit Orientation Resource that you completed (check all that apply):

- Module 1: Pathophysiology of a Stroke, Neuroanatomy, and Stroke Syndromes
- Module 2: Acute Stroke Management
- Module 3: Pre-hospital and Emergency Management
- Module 4: Diagnostics and Assessments
- Module 5: NIHSS or CNS Training
- Module 6: Swallowing, Feeding and Oral Care
- Module 7: Mobility, Positioning and Transfers
- Module 8: Secondary Stroke Prevention
- Module 9: Cognition, Perception, and Behaviour
- Module 10: Stroke and Depression
- Module 11: Intimacy Post-Stroke
- Supplemental Modules (Dysphagia Screening; Monitoring/Telemetry; Pharmacology; Hospital-Specific Chart Forms; Other Resources)

Module 2: Acute Stroke Management

Poor Good Excellent N/A

Comments: _____

Module 3: Pre-Hospital and Emergency Management

Poor Good Excellent N/A

Comments: _____

Module 4: Diagnostics and Assessments

Poor Good Excellent N/A

Comments: _____

Module 5: NIHSS or CNS Training

Poor Good Excellent N/A

Comments: _____

Module 6: Swallowing, Feeding and Oral Care

Poor Good Excellent N/A

Comments: _____

Module 7: Mobility, Positioning, and Transfers

Poor Good Excellent N/A

Comments: _____

Module 8: Secondary Stroke Prevention

Poor Good Excellent N/A

Comments: _____

Module 9: Cognition, Perception, and Behaviour

Poor Good Excellent N/A

Comments: _____

Module 10: Stroke and Depression

Poor Good Excellent N/A

Comments: _____

Module 11: Intimacy Post-Stroke

Poor Good Excellent N/A

Comments: _____

Supplemental Modules (Dysphagia Screening; Monitoring/Telemetry; Pharmacology; Hospital-Specific Chart Forms; Other Resources)

Poor Good Excellent N/A

Comments: _____

12. Please provide 2 examples of how your practice with stroke patients will change or has changed as a result of the knowledge gained from the Acute Stroke Unit Orientation binder:

a. _____

b. _____

13. How much time did you require to complete one module? Please specify:

14. Additional comments:

Thank you for your feedback!