

'Can Do' Network Training Registration and Evaluation Forms

The forms included in this package are to be used for the following 'Can Do' Network Training Workshops:

Original Teams of Two Network Training

- Alcohol and depression
- Benzodiazepines and anxiety
- Cannabis, mental health and young people
- Amphetamines and psychosis
- Drugs, pain and opioid dependence
- Drugs, sexual health and pregnancy

Population Groups Network Training

- 'Can Do' for Families and Carers
- 'Can Do' for Older People
- 'Can Do' for Men in Rural Areas
- 'Can Do' for Young Mothers
- 'Can Do' for Culturally and Linguistically Diverse People

The forms are **NOT** to be used for:

- 'Can Do' for Indigenous
- 'Can Do' for Young People, Families and Carers (all three units)
- 'Can Do' for Veterans

The evaluation forms for these modules can be found with the packages on the 'Can Do' website:

www.agpncando.com

Contains (in order):

- GP Registration Form
- Community Pharmacist Registration Form
- Mental Health Professional Registration Form
- Drug and Alcohol Professional Registration Form
- Other Health or Community Services Registration Form
- Participant Workshop Evaluation
- Organiser Post-Workshop Feedback Form

GP Registration Form

Evaluation Consent:

We are conducting an external evaluation of the 'Can Do' initiative. We would like your consent to be contacted for a short post-workshop follow-up questionnaire (by mail) in approximately 3 months. All responses are strictly confidential, and no names will be linked to any responses. If you have any questions about the evaluation, please contact Dr Deanna Pagnini on 0403 755 255.

Please tick the box if willing to participate:

I consent to participating in the 3 month post-workshop follow-up

I prefer to receive the follow-up by email. Email address: _____

Workshop Registration:

Name: _____ Date: _____

Postal PO Box: _____ Street Address: _____

Address: Suburb/Town: _____ State: _____ Postcode: _____

Contact: Phone: _____ Fax: _____

What do you hope to get out of participating in this 'Can Do' networking workshop?

Your experiences and opinions are invaluable and will help ensure that 'Can Do' is able to meet the needs of the participants. We would ask that you complete the following set of questions for our national evaluation. All responses will remain confidential. Thank you.

Question 1. How **confident** do you feel managing patients with mental health and drug/alcohol comorbidities?

extremely confident	confident	somewhat confident	not at all confident
---------------------	-----------	--------------------	----------------------

Question 2. How would you rate your current level of knowledge about the **services** offered by:

a. the local Mental Health Service	excellent	good	fair	poor
b. the local Drug & Alcohol Service	excellent	good	fair	poor
c. local Community Pharmacists	excellent	good	fair	poor

Question 3. How would you rate your level of knowledge about **how to access** the services offered by:

a. the local Mental Health Service	excellent	good	fair	poor
b. the local Drug & Alcohol Service	excellent	good	fair	poor
c. local Community Pharmacists	excellent	good	fair	poor

Question 4. How would you characterize the **current relationship** between local GPs and:

a. the local Mental Health Service	excellent	good	fair	poor
b. the local Drug & Alcohol Service	excellent	good	fair	poor
c. local Community Pharmacists	excellent	good	fair	poor

Question 5. How **confident** do you feel in the ability of the local Mental Health Service to provide care for your patients with mental health problems?

extremely confident	confident	somewhat confident	not at all confident
---------------------	-----------	--------------------	----------------------

Question 6. How **confident** do you feel in the ability of the local Drug & Alcohol Service to provide care for your patients with substance misuse problems?

extremely confident	confident	somewhat confident	not at all confident
---------------------	-----------	--------------------	----------------------

Question 7. In the past 6 months, have you **referred** any of your patients with mental health and/or substance misuse issues to the following services for assistance?

a. the local Mental Health Service	no	yes, approximately how many?
b. the local Drug & Alcohol Service	no	yes, approximately how many?
c. local Community Pharmacists	no	yes, approximately how many?

