ITA health promotion activity - Report and evaluation template

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| **Intern name** | Click or tap here to enter text. | **Ahpra registration** | Click or tap here to enter text. |
| **Intern training program** | Click or tap here to enter text. | **Stage of internship** | 0-3 months  3-6 months  6-9 months  9-12 months |
| **Practice setting** | Hospital  Community  Other (describe): Click or tap here to enter text. | | |
| **Activity details**  **(date, location, type)** | Click or tap here to enter text. | | |

About this form

This form is intended to summarise the activity as it was implemented, summarise the feedback received, and structure the intern’s reflection on the activity and the process underlying it. It is to be completed by the intern; however, supervisors should review it with the intern and make any relevant comments.

Instructions for interns

You should start completing this template soon after the activity concludes. Reflect on how well the goals of the activity were met. Work through the questions in this template before discussion with your supervisor. Record your responses in the space provided. You do not need to complete the template in order of the sections but should use them to structure the key aspects of the implementation of the activity. The template does not need to be overly detailed. You may copy relevant material from the *ITA Health Promotion Planning Template* into this template.

Instructions for supervisors

Supervisors should set aside time to discuss and review the intern’s report on and evaluation of their health promotion activity. Please note this template is not for assessment of or feedback on the intern performance. To assess intern performance, use the ITA Health Promotion Intern Assessment and Feedback Form.

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| **1. Activity details: participants (who attended and how many?); what was done; what was your (intern) role in**  **relation to the activity; were any other individuals, groups or organisations involved (if so, who, and what did they**  **contribute); what materials did you use/develop to support the activity (e.g., brochures, posters, presentations etc.); what follow-up with participants occurred (if any)?** |
| Click or tap here to enter text. |

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| **2. Marketing and advertising (what did you do, and how successful were your efforts to promote the activity)?** |
| Click or tap here to enter text. |

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| **3. Goals and outcomes (what were the major results of the activity and how well were the goals met)? This section can also be used to outline any issues that arose or barriers which were encountered, and anything that was surprising or unanticipated.** |
| Click or tap here to enter text. |

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| **4. What was the major impact of the activity on the target audience or community (observed at the time or reported in later feedback)? If you could not assess impact, why was it not possible? Depending on the activity, direct impact may not be measurable or observable; however, you should reflect on any evidence of indirect or implied impact.** |
| Click or tap here to enter text. |

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| **5. What could be the next phase (are there ways for the activity to be extended)? This may provide guidance**  **to future interns but may also suggest how the activity could be embedded into the ongoing practices of the**  **workplace.** |
| Click or tap here to enter text. |

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| **6. Feedback: what method(s) were used to gain feedback from participants; how many responses were received; what were the major findings (including impact on participants)?** |
| Click or tap here to enter text. |

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| **7. Evaluation of the activity: what worked well and why; what could have been done better and why?** |
| Click or tap here to enter text. |

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| **8. What did I learn from this experience?** |
| Click or tap here to enter text. |

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| **9. Any other notes or comments (e.g., do you think other performance outcomes were addressed, and if so which**  **ones?)** |
| Click or tap here to enter text. |

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| **10. Comments from supervisor after discussion with intern** |
| Click or tap here to enter text. |

**Supervising pharmacist name:** Click or tap here to enter text. **Date:** Click or tap to enter a date.