

CCSMH Late Life Suicide Prevention Toolkit EVALUATION for LEARNERS

DATE: _____

1. In which province/territory do you live? _____

2. In which type of setting do you work? Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> University/College |
| <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Community |
| <input type="checkbox"/> Private Practice | |
| <input type="checkbox"/> Other (please specify): _____ | |

3. If you are a student, what is your discipline and level:

- | | |
|---|--|
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Undergraduate |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Graduate |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Resident |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Fellow |
| <input type="checkbox"/> Psychology | |
| <input type="checkbox"/> Social work | |
| <input type="checkbox"/> Other (please specify) _____ | |

4. Please rate the following aspects of the presentation

	Excellent	Good	Average	Fair	Poor	N/A
Content of the DVD						
Content of the PowerPoint presentation						
Content of the clinician pocket-card						
Quality of the learning materials presented? (i.e. DVD, PowerPoint, clinician pocket-card, national guidelines)						
How would you rate the presentation overall?						

5. Please provide any general comments or suggestions about this education session:

6. Please list 1-2 new points or concepts you learned in this session:

7. Please list 1-2 changes you will make in your practice as a result of this session:

8. As a result of this educational session:

	Strongly agree	Somewhat agree	Neutral	Somewhat disagree	Strongly disagree
I am now more aware of the CCSMH Guidelines on the Assessment of Suicide Risk in Seniors.					
I am now more knowledgeable about the topic of late life suicide.					
I am now more likely to screen for suicide risk factors in older adults.					
I am now more likely to refer to the CCSMH Guidelines to help answer questions about suicide risk in older adults.					
I am now more likely to integrate components of the CCSMH Late Life Suicide Prevention Toolkit into my work with older adults.					

Thank you for taking the time to complete this survey.

Please return this form to the Canadian Coalition for Seniors' Mental Health at your earliest convenience (attn: Project Manager):

e-mail: shelsdingen@baycrest.org

fax: 416-785-2492

mail: Baycrest, 3560 Bathurst Street, Room 311, West Wing, Old Hospital, Toronto, ON M6A 2E1

For more information about the CCSMH, please visit www.ccsmh.ca or call 416-785-2500 ext. 6331.