

COURAGEOUS CONVERSATIONS

Primary Care Training Workshop

Fast feedback form

Please help us to evaluate the workshop by completing this form. If you could return it to a member of the facilitation team before leaving, that would be appreciated.

The information you give on this form is confidential. All individual data collected will be kept securely and will not be shared with any other party without your written permission. All data appearing in the training evaluation report will be anonymous.

Thank you for taking the time to complete this evaluation form, your feedback is valuable to us.

Name (omit if you prefer)

Pre-workshop self-rating: How confident do you feel about initiating future care conversations (please tick the relevant box)?

Very confident	
Confident	
Not very confident but willing to try	
Not confident	

1) How useful did you find the content of the workshop (please circle the appropriate number)?

Content	Very useful			Waste of time	
	5	4	3	2	1
Introductory PowerPoint	5	4	3	2	1
Viewing of DVD & discussion	5	4	3	2	1
Skills practice work (in groups of 3)	5	4	3	2	1
Discussion on scenarios and issues arising	5	4	3	2	1
Conclusion and next steps	5	4	3	2	1
How would you rate the workshop overall?	5	4	3	2	1

2) Please give us any comments about the content and delivery of the workshop – what went well and how it could be improved.

--

3) Did the venue/refreshments/facilities meet your expectations (please tick relevant box)?

Fully	
Reasonably	
Not at all	

4) How did the workshop meet your expectations overall (please tick relevant box)?

Fully	
Reasonably	
Not at all	

5) Would you recommend this training workshop and process to others (please tick relevant box)?

Yes	
No	

6) How confident do you feel about talking to patients about cancer, other life limiting illness and end of life care planning after today's training (please tick the relevant box)?

Very confident	
Confident	
Not very confident but willing to try	
Not confident	