Question 8. How easy was it for **your patients** to access the following services?

a. the local Mental Health Service	extremely easy	easy	difficult	extremely difficult	don't know	N/A
b. the local Drug & Alcohol Service	extremely easy	easy	difficult	extremely difficult	don't know	N/A

Question 9. If you have referred to the following services, how satisfied have you been with the **follow-up**?

a. the local Mental Health Service	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A
b. the local Drug & Alcohol Service	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A
c. local Community Pharmacists	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A

Question 10. On average, how much **contact** do you currently have with:

a. the local Mental Health Service	weekly or more	monthly or more	bi-monthly	once or twice a year	none
b. the local Drug & Alcohol Service	weekly or more	monthly or more	bi-monthly	once or twice a year	none
c. local Community Pharmacists	weekly or more	monthly or more	bi-monthly	once or twice a year	none

Please add any further comments you may have on the relationship between local GPs and:

a. the local Mental Health Service	
b. the local Drug & Alcohol Service	
c. local Community Pharmacists	

Thank you for your participation

Community Pharmacist Registration Form

Evaluation Consent:

We are conducting an external evaluation of the 'Can Do' initiative. We would like your consent to be contacted for a short post-workshop follow-up questionnaire (by mail) in approximately 3 months. All responses are strictly confidential, and no names will be linked to any responses. If you have any questions about the evaluation, please contact Dr Deanna Pagnini on 0403 755 255.

Please tick the box if willing to participate:

I consent to participating in the 3 month post-workshop follow-up

I prefer to receive the follow-up by email. Email address: _____

Workshop Registration:

Name: Mr/Mrs/Ms _____ Date: _____

Postal PO Box: _____ Street Address: _____

Address: Suburb/Town: _____ State: _____ Postcode: _____

Contact: Phone: _____ Fax: _____

What do you hope to get out of participating in this 'Can Do' networking workshop?

Your experiences and opinions are invaluable and will help ensure that 'Can Do' is able to meet the needs of the participants. We would ask that you complete the following set of questions for our national evaluation. All responses will remain confidential. Thank you.

Question 1. How **confident** do you feel working with clients with mental health and drug/alcohol comorbidities?

extremely confident confident somewhat confident not at all confident

Question 2. How would you rate your current level of knowledge about the **services** offered by:

a. the local Mental Health Service	excellent	good	fair	poor
b. the local Drug & Alcohol Service	excellent	good	fair	poor
c. local GPs	excellent	good	fair	poor

Question 3. How would you rate your current level of knowledge about **how to access** the services offered by:

a. the local Mental Health Service	excellent	good	fair	poor
b. the local Drug & Alcohol Service	excellent	good	fair	poor
c. local GPs	excellent	good	fair	poor

Question 4. How would you characterize the **current relationship** between local Community Pharmacists and:

a. the local Mental Health Service	excellent	good	fair	poor
b. the local Drug & Alcohol Service	excellent	good	fair	poor
c. local GPs	excellent	good	fair	poor

Question 5. In the past 6 months, have you **suggested** any clients with mental health and/or drug & alcohol issues attending your pharmacy contact the following services for assistance?

a. the local Mental Health Service	no	yes, approximately how many?
b. the local Drug & Alcohol Service	no	yes, approximately how many?
c. local GPs	no	yes, approximately how many?

Question 6. Have you developed any **policies or protocols*** within your pharmacy for working with:
*(eg. Home Medicine Review, care plans, case conferences, etc...)

a. the local Mental Health Service	no	yes, please describe:
b. the local Drug & Alcohol Service	no	yes, please describe:
c. local GPs	no	yes, please describe:

Question 7. On average, how much **contact** do you currently have with:

a. the local Mental Health Service	weekly or more	monthly or more	bi-monthly	once or twice a year	none
b. the local Drug & Alcohol Service	weekly or more	monthly or more	bi-monthly	once or twice a year	none
c. local GPs	weekly or more	monthly or more	bi-monthly	once or twice a year	none

