



2019 ACCESS Rounds Evaluation Form

Thank you for participating in the VA-Community Collaboration in Veteran **Access to Care Rounds** to support information sharing and collaboration. Please take a moment to provide feedback on this program.

1. Please indicate how much each statement reflects your experience of the session.

	Statement	Not at all 1	2	3	4	A great deal 5
CONTENT	I have a better understanding of how to connect Veterans with services/support within the VA as a result of attending.	<input type="checkbox"/>				
	I have a better understanding of how to connect Veterans with services/support available in the community as a result of attending.	<input type="checkbox"/>				
	I have concrete things I can do to enhance my work with Veterans.	<input type="checkbox"/>				
	This session helped me think about opportunities for care coordination between service providers.	<input type="checkbox"/>				
	The session provided opportunities to forge new collaborations.	<input type="checkbox"/>				
	I am interested in attending future Access to Care Rounds sessions.	<input type="checkbox"/>				
DELIVERY	I will recommend this program to my colleagues.	<input type="checkbox"/>				
	Materials, including handouts, added value to the session.	<input type="checkbox"/>				
	The presentation was well organized (i.e., easy to follow).	<input type="checkbox"/>				
	The presentation was engaging and interesting.	<input type="checkbox"/>				
	There were enough opportunities for questions and discussion.	<input type="checkbox"/>				
	Overall, the session was effective.	<input type="checkbox"/>				

2. What change(s), if any, do you plan to make to your practice as a result of participating in this session? Please check all that apply.

- Change in professional practice *please specify:*
- Change in policy/ procedure *please specify:*
- Other, *please specify:*
- I do not plan to make specific changes to my practice as a result of this session.



3. What aspects of this session did you particularly like or think worked well?

4. What changes would you make to improve this session?

5. What topics would you suggest for future sessions?

6. With which sector are you affiliated?

- Medicine
- Mental Health
- Social Services
- Law enforcement
- Legal
- Other, *please specify*: _____

Please continue to question 7. Otherwise, skip.

7. What is your role? Please check all that apply.

- Dietitian
- Educator, please specify type: _____
- Nurse practitioner
- Pharmacist
- Physical or occupational therapist
- Physician
- Physician assistant
- Psychologist
- Registered Nurse
- Researcher
- Respiratory therapist
- Social worker
- Speech Language Pathologist
- Student/trainee, *specify program*: _____
- I am a Veteran.
- I am a caregiver of a Veteran.
- Other, *please specify*: _____