

## Stroke Rehabilitation Unit Orientation: EVALUATION

Thank you for taking the time to complete this evaluation! Your responses will assist us in making changes and improvements to the Southwestern Ontario Stroke Network (SWOSN) Stroke Rehabilitation Unit Orientation resource. There are 14 questions, the majority of which are multiple choice, and some short answer.

If completing the printed version, please return this completed evaluation form to the person that provided you with a copy of the Stroke Rehabilitation Unit Orientation. This person should email the completed evaluation tool to the SWOSN Administrative Assistant at [swostrokestrategy@lhsc.on.ca](mailto:swostrokestrategy@lhsc.on.ca).

1. Please specify your discipline:

RN

RPN

Other (please specify): \_\_\_\_\_

2. Please specify the part of the continuum of care in which you work:

Acute Care

Inpatient rehabilitation/Rehab

Outpatient/community rehabilitation

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 Rehabilitation Unit?

Yes

No

Comments: \_\_\_\_\_

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

Stroke Rehabilitation Unit

Integrated Stroke Unit (Acute/Rehab)

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

Module 1: Pathophysiology of a Stroke, Neuroanatomy, and Stroke Syndromes

Module 2: Stroke Rehabilitation Management

Module 3: Monitoring for Vascular Risk Factors

Module 4: Continence

Module 5: Swallowing, Nutrition and Oral Care

Module 6: Communication

Module 7: Cognition, Vision and Perception

Module 8: Self Care and Activities of Daily Living

Module 9: Positioning, Transfers and Ambulation

Module 10: Mood and Behaviour Changes

Module 11: Sexuality Post-Stroke

Module 12: Secondary Stroke Prevention

Supplemental Modules (Supported Conversation for Adults with Aphasia, Nutrition Support Using Enteral Feeding, Screening for Depression, Screening for Dysphagia, Pharmacology, Hospital Specific Forms, Other Resources)

9. Which modules were most helpful? (check all that apply)

Module 1: Pathophysiology of a Stroke, Neuroanatomy, and Stroke Syndromes

Module 2: Stroke Rehabilitation Management

Module 3: Monitoring for Vascular Risk Factors

Module 4: Continence

Module 5: Swallowing, Nutrition and Oral Care

Module 6: Communication

Module 7: Cognition, Vision and Perception

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Module 11: Sexuality Post-Stroke

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Supplemental Modules (Supported Conversation for Adults with Aphasia, Nutrition Support Using Enteral Feeding, Screening for Depression, Screening for Dysphagia, Pharmacology, Hospital Specific Forms, Other Resources)

10. For the modules that you indicated as helpful in question 9, why were these modules helpful?  
Please explain:

11. Please provide two examples of how your practice with stroke patients will change or has changed as a result of the knowledge gained from the Stroke Rehabilitation Unit Orientation:

i.

ii.

12. For each module you completed, please rate the module for content quality using the rating scale. Feel free to provide any additional comments or ideas on how the module could be improved:

**Module 1: Pathophysiology of Stroke, Neuroanatomy, and Stroke Syndromes**

Poor      Needs Improvement      Good      Excellent      N/A

Comments: \_\_\_\_\_

**Module 2: Stroke Rehabilitation Management**

Poor      Needs Improvement      Good      Excellent      N/A

Comments: \_\_\_\_\_

**Module 3: Monitoring for Vascular Risk Factors**

Poor      Needs Improvement      Good      Excellent      N/A

Comments: \_\_\_\_\_

**Module 4: Continence**

Poor      Needs Improvement      Good      Excellent      N/A

Comments: \_\_\_\_\_

**Module 5: Swallowing, Nutrition and Oral Care**

Poor      Needs Improvement      Good      Excellent      N/A

Comments: \_\_\_\_\_

**Module 6: Communication**

Poor      Needs Improvement      Good      Excellent      N/A

Comments: \_\_\_\_\_

**Module 7: Cognition, Vision and Perception**

Poor      Needs Improvement      Good      Excellent      N/A

Comments: \_\_\_\_\_

**Module 8: Self Care and Activities of Daily Living**

Poor      Needs Improvement      Good      Excellent      N/A

Comments: \_\_\_\_\_

**Module 9: Positioning, Transfers and Ambulation**

Poor      Needs Improvement      Good      Excellent      N/A

Comments: \_\_\_\_\_

**Module 10: Mood and Behaviour Changes**

Poor      Needs Improvement      Good      Excellent      N/A

Comments: \_\_\_\_\_

**Module 11: Sexuality Post-Stroke**

Poor      Needs Improvement      Good      Excellent      N/A

Comments: \_\_\_\_\_

**Module 12: Secondary Stroke Prevention**

Poor      Needs Improvement      Good      Excellent      N/A

Comments: \_\_\_\_\_

**Supplemental Modules** (Supported Conversation for Adults with Aphasia, Nutrition Support Using Enteral Feeding, Screening for Depression, Screening for Dysphagia, Pharmacology, Hospital Specific Forms, Other Resources)

Poor      Needs Improvement      Good      Excellent      N/A

Comments: \_\_\_\_\_

13. On average, how much time did you require to complete one module? Please specify:

14. Additional comments:

**Thank you for your feedback!**