Question 8. How would you rate the availability of each service for **communication** with you?

a. the local Mental Health Service	excellent	good	fair	poor
b. the local Drug & Alcohol Service	excellent	good	fair	poor
c. local GPs	excellent	good	fair	poor

Please add any further comments you have on the relationship between local Community Pharmacists and:

a. the local Mental Health Service	
b. the local Drug & Alcohol Service	
c. local GPs	

Thank you for your participation

Mental Health Professional Registration Form

Evaluation Consent:

We are conducting an external evaluation of the 'Can Do' initiative. We would like your consent to be contacted for a short post-workshop follow-up questionnaire (by mail) in approximately 3 months. All responses are strictly confidential, and no names will be linked to any responses. If you have any questions about the evaluation, please contact Dr Deanna Pagnini on 0403 755 255.

Please tick the appropriate boxes if willing to participate:

- I consent to participating in the 3 month post-workshop follow-up
- I prefer to receive the follow-up by email. Email address: _____

Workshop Registration:

Name: Mr/Mrs/Ms _____ Date: _____

Postal PO Box: _____ Street Address: _____

Address: Suburb/Town: _____ State: _____ Postcode: _____

Contact: Phone: _____ Fax: _____

Type of Service: public community-based mental health service public in-patient mental health service
 NGO mental health service private practice

What do you hope to get out of participating in this 'Can Do' networking workshop?

Your experiences and opinions are invaluable and will help ensure that 'Can Do' is able to meet the needs of the participants. We would ask that you complete the following set of questions for our national evaluation. All responses will remain confidential. Thank you.

Question 1. How **confident** do you feel working with clients with mental health and drug/alcohol comorbidities?

extremely confident confident somewhat confident not at all confident

Question 2. About what percent of your clients also have a **drug and/or alcohol comorbidity**?

<10% 10-24% 25-49% 50-74% 75-100%

Question 3. How confident do you feel in the **ability of the local GPs** to provide mental health care for your clients with mental health problems?

extremely confident confident somewhat confident not at all confident

Question 4. Is your Mental Health Service co-located with the Drug & Alcohol Service? yes no

Question 5. How would you characterize the **current relationship** between your local Mental Health Service and:

a. the local GPs	excellent	good	fair	poor
b. the local Drug & Alcohol Service	excellent	good	fair	poor
c. local Community Pharmacists	excellent	good	fair	poor

Question 6. How would you rate the availability of each service for **communication** with you?

a. local GPs	excellent	good	fair	poor
b. the local Drug & Alcohol Service	excellent	good	fair	poor
c. local Community Pharmacists	excellent	good	fair	poor

Question 7. Are you aware of any **policies or protocols*** within your service for working with:

*(eg. follow-up forms, care plans, case conferences, etc...)

a. local GPs	no	yes, please describe:
b. the local Drug & Alcohol Service	no	yes, please describe:
c. local Community Pharmacists	no	yes, please describe:

Question 8. In the past 6 months, have you **referred** any of your clients to:

a. local GPs	no	yes, approximately how many?
b. the local Drug & Alcohol Service	no	yes, approximately how many?
c. local Community Pharmacists	no	yes, approximately how many?

Question 9. How easy was it for your clients to **access** the following services?

a. local GPs	extremely easy	easy	difficult	extremely difficult	don't know	N/A
b. the local Drug & Alcohol Service	extremely easy	easy	difficult	extremely difficult	don't know	N/A
c. local Community Pharmacists	extremely easy	easy	difficult	extremely difficult	don't know	N/A

Question 10. If you have referred to the following services, how satisfied have you been with the **follow-up**?

a. local GPs	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A
b. the local Drug & Alcohol Service	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A
c. local Community Pharmacists	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A

