

Provincial Stroke Rounds Evaluation – May 5th, 2021

Topic: Stroke in the Young Adults: Patient Reported Outcomes and Psychosocial Needs

Presenter: Dr. Aleksandra Pikula

Online Evaluation Link: <https://www.surveymonkey.com/r/Z32MWVG>

QR Code:



Stated Presenter Objectives - Upon Completion the participants will be able to:

- i. Identify the current gaps in supporting the needs of young persons with stroke based on available literature
- ii. Describe the PROMs and psychosocial needs of young persons with stroke through lived-experience
- iii. Reflect on next steps to address identified gaps to support the needs of young persons with stroke

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