Question 11. On average, how much **contact** do you currently have with:

a. local GPs	weekly or more	monthly or more	bi-monthly	once or twice a year	none
b. the local Drug & Alcohol Service	weekly or more	monthly or more	bi-monthly	once or twice a year	none
c. local Community Pharmacists	weekly or more	monthly or more	bi-monthly	once or twice a year	none

Please add any further comments you have on the relationship between your Mental Health Service and other local services:

Thank you for your participation

Drug & Alcohol Professional Registration Form

Evaluation Consent:

We are conducting an external evaluation of the 'Can Do' initiative. We would like your consent to be contacted for a short post-workshop follow-up questionnaire (by mail) in approximately 3 months. All responses are strictly confidential, and no names will be linked to any responses. If you have any questions about the evaluation, please contact Dr Deanna Pagnini on 0403 755 255.

Please tick the appropriate boxes if willing to participate:

- I consent to participating in the 3 month post-workshop follow-up
- I prefer to receive the follow-up by email. Email address: _____

Workshop Registration:

Name: Mr/Mrs/Ms _____ Date: _____

Postal Address: PO Box: _____ Street Address: _____
 Suburb/Town: _____ State: _____ Postcode: _____

Contact: Phone: _____ Fax: _____

Type of Service: public drug & alcohol service NGO mental health service private practice

What do you hope to get out of participating in this 'Can Do' networking workshop?

Your experiences and opinions are invaluable and will help ensure that 'Can Do' is able to meet the needs of the participants. We would ask that you complete the following set of questions for our national evaluation. All responses will remain confidential. Thank you.

Question 1. How **confident** do you feel working with clients with mental health and drug/alcohol comorbidities?

extremely confident confident somewhat confident not at all confident

Question 2. About what percent of your clients also have a **mental health comorbidity**?

<10% 10-24% 25-49% 50-74% 75-100%

Question 3. How confident do you feel in the **ability of the local GPs** to provide mental health care for your clients with drug & alcohol problems?

extremely confident confident somewhat confident not at all confident

Question 4. Is your Drug & Alcohol Service **co-located** with the Mental Health Service? yes no

Question 5. How would you characterize the **current relationship** between your local Drug & Alcohol Service and:

a. the local GPs	excellent	good	fair	poor
b. the local Mental Health Service	excellent	good	fair	poor
c. local Community Pharmacists	excellent	good	fair	poor

Question 6. How would you rate the availability of each service for **communication** with you?

a. local GPs	excellent	good	fair	poor
b. the local Mental Health Service	excellent	good	fair	poor
c. local Community Pharmacists	excellent	good	fair	poor

Question 7. Are you aware of any **policies or protocols*** within your service for working with:

*(eg. follow-up forms, care plans, case conferences, etc...)

a. local GPs	no	yes, please describe:
b. the local Mental Health Service	no	yes, please describe:
c. local Community Pharmacists	no	yes, please describe:

Question 8. In the past 6 months, have you **referred** any of your clients to:

a. local GPs	no	yes, approximately how many?
b. the local Mental Health Service	no	yes, approximately how many?
c. local Community Pharmacists	no	yes, approximately how many?

Question 9. How easy was it for your clients to **access** the following services?

a. local GPs	extremely easy	easy	difficult	extremely difficult	don't know	N/A
b. the local Mental Health Service	extremely easy	easy	difficult	extremely difficult	don't know	N/A
c. local Community Pharmacists	extremely easy	easy	difficult	extremely difficult	don't know	N/A

Question 10. If you have referred to the following services, how satisfied have you been with the **follow-up**?

a. local GPs	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A
b. the local Mental Health Service	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A
c. local Community Pharmacists	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A

Question 11. On average, how much contact do you currently have with:

a. local GPs	weekly or more	monthly or more	bi-monthly	once or twice a year	none
b. the local Mental Health Service	weekly or more	monthly or more	bi-monthly	once or twice a year	none
c. local Community Pharmacists	weekly or more	monthly or more	bi-monthly	once or twice a year	none

Please add any further comments you have on the relationship between your Drug & Alcohol Service and other local services:

Thank you for your participation

Other Health or Community Services Registration Form

Evaluation Consent:

We are conducting an external evaluation of the 'Can Do' initiative. We would like your consent to be contacted for a short post-workshop follow-up questionnaire (by mail) in approximately 3 months. All responses are strictly confidential, and no names will be linked to any responses. If you have any questions about the evaluation, please contact Dr Deanna Pagnini on 0403 755 255.

Please tick the appropriate boxes if willing to participate:

- I consent to participating in the 3 month post-workshop follow-up
- I prefer to receive the follow-up by email. Email address: _____

Workshop Registration:

Name: Dr/Mr/Mrs/Ms _____ Date: _____

Service: _____

Postal Address: PO Box: _____ Street Address: _____
Suburb/Town: _____ State: _____ Postcode: _____

Contact: Phone: _____ Fax: _____

What do you hope to get out of participating in this 'Can Do' networking workshop?

Your experiences and opinions are invaluable and will help ensure that 'Can Do' is able to meet the needs of the participants. We would ask that you complete the following set of questions for our national evaluation. All responses will remain confidential. Thank you.

Question 1. Please briefly describe your position/role:

Question 2. How would you describe your clients (eg. pregnant women, young people at risk, etc...)?

Question 3. How **confident** do you feel working with clients with mental health and drug/alcohol comorbidities?

extremely confident confident somewhat confident not at all confident

Question 4. How would you rate your current level of knowledge about the **services** offered by:

a. local GPs	excellent	good	fair	poor
b. the local Mental Health Service	excellent	good	fair	poor
c. the local Drug & Alcohol Service	excellent	good	fair	poor
d. local Community Pharmacists	excellent	good	fair	poor

Question 5. How would you rate your level of knowledge about **how to access** the services offered by:

a. local GPs	excellent	good	fair	poor
b. the local Mental Health Service	excellent	good	fair	poor
c. the local Drug & Alcohol Service	excellent	good	fair	poor
d. local Community Pharmacists	excellent	good	fair	poor

Question 6. How would you characterize the **current relationship** between your Service/Organisation and:

a. local GPs	excellent	good	fair	poor
b. the local Mental Health Service	excellent	good	fair	poor
c. the local Drug & Alcohol Service	excellent	good	fair	poor
d. local Community Pharmacists	excellent	good	fair	poor

Question 7. In the past 6 months, have you referred any of your clients to:

a. local GPs	excellent	good	fair	poor
b. the local Mental Health Service	excellent	good	fair	poor
c. the local Drug & Alcohol Service	excellent	good	fair	poor
d. local Community Pharmacists	excellent	good	fair	poor

Question 8. If you have referred to the following services, how satisfied have you been with the **follow-up**?

a. local GPs	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A
b. the local Mental Health Service	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A
c. the local Drug & Alcohol Service	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A
d. local Community Pharmacists	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A

Question 9. How would you rate the availability of each service for communication with you?

a. local GPs	excellent	good	fair	poor
b. the local Mental Health Service	excellent	good	fair	poor
c. the local Drug & Alcohol Service	excellent	good	fair	poor
d. local Community Pharmacists	excellent	good	fair	poor

Please add any further comments you have on the relationship between your Service/Organisation and other local services:

Thank you for your participation

Participant Workshop Evaluation

Name: _____ Date: _____ Postcode: _____

Are you a:

- | | |
|---|---|
| <input type="checkbox"/> GP | <input type="checkbox"/> Mental Health Professional |
| <input type="checkbox"/> Drug & Alcohol Professional | <input type="checkbox"/> Community Pharmacist |
| <input type="checkbox"/> Other, please specify: _____ | |

1. Please rate the overall value of the workshop

- Excellent
- Very Good
- Good
- Fair
- Poor

2. What aspect(s) of the workshop did you find most valuable? Please comment:

3. Given that collaboration was the workshop focus, was there sufficient clinical content to hold your interest?

- Yes
- No

4. How helpful was the clinical content for your work?

- Very helpful
- Somewhat helpful
- Not helpful

5. Would you recommend this workshop to others?

- Yes
- No
- Not sure

If no/not sure, please provide reason(s):

6. Are you interested in attending further 'Can Do' workshops?

- Yes
- No

7. To what degree were the learning objectives met?

- | | | | |
|---|----------------------------------|--|---------------------------------------|
| a. increase the capacity of general practitioners, allied health professionals and other service providers to work with people with mental health and substance use issues | <input type="checkbox"/> Not met | <input type="checkbox"/> Partially met | <input type="checkbox"/> Entirely met |
| b. increase awareness of the different needs of the population groups in their local area and how to access services specific to those needs | <input type="checkbox"/> Not met | <input type="checkbox"/> Partially met | <input type="checkbox"/> Entirely met |
| c. increase knowledge and skills in recognition, management and care of people with mental health and substance use issues and the issues that are specific to each population group | <input type="checkbox"/> Not met | <input type="checkbox"/> Partially met | <input type="checkbox"/> Entirely met |
| d. increase understanding of the role of families and carers in treatment of people with mental health and substance use issues and the support and understanding required by families and carers | <input type="checkbox"/> Not met | <input type="checkbox"/> Partially met | <input type="checkbox"/> Entirely met |
| e. increase knowledge about health and community services at the local level and referral pathways for people with mental health and substance use issues. | <input type="checkbox"/> Not met | <input type="checkbox"/> Partially met | <input type="checkbox"/> Entirely met |

8. To what degree were your learning needs met?

- Not met Partially met Entirely met

9. To what degree is this activity relevant to your practice?

- Not relevant Partially relevant Entirely relevant

10. Please add any further comments or suggestions you may have for improving the workshop.

Thank you – your feedback is greatly appreciated. Please return this form to the workshop organiser.

Organiser Post-Workshop Feedback Form

Please complete this form for EACH workshop you run and return it together with the participant registration and evaluation forms to:

'Can Do'
Australian General Practice Network
PO Box 4308
Manuka ACT 2603

Your feedback is extremely important to us and will be included in the national evaluation of the initiative. If you have any questions, please contact Meriel Schultz or Leah Parker at AGPN on 02 6228 0800. Thank you.

Organiser Information:

Name: _____ Date: _____

Position: _____

Division/
Service: _____

Postal Address: PO Box: _____ Street Address: _____
Suburb/Town: _____ State: _____ Postcode: _____

Contact: Phone: _____ Fax: _____
Email: _____

Workshop Information:

1. 'Can Do' workshop unit: _____ 2. Date of workshop: ___/___/___

3. Location of workshop: _____

4. Workshop facilitators (tick all that apply):

- GP Mental Health Professional Drug & Alcohol Professional
 other, please specify: _____

5. Participation:

Professional Group	Number Registering	Number Attending	Comments
General Practitioners			
Mental Health Professionals			
Drug & Alcohol Professionals			
Community Pharmacists			
Others, please specify:			
Total			

6. Did you face any challenges in recruiting facilitators? No Yes, please describe:

7. Did you face any challenges in recruiting participants? No Yes, please describe:

8. What do you consider to be the measurable or noteworthy outcomes of the workshop?

9. Would you recommend the 'Can Do' networking workshop to another Division or AHS?

Yes No, please explain:

10. Was there representation from Drug & Alcohol Services or Mental Health Service Management?

No Yes, please specify position:

11. Did you use the alternative veteran specific case stories?

No Yes - If yes, was there representation from VVCS/DVA? Yes No

11. If you were running this or another 'Can Do' workshop again, what would you do differently?

12. Please write any further comments you have regarding the 'Can Do' initiative and its implementation.

13. Would you be willing to be contacted via telephone or email to discuss your experience of 'Can Do'? Yes No

Thank you again for your feedback.